



CPSO

Meeting of Council

Annual General Meeting

December 7 & 8, 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 December 7 and 8, 2023, in the Council Chamber of the College, at 80 College Street, Toronto, Ontario. This is the annual general meeting of Council.

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 on YouTube. Members of the public who wish to observe the meeting can access the YouTube stream that will be posted on the [CPSO's website](#) in advance of the meeting.

The meeting will convene at 9:00 am on Thursday, December 7, 2023.

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

November 14, 2023

Council Meeting Agenda

Annual General Meeting

December 7-8, 2023



THURSDAY, DECEMBER 7, 2023

Item	Time	Topic and Objectives	Purpose	Page No.
1	9:00 am (10 mins)	Call to Order and Welcoming Remarks (R. Gratton) <ul style="list-style-type: none"> Participate in roll call and declare any conflicts of interest Review meeting norms for in-person meetings 	Discussion	N/A
2	9:10 am (5 mins)	Consent Agenda (R. Gratton) 2.1 Approve Council meeting agenda 2.2 Approve minutes from Council meeting held September 21, 2023 and September 22, 2023	Approval (with motion)	7-79
3		Items 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 Annual Committee Reports 3.5 Policy Report 3.6 Medical Learners Report 3.7 Update on Council Action Items 3.8 2024 Meeting Schedule	Information	80-140
4	9:15 am (60 mins)	CEO/Registrar's Report (N. Whitmore)	Discussion	N/A
5	10:15 am (15 mins)	President's Report and Emerging Issues (R. Gratton)	Discussion	N/A
*	10:30 am (30 mins)	NUTRITION BREAK (Refreshments available in the Members Lounge)		
6	11:00 am (20 mins)	Revised Draft Policy for Final Approval: Medical Assistance in Dying (MAID) (L. Kirshin, R. Bernstein) <ul style="list-style-type: none"> Council is asked to consider the revised draft MAID policy for final approval 	Decision (with motion)	141-160
7	11:20 am (20 mins)	Final Approval: Physician Assistant Regulation Regulatory Amendments (T. Terzis) <ul style="list-style-type: none"> Council is asked to consider approving the regulatory amendments regarding PA Regulation 	Decision (with motion)	161-174

Item	Time	Topic and Objectives	Purpose	Page No.
8	11:40 am (10 mins)	Final Approval: Physician Assistant Regulation - Fees and Remuneration By-law amendments (S. Tulipano, M. Cooper) <ul style="list-style-type: none"> Council is asked to consider approving the Fees and Remuneration By-law amendments regarding PA Regulation 	Decision (with motion)	175-179
9	11:50 am (5 mins)	Final Approval: Out-of-Hospital Premises Adverse Events By-law Amendment (J. Kitchen, M. Cooper) <ul style="list-style-type: none"> Council is asked to consider approving the By-law amendments regarding OHP Adverse Events 	Decision (with motion)	181-184
10	11:55 am (5 mins)	Increase to Credit Card Borrowing Limit (D. Anderson, M. Cooper) <ul style="list-style-type: none"> Council is asked to consider approving the by-law amendments to increase the borrowing limit 	Decision (with motion)	185-188
*	12:00 pm (60 mins)	LUNCH (Lunch available in the Dining Room)		
11	1:00 pm (20 mins)	Governance Committee Report (J. van Vlymen) <ul style="list-style-type: none"> 11.1 Chair and Vice-Chair Appointments 11.2 Committee Appointments & Re-appointments 11.3 2024 Council District Election Dates (C. Allan T. Hanania) 11.4 Spotlight on Governance (C. Allan, N. Novak) 	Decisions (with motions) Information	189-203
12	1:20 pm (80 mins)	For Approval: By-law Refresh Project – Amendments to General By-law and Fees and Remuneration By-law (C. Silver and M. Cooper) <ul style="list-style-type: none"> Council is asked to consider approving the revised by-laws (amalgamation of the General By-law, Fees and Remuneration By-law and Declared Emergency By-law) 	Decisions (with motions)	204-286
*	2:40 pm (20 mins)	NUTRITION BREAK (Refreshments available in the Members Lounge)		
	3:00 pm (40 mins)	For Approval: By-law Refresh Project – Amendments to General By-law and Fees and Remuneration By-law (C. Silver and M. Cooper) – cont'd <ul style="list-style-type: none"> Council is asked to consider approving the revised by-laws (amalgamation of the General By-law, Fees and Remuneration By-law and Declared Emergency By-law) 	Decisions (with motions)	
13	3:40 pm	Adjournment Day 1 (R. Gratton)	N/A	N/A

FRIDAY, DECEMBER 8, 2023

Item	Time	Topic and Objective(s)	Purpose	Page No.
*	8:30 am	INFORMAL NETWORKING (Breakfast available in the Dining Room)		
14	9:00 am (5 mins)	Call to Order (R. Gratton) <ul style="list-style-type: none"> Participate in roll call and declare any conflicts of interest 	Discussion	N/A
15	9:05 am (90 mins)	Introduction to Trauma-Informed Engagement (Guest Speaker – Myrna McCallum) <ul style="list-style-type: none"> Council receives a presentation on Trauma-Informed Engagement for Regulators 	Information	N/A
*	10:35 am (20 mins)	NUTRITION BREAK (Refreshments available in the Members' Lounge)		
16	10:55 am (45 mins)	Key Performance Indicators for 2024 (N. Whitmore) <ul style="list-style-type: none"> Council is asked to consider approving the Key Performance Indicators for 2024 	Decision (with motion)	Presentation at time of meeting
17	11:40 am (20 mins)	Draft for Consultation: Principles of Medical Professionalism (currently, "Practice Guide") (M. Fontaine) <ul style="list-style-type: none"> Council is asked to consider whether the draft can be released for external consultation 	Decision (with motion)	287-296
*	12:00 pm (60 mins)	LUNCH (Lunch available in the Dining Room)		
18	1:00 pm (10 mins)	For Approval: 2024 Budget (T. Bertoia) <ul style="list-style-type: none"> Council is asked to consider the 2024 Budget for approval 	Decision (with motion)	297-305
19	1:10 pm (20 mins)	Draft Policy for Consultation: Professional Behaviour (C. Brown, K. McWhinney) <ul style="list-style-type: none"> Council is asked to consider whether the draft policy can be released for external consultation 	Decision (with motion)	306-314
20	1:30 pm	Motion to Go in Camera (R. Gratton)	Decision (with motion)	315
21	1:30 pm (85 mins)	In-Camera Session		
*	2:55 pm (15 mins)	NUTRITION BREAK		
22	3:10 pm (20 mins)	President's Items (R. Gratton) <ol style="list-style-type: none"> Acknowledge Outgoing Council Members Presidential Address Induction of New President Welcome Incoming Council Members 	Information	N/A

Item	Time	Topic and Objective(s)	Purpose	Page No.
23	3:30 pm (5 mins)	Adjournment Day 2 (R. Gratton) <ul style="list-style-type: none"> • Reminder that the next meeting is scheduled on February 29 and March 1, 2024 	N/A	N/A
*	3:35 pm	Meeting Reflection Session (R. Gratton) <ul style="list-style-type: none"> • Share observations about the effectiveness of the meeting and engagement of Council members 	Discussion	N/A

DRAFT PROCEEDINGS OF THE MEETING OF COUNCIL
September 21, 2023

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

September 21, 2023

Attendees

Dr. Madhu Azad
Dr. Glen Bandiera
Ms. Lucy Becker
Dr. Faiq Bilal (Ph.D.)
Dr. Marie-Pierre Carpentier
Mr. Jose Cordeiro
Ms. Joan Fisk
Mr. Murthy Ghandikota
Dr. Robert Gratton (President)
Dr. Roy Kirkpatrick
Dr. Camille Lemieux
Mr. Paul Malette
Dr. Carys Massarella
Dr. Lydia Miljan (Ph.D.)
Dr. Rupa Patel
Mr. Rob Payne
Mr. Peter Pielsticker
Dr. Judith Plante
Dr. Ian Preyra (Vice-President)
Dr. Sarah Reid
Ms. Linda Robbins
Dr. Deborah Robertson
Dr. Patrick Safieh
Mr. Fred Sherman
Dr. Andrea Steen
Dr. Janet van Vlymen
Dr. Anne Walsh

Non-Voting Academic Representatives on Council Present:

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

Regrets:

Dr. Baraa Ahtar
Mr. Shahab Khan

Dr. Lionel Marks de Chabris
Ms. Shannon Weber

1. Call to Order and Welcoming Remarks

R. Gratton, President and Chair of Council, called the meeting to order at 9:00 a.m. L. Becker delivered the land acknowledgment as a demonstration of recognition and respect for Indigenous peoples of Canada. R. Gratton welcomed all Council Members, including the OMSA Representative attending virtually and the PARO Representative attending in person. He also welcomed staff and members of the public tuning in via YouTube. He reminded the meeting participants of the College's mission, vision, and values. He noted that J. Goyal recently resigned from Council and thanked her for her contributions.

I. Preyra declared a conflict of interest with respect to Item 6.3: 2023-2024 Committee Re-appointments. There were no other conflicts of interest declared.

R. Gratton conducted a roll call and noted regrets.

2. Consent Agenda

R. Gratton provided an overview of the items listed on the Consent Agenda for approval. It was noted that the reference made in the minutes to Tinkham LLP, Chartered Accountants, should be updated to reflect Tinkham LLP, Chartered Professional Accountants.

01-C-09-2023

The following motion was moved by R. Payne, seconded by L. Robbins, and carried that:

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

- 2.1 The Council meeting agenda for September 21 and 22, 2023; and
- 2.2 The minutes from the Council meeting held on June 8, 2023, as amended.

CARRIED

3. For Information

The following items were included in Council's package 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 Reports – Ontario Medical Students Association (OMSA) and Professional Association of Residents of Ontario (PARO)
- 3.6 Update on Council Action Items
- 3.7 2024 Council Meeting Dates

A request was made to pull item 3.7 2024 Council Meeting Dates, out of the information items. This item will be discussed on day two of Council.

4. Chief Executive Officer / Registrar's Report

N. Whitmore, Chief Executive Officer and Registrar, presented her report to Council. She highlighted the College's mission, vision, values, and strategic priorities. An update was provided on Registration and Membership Services, noting that this year has the highest number of renewals (39,851 members renewed) and only 159 suspensions issued with no requests for immediate reinstatements.

An update was provided on the impact of the following new Registration policies in effect: (i) SEAP (Subspecialist Affiliate of the RCPSC), (ii) Academic Registration, and (iii) Practice Ready Assessment. 288 Moonlighting licenses have been issued at no cost.

An overview of the As of Right Regulation was provided that allows out-of-province regulated health professionals to practice in Ontario without first being licensed with the relevant regulatory college. This regulation is limited to fully licensed physicians from other Canadian jurisdictions who provide care in public hospitals and long-term care homes.

She provided an overview of the targets for the Key Performance Indicators.

An update was provided of the following departments and programs:

- Registration and Membership Services;
- Quality Programs;
- Out of Hospital Premises Inspection Program;
- Independent Health Facilities;
- Patient & Public Help Centre;
- Policy and Government Relations;
- Legal;
- Ontario Physicians and Surgeons Discipline Tribunal (OPSDT).

Council was advised that slight modifications were made at the request of the Ministry of Health to the Emergency Circumstances Practice Class of Registration Regulation that was approved by Council in April. The first modification enables Council or the *Minister* of Health to open this class and the second modification notes that when determining an emergency, Council to consider the ability of applicants to meet ordinary registration requirements. These modifications were implemented to promote consistency across Colleges.

On June 15th, a message was sent to the profession highlighting the June issue of *eDialogue* (featuring the primary care crisis and policy updates) and had a 72 percent open rate.

Updates were provided on the September issue of *Dialogue* which features an article on AI. The next *In Dialogue* podcast will focus on mental health and suicide research.

An update was provided on College Outreach Engagements from June to September. R. Kirkpatrick was recognized for his outreach engagements.

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

- Senior Management Team Update: Anil Chopra – Associate Registrar and April Jacobs – Director, Quality Programs
- Outreach engagements in the Equity, Diversity, and Inclusion space
- Launch of High5 (Staff recognition platform)
- Lean Leadership Program
- Yokoten Events showcasing Lean initiatives

Updates were provided on the By-law Refresh Project and the upcoming Implementation of the data lake.

5. President's Report and Emerging Issues

R. Gratton, President, presented his report to Council. He recognized all the recent work of the Inquiries, Complaints and Reports Committee and Registration Committee.

He noted that J. Goyal recently resigned from Council and expressed thanks for her contributions. He noted that the Governance Office continues to advocate for additional Public Members on Council.

He noted that positive feedback was received on the table set up at the June Council meeting.

Council has been informed that significant time has been dedicated to by-laws at this meeting and thanked M. Cooper and C. Silver for their work.

An overview was provided of various Fall outreach activities. He noted the success of recently approved Registration policies and their impact on reducing barriers to care.

6. Governance Committee Report

J. van Vlymen, Chair of the Governance Committee, provided the Governance Committee Report and an overview of recent work, including an update on the Committee Performance Management Process and amendments to the Declaration of Adherence and Code of Conduct. Highlights were provided on the Committee recruitment process, noting that applicants to the Inquiries, Complaints and Reports Committee are asked to complete an assignment featuring a mock case and a reference check is conducted. Updates were provided on the upcoming Chair and Vice-Chair Training session and Committee Specific Education. Council district election dates were reviewed at the last Governance Committee meeting and will be brought to Council at its December meeting for approval. Lastly, an update on the Council Self-Assessment was provided noting that rather than scheduling one-to-one interviews between Council members and the President, Council members were encouraged to bring forward any concerns directly to R. Gratton.

Committee Chair and Vice-Chair Appointments

An overview was provided on the Committee Chair and Vice-Chair appointments as set out in the briefing materials.

02-C-09-2023

The following motion was moved by R. Payne, seconded by J. Fisk 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 2023:

Committee	Role	Member Name	Term Length
OPSDT & FTP	Chair	Mr. David Wright	5 years
	Vice-Chair	Dr. Joanne Nicholson	2 years
Patient Relations	Chair	Ms. Nadia Bello	2 years
Quality Assurance	Chair	Dr. Sarah Reid	1 year
	Vice-Chair	Dr. Ashraf Sefin	1 year

CARRIED

I Preyra departs the meeting due to a conflict of interest.

Committee Re-appointments

An overview was provided on the Committee Re-appointments as set out in the briefing materials.

03-C-09-2023

The following motion was moved by F. Bilal, seconded by L. Becker and carried, that:

The Council of the College of Physicians and Surgeons of Ontario re-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 2023:

Committee	Member Name	Term Length	End Date
PIC	Peter Pielsticker	3 months	March 30, 2024
	George Beiko	1 year	December 2024
	Patrick Davison	3 years	December 2026
	Kashif Pirzada	1 year	December 2024
	Ted Xenodemetropoulos	3 years	December 2026
OPSDT & FTP	Raj Anand	3 years	December 2026
	Glen Bandiera	3 years	December 2026
	Lucy Becker	1 year	December 2024
	Marie-Pierre Carpentier	1 year	December 2024
	Catherine Grenier	3 years	December 2026
	Stephen Hucker	3 years	December 2026
	Shayne Kert	3 years	December 2026
	Roy Kirkpatrick	1 year	December 2024
	Sherry Liang	3 years	December 2026

	Sophie Martel	3 years	December 2026
	Veronica Mohr	2 years	December 2025
	Joanne Nicholson	3 years	December 2026
	Deborah Robertson	3 years	December 2026
	Jennifer Scott	3 years	December 2026
	Janet van Vlymen	1 year	December 2024
	James Watters	1 year	December 2024
	David Wright	3 years	December 2026
	Susanna Yanivker	3 years	December 2026
ICRC	George Beiko	1 year	December 2024
	Mary Bell	1 year, 3 months	February 26, 2025
	Thomas Faulds	3 years	December 2026
	Joan Fisk	3 years	December 2026
	Daniel Greben	1 year	December 2024
	Elaine Herer	1 year	December 2024
	Christopher Hillis	1 year	December 2024
	Asif Kazmi	1 year	December 2024
	Jane Lougheed	3 years	December 2026
	Robert Myers	1 year	December 2024
	Wayne Nates	1 year	December 2024
	Dori Seccareccia	3 years	December 2026
	David Tam	3 years	December 2026
	Anne Walsh	3 years	December 2026
PRC	Nadia Bello	3 years	December 2026
	Rajiv Bhatla	3 years	December 2026
	Heather Sylvester	3 years	December 2026
	Angela Wang	3 years	December 2026

CARRIED

I. Preyra rejoins the meeting.

Governance Committee Elections

J. van Vlymen provided an overview of the process for the Governance Committee Elections, noting that the appointments will be effective as of the end of the December 2023 Council meeting. Nomination statements have been received from the following individuals:

- Dr. Madhu Azad, Physician Member, Governance Committee
- Dr. Andrea Steen, Physician Member, Governance Committee
- Mr. Rob Payne, Public Member, Governance Committee
- Ms. Shannon Weber, Public Member, Governance Committee

In accordance with governance best practices, a call for nominations from the floor will no longer be part of the committee elections process. Dr. Madhu Azad and Dr. Andrea Steen, the

nominees for the physician Council member position, addressed Council prior to the election. An election for the Physician Member position was held using the electronic voting software (ElectionBuddy). Mr. Rob Payne and Ms. Shannon Weber, Public Members on Council, were acclaimed. Dr. Madhu Azad was elected for the physician Council member position.

04-C-09-2023

The following motion was moved by R. Kirkpatrick, seconded by P. Pielsticker and carried, that:

The Council of the College of Physicians and Surgeons of Ontario appoints the following individuals to the 2023-2024 Governance Committee each for a one-year term commencing upon the adjournment of the Annual General Meeting of Council in December 2023:

Dr. Robert Gratton (as Chair),

Dr. Ian Preyra (as Vice-Chair),

Dr. Sarah Reid (as Vice-President),

Dr. Madhu Azad (as Physician Member of Council),

Mr. Rob Payne (as Public Member of Council),

Ms. Shannon Weber (as Public Member of Council).

CARRIED

7. By-law Refresh Project - General By-laws – Governance Modernization

R. Gratton, President, provided an overview of the General By-law topics and discussion format for each of the following topics:

- (i) Governance Terminology
- (ii) Board Elections Process (skills matrix, no districts, Governance and Nominating Committee (GNC) slate)
- (iii) Academic Representatives
- (iv) Board Committees (GNC and Executive Committee (EC) Special Council meetings, Finance and Audit Committee (FAC)
- (v) Minimum eligibility criteria and disqualification grounds for Board and committee members.

He noted that feedback will be sought to provide further direction to legal when drafting the General By-laws to streamline the General By-laws. It was clarified that there would be no motion passed and that these topics are being brought to Council to advance the initial discussions that took place at the June Council education session and inform next steps.

C. Silver, Chief Legal Officer, M. Cooper, Senior Corporate Counsel and Privacy Officer, and C. Mietkiewicz, External Legal Counsel were introduced. Council members were given details on each topic, and time was allotted for Council members to engage in small group discussions. Following the discussion, each table reported back, and each Council member was asked to rate their support for the changes via an individual poll. Council members weighed in on each of the topics as set out in Appendix “A” Governance Modernization: Proposed By-law Changes.

Governance Terminology

An overview of Governance Terminology was provided. The terms being proposed align with more commonly understood terminology and with other corporations and organizations. The proposal to replace governance terminology is set out below:

CURRENT CPSO TERMS	PROPOSED TERMS
Council	Board of Directors (the Board)
President	Board Chair
Vice-President	Board Vice-Chair
Council members / Councillors	Directors
Annual General Meeting	Annual Organizational Meeting
Note: Annual General Meetings are more typically used to describe the annual meeting of a not-for-profit corporation or society where the members participate in the meeting. This is not applicable to CPSO.	Note: Annual Organizational Meeting is suggested as an alternative to reflect that this is a significant meeting of the CPSO Board: when the Executive changes, expiry of certain Director terms, start and expiry of committee appointments, etc.

The rationale for updating the Annual General Meeting (AGM) term to reflect the Annual Organizational Meeting (AOM) was discussed, noting that the term AGM is typically used for organizations where members participate in the meeting, which is not applicable to the CPSO. Each of the groups reported back on their discussion around Governance Terminology, the majority of the groups were supportive of the proposed changes. Alternatives to the term Annual Organizational Meeting were discussed and will be taken back for consideration. Council was asked whether there was support for changing the governance terminology as proposed. A poll was conducted, and 89 percent expressed support and 11 percent expressed neutrality.

Board Elections Process and Province-wide Elections

An overview of the proposed Board Elections process was provided, including a Competency-Based Election Process and Province-wide elections (not regional or geographic). Council discussed elements of the process and provided feedback following the discussion.

The new model for Competency-Based Elections and province-wide elections (without electoral districts) was reviewed. Candidates put forward for election to the Board would have to meet eligibility criteria and would be selected by GNC based on the Board competency, skills and diversity matrix. The Board matrix would be reviewed annually by Council and would evolve based on the identified gaps. It was noted that geography will be considered as part of the Council profile.

Council reported back on the competency-based elections. Although Council expressed support for the Competency-Based Elections, there were concerns regarding the transparency of the GNC process to put forward a slate of candidates for election.

Council discussed geography and reflected on stakeholder engagement noting the importance of having diverse geographic regions reflected in Council's membership to ensure the diversity of challenges is represented. A fulsome discussion ensued.

A poll was conducted on the competency-based selection process. 46 percent expressed support, 35 percent were neutral, and 19 percent did not support it.

A poll was conducted on geography and removing the districts from the Council elections. 29 percent expressed support, 29 percent were neutral, and 41 percent did not support it. It was noted that a shift in direction had taken place since the June Council meeting.

Geography was discussed and it was noted that Council does not represent their electoral districts.

Council discussed competencies and it was clarified that competencies will be decided by the Board. The nomenclature for the competency matrix was discussed and it was noted that geography is not a competency. Consideration will be given to an appropriate name for the Board Skills Matrix.

Next steps were discussed, and careful consideration will be given to the important step of communicating these changes to registrants and other stakeholders. It is anticipated that the new election model will occur for the first time in the 2025 Council election cycle.

Given the further explanation provided, Council was repolled on both aspects of the proposed election model. Regarding the Competency-based Selection Process for election candidates, the following question was asked for the poll: Should Council work to develop a competency matrix inclusive of skills, experience, diversity, and geography to be used to propose prospective candidates for election? 89 percent expressed support, 7 percent were neutral, and 4 percent did not support.

The poll regarding province-wide elections was rephrased to: Assuming practice type and location are included in the competency matrix approved by Council, do you support moving to province-wide elections? 59 percent expressed support, 30 percent were neutral, and 11 percent did not support.

Academic Representatives

An overview was provided on the proposal to have a total of three academic representatives on the Board all of whom will be Directors, and selected by GNC based on the competency, skills

and diversity matrix. The Deans would be informed as to the skills and attributes required on Council and asked to put forward Academic Councillors for the GNC to review.

A poll was conducted asking if Council supports a total of three academic representatives on the Board, selected using a competency-based, as proposed. 100 percent expressed support for this proposal.

Board Committees: Composition of Governance and Nominating Committee

An overview was provided on the proposed expanded mandate of the Governance and Nominating Committee (GNC) including providing a vetted slate of candidates for council elections, and for the Executive Committee (EC) by recommending nominees to the Board selected through the competency/skills/diversity-based selection process based on the skills matrix. The Board would be kept central in this Governance model. The proposed composition of the GNC would reduce overlap with the EC, making the GNC more independent of the EC. The only overlap would be the Vice-Chair of the Board. GNC members would be reviewed and recommended by EC and elected by the Board.

Like other Committees, the EC members would be reviewed and recommended by GNC and appointed by the Board.

Following discussion, Council was asked whether there was support for the proposed composition of GNC and selection of GNC members. 97 percent expressed support, and three percent were neutral.

Council was asked whether there was support for the proposed composition of EC and how EC positions are selected, including how Chair and Vice-Chair positions are selected. 83 percent expressed support and 17 percent were neutral.

Committees of the Board: Special Meetings and Finance and Audit Committee

A new mechanism for calling a special meeting is being proposed. Any four Executive Committee members may call a special meeting of the Board. The Chair of the Board or any 12 Directors may still call a special Board meeting as is currently the case.

An overview of the proposed changes to the composition of the Finance and Audit Committee (FAC) was provided. The Board Chair and four other directors would sit on the FAC, with a minimum of two physician directors and two public directors members. The Chair of the FAC would be chosen from the FAC members.

Following discussion, Council was asked whether it supports the proposal to permit four members of the EC to call a special Board meeting and the proposed composition of the Finance and Audit Committee. 100 percent expressed support.

P. Malette departs the meeting.

Eligibility Criteria

An overview of the Eligibility Criteria was provided. More stringent eligibility criteria for directors and committee members would be applied. The eligibility criteria do not apply to public members on the Board or Committees. Council provided feedback on the eligibility criteria.

Council was asked whether there was support for the proposed eligibility criteria for Board Directors and committee members, 92 percent expressed support, and eight percent were neutral.

Disqualification

An overview was provided of the proposed new disqualification grounds, noting they align with the eligibility criteria. There are two categories of disqualification grounds, (i) Automatic disqualification and (ii) At the Board's discretion. Council discussed the grounds for disqualification and different scenarios.

Council was asked whether there was support for the grounds for disqualification of Board of Directors and committee members, as proposed, 88 percent expressed support, and 12 percent were neutral.

19. Register and Member Information By-laws

C. Silver, Chief Legal Officer, and M. Cooper, Senior Corporate Counsel and Privacy Officer, provided an overview of the proposed amendments to the Register and Member Information By-laws that are being brought back following circulation after the March Council. There were no comments received from external stakeholders on the proposed by-law amendments.

Former names will continue to be posted on the Register. Members may apply to the Registrar of the College for the removal of a former name from the Register on certain grounds.

Gender will continue to be posted on the Register, but the gender options will be changed to: Man, Woman, Non-Binary, and "Prefer not to answer". These options will be reflected on the annual renewal survey and on the Register. It was noted that gender on the register is important information for members of the public and is used by hospitals to help identify physicians on the Register.

Council was asked to approve the Register and Member Information By-laws but they will not come into effect until a future date to be approved by Council in 2024 as they will be implemented in phases to align with the technological changes needed to enable them.

05-C-09-2023 For Approval: Register and Member Information By-laws

The following motion was moved by P. Pielsticker, seconded by P. Safieh (with C. Massarella abstaining) and carried, that:

The Council of the College of Physicians and Surgeons of Ontario proposes to make By-law No. 158, as set out in Appendix "B" effective at a date to be determined by the Council.

CARRIED

8. Adjournment Day 1

R. Gratton adjourned day 1 of the Council meeting at 4:10 p.m.

Chair

Recording Secretary

Draft Proceedings of Council – September 22, 2023

Attendees

Dr. Madhu Azad
Dr. Glen Bandiera
Ms. Lucy Becker
Dr. Faiq Bilal (Ph.D.)
Dr. Marie-Pierre Carpentier
Mr. Jose Cordeiro
Ms. Joan Fisk
Mr. Murthy Ghandikota
Dr. Robert Gratton (President)
Dr. Roy Kirkpatrick
Dr. Camille Lemieux
Mr. Paul Malette
Dr. Carys Massarella
Dr. Lydia Miljan (Ph.D.)
Dr. Rupa Patel
Mr. Rob Payne
Mr. Peter Pielsticker
Dr. Judith Plante
Dr. Ian Preyra (Vice-President)
Dr. Sarah Reid
Ms. Linda Robbins
Dr. Deborah Robertson
Dr. Patrick Safieh
Mr. Fred Sherman
Dr. Andrea Steen
Dr. Janet van Vlymen
Dr. Anne Walsh

Non-Voting Academic Representatives on Council Present:

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

Regrets:

Dr. Baraa Ahtar
Mr. Shahab Khan
Dr. Lionel Marks de Chabris
Ms. Shannon Weber

9. Call to Order

R. Gratton, Chair and President, called the meeting to order at 9:00 a.m. and welcomed everyone back to the meeting. A roll call was conducted.

10. Spotlight on the Quality Program

N. Novak, Chief Operating Officer, provided an overview of the Quality Program at the CPSO, including the evolution of the Quality Assurance programming since 2019, an update on Quality Programming engagement, and an update on the QI Enhanced Pilot. She highlighted the Quality program timeline from 2019 through to 2023, including moving toward a small assessor pool and the launch of the QI Enhanced Pilot program. An overview of major operational changes from 2021 to 2022 was provided, which resulted in the Key Performance Indicator target being achieved ahead of year-end.

S. Reid, Council Member, and Quality Assessment Committee (QAC) Chair, provided QAC highlights, including an overview of the standard work of the Committee and various Continuous Improvement highlights and impact.

N. Novak provided an overview of the Quality Program Engagement from 2020 to 2025. By 2025, it is projected that there will be over 26,000 completed Quality Improvement cases.

Council recognized the QAC, A. Jacobs, and N. Novak for their work in enhancing Quality Program engagement.

11. Proposed approval of Quality Improvement (QI) Enhanced as a program option for members aged 70-74

A. Jacobs, Director of Quality Programs, provided an overview of the Quality Improvement (QI) Enhanced Program. She noted that the Quality Assurance Committee has approved the QI Enhanced program for Physicians aged 70 to 74.

A detailed overview was provided on the QI Enhanced Options for 2023, noting that the QI Enhanced Partnership has added a component to have the Chief of Staff or Department Chief provide a written attestation that there are no concerns identified for the individual who is completing the QI enhanced program. An overview of other program components was provided. Aggregate data showing Peer Assessment Outcomes from 2020 to 2023 for QI referrals and Targeted age brackets was provided. Quality Assurance (QA) Program and Pilot Outcomes from 2020 to 2023 were shared. It was noted that Physicians who have completed the QI Enhanced program have provided positive feedback on the process. Following the presentation Council asked questions on the pilot and opportunities for expanding the program beyond age 74. Council was asked to consider moving the QI Enhanced Program from a pilot to a program option for an expanded age bracket for physicians aged 70 to 74.

06-C-09-2023

The following motion was moved by M. Azad, seconded by L. Miljan and carried, that:

The Council of the College of Physicians and Surgeons of Ontario approves QI Enhanced-Individuals and QI Enhanced-Partnership as Quality Improvement program options for

physicians who are 70 to 74 years of age.

CARRIED

12. Motion to move in-camera

The following motion was moved by D. Robertson, seconded by J. Fisk and carried, that:

07-C-09-2023

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

CARRIED

13. In-camera Session

The Council of the College of Physicians and Surgeons of Ontario entered into an in-camera session at 10:00 a.m. and returned to the open session at 11:20 a.m.

14. Declaration of Adherence and Code of Conduct Amendments

C. Huang, Governance Analyst, provided an overview of the proposed amendments to the Declaration of Adherence and Code of Conduct. Highlights were provided on key updates, including clarification on the conflicts of interest section. Council and Committee members will be asked to provide a detailed overview of work with other organizations and leadership roles held in the Disclosure Form of the Declaration of Adherence. This is necessary for the College to determine whether the position held is a conflict or a perceived conflict. It was clarified that not all positions declared will represent a conflict, real or perceived. Council has an ongoing obligation to inform the College of any new positions. Following discussion, Council expressed support to approve the amendments as presented.

08-C-09-2023

The following motion was moved by R. Payne, seconded by J. Plante and carried, that:

The Council of the College of Physicians and Surgeons of Ontario approves the revised Declaration of Adherence and Code of Conduct, (a copy of which forms Appendix “C” to the minutes of this meeting).

CARRIED

15. Council Award Presentation

M. Azad, Council Member, presented the Council Award to Dr. Katherine Rouleau of Toronto for her leadership in Global Health at the University of Toronto and passion for providing primary patient-centered care to disadvantaged and marginalized populations in Canada and abroad. Dr. Rouleau was recognized for her leadership at the World Health Organization and her role as a family physician at Unity Health’s St. Michael’s Hospital. She recognized her colleagues and her family for their support. Dr. Rouleau expressed appreciation to the CPSO for recognition of her outstanding contributions to the profession.

16. Out-of-Hospital Premises (OHP) by-law updates

J. Kitchen, Manager of Accreditation, provided an overview of the proposed Out-of-Hospital Premises (OHP) by-law updates to align with the new OHP Program Standards that were approved by Council in June 2023. The proposed by-law amendment is to change the reporting timeline to five business days from 24 hours.

09-C-09-2023

The following motion was moved by L. Miljan, seconded by C. Lemieux and carried, that:

The Council of the College of Physicians and Surgeons of Ontario proposes to make the following By-law No. 164, after circulation to stakeholders:

By-law No. 164

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

Notification Required by Members

51. (3.1)...

- (b) Every member who performs a procedure in a premises subject to inspection under Part XI of Ontario Regulation 114/94 shall report to the College, in writing or electronically as specified by the College, within five business days of learning of any of the following events:
 - (i) death within the premises;
 - (ii) death within 10 days of a procedure performed at the premises;
 - (iii) any procedure performed on wrong patient, site, or side; or

- (iv) transfer of a patient from the premises directly to a hospital for care.

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

CARRIED

17. PA Regulation: Registration and Membership fees – By-law amendments for consultation

S. Tulipano, Director of Registration and Membership Services, provided an overview of the proposed by-law amendments to the Fees and Remuneration By-law for application and annual membership fees related to Physician Assistant Regulation. Following questions and discussion related to cost analysis, and opportunities, Council expressed support for circulating the proposed By-law amendments to the profession.

10-C-09-2023

The following motion was moved by P. Safieh, seconded by G. Bandiera and carried, that:

The Council of the College of Physicians and Surgeons of Ontario proposes to make the following By-law No. 165, after circulation to stakeholders:

By-law No. 165

1. Section 1 of By-law No. 2 (the Fees and Remuneration By-law) is amended by adding subsection (b.2) set out below:

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:

(b.2) For a certificate of registration authorizing practice as a physician assistant, \$300;

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

(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), (b.2) or (d).

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

4. Annual fees as of June 1, 2018, are as follows:

- (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, a certificate of registration authorizing temporary independent practice, or a certificate of registration authorizing practice as a physician assistant;
- (b) For a holder of a certificate of registration authorizing postgraduate education applying to renew his/her certificate of registration, 20% of the annual fee set out in subsection 4(a);
- (c) For a holder of a certificate of registration authorizing practice as a physician assistant, \$425; and
- (d) Notwithstanding subsections 4(a), (b) and (c), where the holder of a certificate of registration will be taking parental leave for a period of four months or longer during the membership year for which the annual fee applies because the holder is pregnant, has recently given birth or will be caring for their newborn or newly adopted child, the annual fee for such membership year is 50% of the annual fee applicable to the holder of the certificate of registration as set out in subsection 4(a), (b) or (c), so long as the holder applies to the College for this parental leave reduced annual fee prior to the close of the annual renewal period for such membership year. Where applications for the parental leave reduced annual fee are received after the close of such annual renewal period, the parental leave reduced annual fee will be applied to the following membership year. The parental leave reduced annual fee is not available for holders of a certificate of registration authorizing supervised practice of a short duration. This subsection 4(d) only applies to annual fees for membership years commencing on or after June 1, 2020.

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

CARRIED

18. Revised Policy for Final Approval – Human Rights in the Provision of Health Services

T. Terzis, Interim Manager, Policy, provided an overview of the revised draft Human Rights in the Provision of Health Services policy (formerly, “Professional Obligations and Human Rights”) for final approval. It was noted that the new title more clearly reflects the focus and scope of the

policy. An overview of the purpose of the policy was provided, noting that the revised draft policy includes strengthened expectations and guidance to support physicians in providing safe, inclusive, and accessible health services.

Highlights of key expectations were provided and included accessibility, accommodation, effective referral and working with patients to find an appropriate solution. Council discussed scenarios, including the duty to report non-compliance.

Following discussion, Council expressed support for approving the Human Rights in the Provision of Health Services as a policy of the College.

11-C-09-2023

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

The Council of the College of Physicians and Surgeons of Ontario approves the revised policy “Human Rights in the Provision of Health Services”, formerly titled “Professional Obligations and Human Rights”, as a policy of the College (a copy of which forms Appendix “D” to the minutes of this meeting).

CARRIED

19. Register and Member Information By-laws

Item 19: Register and Member Information By-laws addressed on day 1.

20. To consider Waiving Application Fees for Out-of-Province Electives

S. Tulipano, Director of Registration and Membership Services, provided an overview of the proposal to waive fees for Out-of-Province Electives. Individuals registered in the program are charged \$431.25 per elective. Council’s support is being sought to waive the out-of-province elective fees in an effort to alleviate healthcare system strains. The waiver of the fee would result in a \$142,000 net loss. It was noted that individuals who had already paid the fees will be reimbursed. Council expressed support for waiving the application fees for Out-of-Province Electives in 2023.

12-C-09-2023

The following motion was moved by C. Massarella, seconded by D. Robertson and carried, that:

The Council of the College of Physicians and Surgeons of Ontario approves waiving the application fees for postgraduate education certificate of registration for out-of-province electives.

CARRIED

3.7 2024 Meeting Schedule

Council discussed the 2024 Meeting Schedule. Concerns were raised regarding the one-day virtual meeting in September, noting that in-person meetings are more effective for

collaboration. Concerns were raised regarding the large six-month gap between in-person meetings considering that Council only meets four times per year. Reasons were given for the decision to make September a one-day virtual meeting noting that September is a busy month, and many Council members travel from other parts of the province, and this would be a cost-effective way to hold a meeting. It was noted that this would reduce carbon footprint and that some members participate more online. A poll was conducted, and two-thirds of Council members were in favour of an in-person one-day meeting for the September 2024 meeting. Further consideration will be given to the September 2024 meeting.

21. Close Meeting

R. Gratton closed the Meeting of Council at 1:50 pm on September 22, 2023. The next Council meeting is scheduled on December 7 and 8, 2023.

Chair

Recording Secretary

APPENDIX A

GOVERNANCE MODERNIZATION: PROPOSED BY-LAW CHANGES

PROPOSED CHANGES		QUESTIONS FOR DISCUSSION AND DECISION														
<p>1. Governance Terminology</p> <p>Goal: Promote clarity by aligning CPSO’s governance terminology with conventional terms more commonly used and understood by the general public and other corporations and organizations.</p> <p>Proposal: Replace governance terminology as follows:</p> <table border="1"> <thead> <tr> <th align="center">CURRENT CPSO TERMS</th> <th align="center">PROPOSED TERMS</th> </tr> </thead> <tbody> <tr> <td>Council</td> <td>Board of Directors (the Board)</td> </tr> <tr> <td>President</td> <td>Board Chair</td> </tr> <tr> <td>Vice-President</td> <td>Board Vice-Chair</td> </tr> <tr> <td>Council members / Councillors</td> <td>Directors</td> </tr> <tr> <td>Annual General Meeting</td> <td>Annual Organizational Meeting</td> </tr> <tr> <td> <p>Note: Annual General Meetings are more typically used to describe the annual meeting of a not-for-profit corporation or society where the members participate in the meeting. This is not applicable to CPSO.</p> </td> <td> <p>Note: Annual Organizational Meeting is suggested as an alternative to reflect that this is a significant meeting of the CPSO Board: when the Executive changes, expiry of certain Director terms, start and expiry of committee appointments, etc.</p> </td> </tr> </tbody> </table>		CURRENT CPSO TERMS	PROPOSED TERMS	Council	Board of Directors (the Board)	President	Board Chair	Vice-President	Board Vice-Chair	Council members / Councillors	Directors	Annual General Meeting	Annual Organizational Meeting	<p>Note: Annual General Meetings are more typically used to describe the annual meeting of a not-for-profit corporation or society where the members participate in the meeting. This is not applicable to CPSO.</p>	<p>Note: Annual Organizational Meeting is suggested as an alternative to reflect that this is a significant meeting of the CPSO Board: when the Executive changes, expiry of certain Director terms, start and expiry of committee appointments, etc.</p>	<p>1. Do you support changing the governance terminology as proposed?</p>
CURRENT CPSO TERMS	PROPOSED TERMS															
Council	Board of Directors (the Board)															
President	Board Chair															
Vice-President	Board Vice-Chair															
Council members / Councillors	Directors															
Annual General Meeting	Annual Organizational Meeting															
<p>Note: Annual General Meetings are more typically used to describe the annual meeting of a not-for-profit corporation or society where the members participate in the meeting. This is not applicable to CPSO.</p>	<p>Note: Annual Organizational Meeting is suggested as an alternative to reflect that this is a significant meeting of the CPSO Board: when the Executive changes, expiry of certain Director terms, start and expiry of committee appointments, etc.</p>															

PROPOSED CHANGES

**QUESTIONS FOR
DISCUSSION AND
DECISION**

2A. New Election Model: Competency-Based Elections

Goal: Achieve a balanced Board composed of skilled, qualified directors who also reflect the diversity of Ontario’s population and the practice of medicine.

Proposal: Implement a process for determining candidates for election to the Board based on their competencies, skills, attributes and diversity.

Steps:

- Expand the mandate of the Governance Committee and rename it the Governance and Nominating Committee (GNC).
- GNC will create and periodically update a “**Board Profile/Matrix**” for the Board’s approval which reflects desired competencies, skills, attributes and diversity (including practice settings and geography) for Board Directors.
- GNC will review all interested election candidates (who have first met threshold eligibility requirements, discussed below in the Eligibility Chart) based on the Board Profile/Matrix and select qualified candidates that will be on the election ballot. GNC may also identify and solicit candidates, who will also be subject to the review process.
- The slate of qualified candidates is determined by GNC and will not be brought to the Executive Committee or Council for approval.
- Dispute resolution process: A member not approved by GNC as eligible or qualified to stand for election may submit a written dispute. The Executive Committee (excluding any members of GNC) will review and make the final decision as to whether the member may stand for election.

1. Do you support moving to a competency-based selection process as proposed?

PROPOSED CHANGES	QUESTIONS FOR DISCUSSION AND DECISION
2B. New Election Model: Election Districts	
<p>Goal: Achieve a balanced Board by facilitating competency-based selection of Directors consistent with the Board/Profile Matrix, without geography being the overriding factor.</p> <p>Proposal: Move to province-wide elections where all members vote for all candidates. Eliminate elections by geographic district.</p> <ul style="list-style-type: none"> • The whole membership would vote annually for approx. 1/3 of the elected Board seats (i.e. based on expiry of 3 year terms). • The Board/Profile Matrix would include geographic attributes to be considered by GNC in proposing the candidate slate. (For example, it may include urban, rural and remote practice locations.) 	<ol style="list-style-type: none"> 1. Do you support moving to province-wide elections not based on geographic districts?

PROPOSED CHANGES

**QUESTIONS FOR
DISCUSSION AND
DECISION**

3. Academic Representation

Goals:

1. Reduce the size of the Board within legislative constraints.
2. Achieve a balanced Board by selecting academic Directors through a competency-based selection process.
3. Apply the corporate governance best practice that only Directors should participate as members in Board discussions. (Note the legislation only contemplates that three Ontario medical schools would be represented at any time.)

Proposal: Have a total of 3 academic representatives on the Board, all of whom will be Directors, and selected based on their competencies, skills, attributes and diversity.

Steps:

- The deans of each faculty of medicine will be invited annually to nominate faculty members to be considered for Director position(s) on the Board.
- GNC will review the academic nominees (who have first met threshold eligibility requirements, discussed below in the Eligibility Chart) based on the Board Profile/Matrix and select nominees for Academic Directors.
- GNC will select a nominee (usually only one per year) from those eligible and qualified, and recommend that nominee to the Board for appointment as a Director.
- The Board Profile/Matrix and GNC may take the nominee’s medical faculty into account when assessing diversity attributes.

1. Do you support a total of three academic representatives on the Board, selected using a competency-based approach, as proposed?

PROPOSED CHANGES

QUESTIONS FOR DISCUSSION AND DECISION

4A. Board Committees: Composition of Governance and Nominating Committee (GNC)

Goal: Achieve optimal GNC composition to enable GNC to perform its important new roles in determining the overall composition of Council and the Executive Committee. Reduce overlap between GNC and Executive Committee.

Proposed Composition:

- Minimum of 5 persons consisting of:
 - Board Vice-Chair (Vice-President) – **serves as chair of GNC**
 - Minimum of 2 Elected Directors and/or Academic Directors (i.e. physicians) who are not on the Executive Committee (to be elected – see below)
 - Minimum of 2 Elected Public Directors who are not on the Executive Committee (to be elected – see below)

The Board Chair (President) will not be on GNC. This reduces overlap with the Executive Committee, making GNC more independent of the Executive Committee.

The Past President will not automatically be on GNC but may be nominated for election to GNC if they are still a Director on the Board. The Past-President cannot be on both GNC and the Executive Committee.

GNC may engage experts in governance and/or professional regulation as advisors, particularly for competency-based selection of Directors (Elected and Academic).

Election of GNC Members (other than Board Vice-Chair):

- The Executive Committee will review the competencies, skills, attributes and diversity of Directors interested in standing for election to GNC based on the Board Profile/Matrix and mandate of GNC. GNC may also identify and solicit candidates, who will also be subject to the review process.
- Based on its review, the Executive Committee will forward nominees for GNC positions to the Board for election.
- Nominations from the floor will not be permitted for these positions.
- The Board will hold **an election** for the GNC positions (other than the Board Vice-Chair).

1. Do you support the composition of GNC, and how GNC positions are selected, as proposed?

PROPOSED CHANGES

QUESTIONS FOR DISCUSSION AND DECISION

4B. Board Committees: Composition of Executive Committee

Goal: Achieve optimal Executive Committee (EC) composition in an efficient manner (minimizing unnecessary elections) to enable EC to perform its important role.

Proposed Composition:

- Board Chair (President) – **serves as chair of EC**
- Board Vice-Chair (Vice-President)
- 4 Directors who are not on GNC (Executive Member Representatives)

EC must have a minimum of 3 Elected Directors and/or Academic Directors (i.e. physicians).

EC must have a minimum of 2 Public Directors.

The Past President will not automatically be on EC but may be appointed to EC (as one of the 4 Executive Member Representatives) if they are still a Director on the Board. The Past-President cannot be on both GNC and EC.

Appointment of EC Members (other than Board Chair and Vice-Chair):

- GNC will review Directors interested in serving on EC based on the Board Profile/Matrix and mandate of EC. GNC may also identify and solicit candidates, who will also be subject to the review process.
- Based on its review, GNC will recommend nominees to the Board for appointment to EC.

Election of Board Chair and Board Vice-Chair:

- GNC will review the competencies, skills, attributes and diversity of Directors interested in standing for election as Board Chair and Board Vice-Chair. GNC may also identify and solicit candidates, who will also be subject to the review process.
- The established convention that the Board Vice-Chair progresses to the Board Chair position will continue.
- Based on its review, the Executive Committee will forward nominees for Board Chair and Board Vice-Chair to the Board for election.
- Nominations from the floor will not be permitted for these positions.
- The Board will hold an annual election for the Board Chair and Board Vice-Chair positions, as required by the Medicine Act.

1. Do you support the composition of EC, and how EC positions are selected, as proposed?
2. Do you support the selection process for nominees for the Board Chair and Board Vice-Chair positions as proposed?

PROPOSED CHANGES

**QUESTIONS FOR
DISCUSSION AND
DECISION**

4C. Special Meetings of the Board

Goals: Provide an additional option for calling a special Board meeting, while maintaining a significant threshold for calling a special meeting.

Proposal: Special meetings of the Board may be called by any 4 members of the Executive Committee. This is in addition to the options in the current By-laws, which provide that special meetings of the Board may be called by the Board Chair or any 12 Council members.

1. Do you support the proposal to permit 4 members of the Executive Committee to call a special Board meeting?

PROPOSED CHANGES

**QUESTIONS FOR
DISCUSSION AND
DECISION**

4D. Board Committees: Finance and Audit Committee

Goal: Streamline the composition of the Finance and Audit Committee (FAC).

Proposed Composition:

- Board Chair (President)
- 4 Directors

FAC must have a minimum of 2 Elected Directors and/or Academic Directors (i.e. physicians).
FAC must have a minimum of 2 Public Directors.

The Board Vice-Chair (Vice-President) will not sit on FAC.

FAC members are appointed by the Board.

FAC may invite the auditors (or other experts as needed) to attend FAC meetings.

1. Do you support the proposed composition of the Finance and Audit Committee?

PROPOSED CHANGES

QUESTIONS FOR DISCUSSION AND DECISION

5A. Eligibility Criteria for Board Directors and Committee Members

Goals:

1. Achieve a Board consisting of Directors that satisfy more stringent eligibility criteria.
2. Achieve committees composed of CPSO members who satisfy more stringent eligibility criteria.

Note:

- Eligibility criteria are threshold requirements that a College member must satisfy to be **eligible** to stand for election as an Elected Director or be appointed as an Academic Director. They are mandatory. GNC, together with CPSO staff, will review eligibility.
- Eligibility criteria are separate and distinct from the competencies, skills, attributes and diversity that will be listed in the Board Profile/Matrix. College members are expected to have some, but not all, of the competencies skills, attributes and diversity to be **qualified** to be a Director, to be determined by GNC using its judgment and discretion.

Proposal: The following chart sets out the eligibility criteria that CPSO members will have to meet to be eligible to stand for election as a Director or be appointed as a Director or a member of a CPSO committee.

- The eligibility criteria apply to both Directors and committee members unless indicated otherwise (in Application column in following chart).
- Note the eligibility criteria do not apply to public members (whether as Directors or committee members).
- Some of the eligibility criteria already apply under the current By-laws. The criteria are marked as Existing, Revised or New.
- The eligibility criteria listed below are summarized and are not the exact language in the By-laws.

1. Do you support the eligibility criteria for Board Directors and committee members, as proposed?

Eligibility Criteria	Status	Application (applies to Directors and Committee members unless indicated otherwise)
For Elected Directors, while elections are held by district: The member practises medicine in the electoral district where they are nominated or if not in practice, resides in that electoral district.	Existing	Elected Directors
For Elected Directors, once elections are held province-wide: The member principally practises medicine in Ontario or if not in practice, resides in Ontario.	Revised	Elected Directors
For Committee members: The member principally practises medicine in Ontario, or if not in practice, resides in Ontario. Current By-laws: The member practises medicine in Ontario or resides in Ontario.	Revised	Committee members
For Academic Directors: The member is on the academic staff of an Ontario university medical faculty.	Existing	Academic Directors
Member is not in default of payment of any fee payable to CPSO.	Existing	
Physician Assistants are not eligible to be a Board Director (once PA legislation comes into effect).	New	Directors
Member is not (and has not been for one year) a director or officer of OMA, CMPA or certain other organizations.	Existing	Directors
Member does not hold (and has not held for one year) a position with an organization that would create a conflict of interest by having competing fiduciary obligations to the organization and CPSO.	Existing	Directors
Member does not hold (and has not held for one year) an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College.	New	Directors
In the case of a Director, the member is not (and has not been for five years) an employee of CPSO.	Existing	Directors
In the case of a non-Director committee member, the member is not an employee of CPSO.	New	Committee members
Member has filed a completed conflict of interest declaration form.	Existing	Directors
Member has completed the CPSO orientation program.	Existing	Directors
Member is not, and has not ever been, in litigation against CPSO and/or CPSO Directors, officers, employees (not including judicial review or appeals of disciplinary or other regulatory decisions).	New	

Eligibility Criteria	Status	Application (applies to Directors and Committee members unless indicated otherwise)
Anti-nepotism clause: member is not a spouse or other specified relative of a CPSO employee or in the case of a Director, another Director.	New	
Member has never been disqualified from the Board or a committee or has not resigned from the Board or a committee where there are reasonable grounds to believe the resignation is related to a proposed disqualification. Current By-laws: Only applies to disqualification or resignation in the last 5 years.	Revised	Directors
Except for administrative suspensions, member's certificate of registration has never been revoked or suspended. Member's certificate of registration has not been suspended for an administrative suspension (i.e. for failure to complete annual renewal) in the last six years. Current By-laws: Member's certificate of registration has not been revoked or suspended in the last six years.	Revised	
Member's certificate of registration is not subject to a term, condition or limitation (other than a "standard" one prescribed by regulation or imposed by Registration Committee pursuant to a CPSO registration policy). Revised to add reference to the Registration Committee and registration policy for completeness and clarity.	Revised	
Member is not the subject of a disciplinary or incapacity proceeding.	Existing	
Member does not exceed applicable term limits. For Directors, the member can serve the full 3 year term on the Board.	Existing	
Member has not had a finding of professional misconduct or incompetence by OPSDT or finding of incapacity by Fitness to Practise Committee, unless the finding has been removed from the Register under the Code s. 23(11).	New	

Eligibility Criteria	Status	Application (applies to Directors and Committee members unless indicated otherwise)
Member is not subject to an interim order by ICRC under the Code.	New	
Member has not had a SCERP ordered in the past five years.	New	
Member has not been cautioned in the past five years.	New	
Member has no findings of guilt or outstanding charges under the Health Insurance Act (Ontario), the Criminal Code of Canada or the Controlled Drugs or Substances Act (Canada).	New	
Member is in compliance with continuing professional development requirements.	New	
Member is not an undischarged bankrupt (i.e. member is subject to a bankruptcy process that has not been completed).	New	
Member has not been found to be incapable of managing property under Substitute Decisions Act (Ontario) or Mental Health Act (Ontario).	New	
Member has not been declared incapable by any court in Canada or elsewhere.	New	

PROPOSED CHANGES	QUESTIONS FOR DISCUSSION AND DECISION
5B. Grounds for Disqualification of Board Directors and Committee Members	
<p>Goals:</p> <ol style="list-style-type: none"> 1. Maintain a Board consisting of Directors that continue to meet more stringent criteria. 2. Maintain committees composed of CPSO members who continue to meet more stringent criteria. <p>Proposal: The following chart sets out the grounds for disqualifying Board Directors and committee members. They are divided into two categories:</p> <ol style="list-style-type: none"> a) Grounds that would <u>automatically</u> result in disqualification. b) Grounds where the Board may exercise its discretion to disqualify the member. <ul style="list-style-type: none"> • The disqualification grounds apply to both Directors and committee members unless indicated otherwise (in Application column in chart below). • The disqualification grounds and process do not apply to public members (whether as Directors or committee members). • Some of the disqualification grounds already apply under the current By-laws. The grounds are marked as Existing, Revised or New. The categories of automatic and discretionary grounds are new. • The disqualification grounds listed below are summarized and are not the exact language in the By-laws. 	<ol style="list-style-type: none"> 1. Do you support the grounds for disqualification of Board Directors and committee members, as proposed?

Category	Disqualification Grounds	Status	Application (applies to Directors and Committee members unless indicated otherwise)
Automatic	For Elected Directors, while elections are held by district: The Elected Director ceases to practice medicine or reside in their electoral district.	Existing	Elected Directors
Automatic	For Elected Directors, once elections are held province-wide: The Elected Director ceases to principally practice medicine in Ontario or reside in Ontario.	Revised	Elected Directors
Automatic	For Committee members: The member ceases to principally practice medicine in Ontario or reside in Ontario.	Revised	Committee members
Automatic	For Academic Directors: The Academic Director ceases to be on the academic staff of an Ontario university medical faculty.	Existing	Academic Directors
Automatic	Director becomes a director or officer of OMA, CMPA or certain other organizations.	Existing	Directors
Automatic	Anti-nepotism clause: Member becomes a spouse or other specified relative of a CPSO employee or in the case of a Director, another Director.	New	
Automatic	Member becomes an adverse party to litigation against CPSO and/or CPSO Directors, officers, employees (not including judicial review or appeals of disciplinary or other regulatory decisions).	New	
Automatic	Member's certificate of registration is revoked or suspended (including an administrative suspension, i.e. for failure to complete annual renewal).	New	
Automatic	Member's certificate of registration becomes subject to a term, condition or limitation (other than a "standard" one prescribed by regulation or imposed by Registration Committee pursuant to a CPSO registration policy). Revised to add reference to the Registration Committee and registration policy for completeness and clarity.	Revised	
Automatic	Member becomes the subject of any disciplinary or incapacity proceeding. Current By-laws: The member is suspended from serving on the Board or committees until the proceeding is finally completed, but is not actually disqualified. Since it typically takes a	New	

Category	Disqualification Grounds	Status	Application (applies to Directors and Committee members unless indicated otherwise)
	long time for the proceeding to be completed, it is proposed that the member be disqualified instead. If there is no finding of professional misconduct etc., the member will no longer be prevented from standing for election or appointment to the Board or committee(s) due to the prior disqualification.		
Automatic	Member is found by OPSDT to have committed professional misconduct or be incompetent.	Existing	
Automatic	Member is found by Fitness to Practise Committee to be incapacitated.	Existing	
Automatic	Member becomes subject to an interim order by ICRC under the Code.	New	
Automatic	Member is required by ICRC to complete a SCERP.	New	
Automatic	Member is ordered to be cautioned.	New	
Automatic	Member is charged with an offence under the Health Insurance Act (Ontario), the Criminal Code of Canada or the Controlled Drugs or Substances Act (Canada). If the member is not found guilty of any of the charges when the criminal proceedings are completed, the member will no longer be prevented from standing for election or appointment to the Board or committee due to the prior disqualification.	New	
Automatic	Member is found guilty under the Health Insurance Act (Ontario), the Criminal Code of Canada or the Controlled Drugs or Substances Act (Canada).	New	
Automatic	Member is not in compliance with continuing professional development requirements.	New	
Automatic	Member becomes an undischarged bankrupt (i.e. member becomes subject to a bankruptcy process that has not been completed).	New	
Automatic	Member is found to be incapable of managing property under the Substitute Decisions Act (Ontario) or Mental Health Act (Ontario).	New	
Automatic	Member is declared incapable by any court in Canada or elsewhere.	New	
Board's Discretion	<ul style="list-style-type: none"> Director fails to attend three consecutive meetings of the Board. 	Revised	

Category	Disqualification Grounds	Status	Application (applies to Directors and Committee members unless indicated otherwise)
	<ul style="list-style-type: none"> • Director or Committee member fails to attend three consecutive meetings of which they are a member. (A Director would be subject to disqualification from the Board and the committee(s).) • Director or Committee member fails to attend a hearing or review panel for which they were selected. (A Director would be subject to disqualification from the Board and the committee(s).) <p>Current By-laws:</p> <ul style="list-style-type: none"> • The disqualification ground is for failure to attend “without cause”. Under the new proposal, any failure to attend 3 consecutive meetings would be subject to consideration by the Board for disqualification. • The third ground (failure to attend hearing or review panel) currently applies only to committee members. 		
Board’s Discretion	Member is in default of payment of any fee payable to CPSO for more than 30 days.	Existing	
Board’s Discretion	Member fails, in the Board’s opinion, to discharge their duties to the College (e.g. acted in conflict of interest, or in breach of CPSO By-law or governance policies).	Existing	
Board’s Discretion	Director holds a position which could cause the Director to be in a conflict of interest by virtue of having competing fiduciary obligations to both CPSO and another organization (except with an organization specified above that would result in automatic disqualification (e.g. OMA)).	Existing	Directors
Board’s Discretion	Member holds an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College.	New	Directors
Board’s Discretion	Director becomes an employee or holds a position of responsibility with an organization whose mandate conflicts with the mandate of CPSO.	New	Directors

Category	Disqualification Grounds	Status	Application (applies to Directors and Committee members unless indicated otherwise)
Board's Discretion	Director becomes an employee of CPSO.	New	Directors
Board's Discretion	Member did not satisfy one or more eligibility criteria at the date of election to the Board or appointment to the Board or a committee, and did not disclose this to CPSO or was untruthful or misled CPSO about it.	New	

PROPOSED CHANGES	QUESTIONS FOR DISCUSSION AND DECISION
5C. Disqualification Process	
<p>Goals:</p> <ol style="list-style-type: none"> Maintain a Board consisting of Directors that continue to meet more stringent criteria. Maintain committees composed of CPSO members who continue to meet more stringent criteria. <p>Process for Disqualification:</p> <p>Automatic Disqualification: If a ground for automatic disqualification occurs, the Director or committee member will be automatically disqualified as of the time the College learns of it. The Director or committee member will be advised. Automatic disqualification will not go to Council for approval or decision.</p> <p>Discretionary Disqualification of Directors: If a ground for discretionary disqualification occurs regarding a Director, the disqualification process in the current By-law will apply (with necessary amendments), namely:</p>	<p>No decision point. Explanatory</p>

- If the Executive Committee learns that a Director may meet one of the disqualification criteria, the Executive Committee determines if it warrants the Board's consideration.
- The Director is advised and given an opportunity to respond before the Executive Committee makes a decision to refer it to the Board.
- If the Executive Committee refers the matter to the Board, the member in question may make written or oral submissions to the Board at the meeting.
- Disqualification requires approval of a 2/3 majority of Directors present at the Board meeting.

Note that when a Director is disqualified from the Board (whether automatically or by decision of the Board), the member ceases to be both a Director and a member of any committees.

Discretionary Disqualification of Committee Members: If a ground for discretionary disqualification occurs regarding a committee member, the disqualification process will be similar to that for Directors, except that the disqualification only requires approval of 50% of the Directors present at the Board meeting.

Council Motion

APPENDIX B

Motion Title	For Approval: Register and Member Information By-laws
Date of Meeting	September 22, 2023

It is moved by _____, and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 158 effective as of a date to be determined by the Council:

By-law No. 158

- Sections 48, 49, 50.1, 50.2, 51 and 51b of the General By-law are revoked.
- The following are enacted as the Register and Member Information By-laws (Bylaw No. 158).

Register and Member Information By-laws (By-law No. 158)

Member Names and Addresses

1. (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 1(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 1(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

2. (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 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*.
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 22 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. 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.

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.

(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.

Public Information

3. (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 3(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

4. 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

5. (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 5(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 9), 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.

6. (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.

7. (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 4.

(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 4, or may have the provider of the protection under section 4 provide regular updates to the College confirming compliance with section 4.

(3) Section 4 and subsection 7(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.

8. 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.

9. 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: This by-law is not currently in effect. It will come into effect at a date to be determined by the Council.



CPSO

Declaration of Adherence Package 2024

2023-2024 Declaration of Adherence



Members of CPSO Council and Committees

As a member of Council and/or a Committee of the College of Physicians and Surgeons of Ontario (CPSO), I acknowledge that:

- the CPSO's duty under the *Regulated Health Professions Act, 1991* (RHPA) and the Health Professions Procedural Code (the Code) (relevant excerpts of which are attached to this document) is to serve and protect the public interest.
- I stand in a fiduciary relationship to the CPSO. This means that I must act in the best interests of the CPSO. As a fiduciary, I must act honestly, in good faith and in the best interests of the CPSO, and must support the interests of the CPSO over the interests of others, including my own interests and the interests of physicians.
- ~~Council and Committee members~~ must avoid conflicts between ~~their self-interest and their~~ my duty to the CPSO and my personal/self-interest or other professional interests. This includes, but is not limited to, conflicts of interest by virtue of having competing fiduciary obligations to the CPSO and to another organization. ~~As part of this Declaration of Adherence, I have identified below any relationship(s) I currently have with any organization that may create a conflict of interest by virtue of having competing fiduciary obligations to the CPSO and the other organization (including, but not limited to, entities of which I am a director or officer), or holding another position with an organization whose mandate conflicts with the mandate of the CPSO. More information about conflicts of interest is contained in the Conflict of Interest Policy. A conflict of interest is defined in the CPSO General By-law as:~~
 - A conflict of interest exists where a reasonable person would conclude that a Council or committee member's personal or financial interest may affect his or her judgment or the discharge of his or her duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.
- As part of my Council or Committee work, I am expected to declare any actual or potential conflicts of interest.
- As part of this Declaration of Adherence, I have completed the attached Disclosure Form to the best of my ability, by identifying any relationship(s) I

currently have or had in the last three years or anticipate having with any organization in order to assist the CPSO with determining if the relationship(s) may create a conflict of interest, even if I do not believe the relationship(s) creates a conflict of interest.

- I will promptly notify CPSO if I become involved with an organization (for example, take on a new job or become a director of the Board of the organization) or of any other changes or additions to the disclosed information.
- I am aware of the confidentiality obligations imposed upon me by Section 36 (1) of the RHPA, a copy of which is attached to this Declaration. All information that I become aware of in the course of or through my CPSO duties is confidential and I am prohibited, both during and after the time I am a Council member or a CPSO Committee member, from communicating this information in any form and by any means, except in the limited circumstances set out in Sections 36(1)(a) through 36(1)(k) of the RHPA.
- I have read Section 40 (2) of the RHPA, and understand that it is an offence to contravene subsection 36 (1) of the RHPA. I understand that this means in addition to any action the CPSO or others may take against me, I could be convicted of an offence if I communicate confidential information in contravention of Section 36 (1) of the RHPA, and if convicted, I may be required to pay a fine of up to \$25,000 (for a first offence), and a fine of not more than \$50,000 for a second or subsequent offence.
- I have read and agree to abide by the Council and Committee Code of Conduct (a copy of which is attached to this Declaration of Adherence).
- I understand that I am subject to the CPSO By-Laws, including the provisions setting out the circumstances in which I may be disqualified from sitting on Council or on a Committee.
- I have read and am familiar with the CPSO's By-laws and governance policies. I am bound to adhere to and respect the CPSO's By-laws and the policies applicable to the Council and Committee members, including without limitation, the following:

Council and Committee Code of Conduct

2023-2024
Declaration of Adherence



- [Conflict of Interest Policy](#)
- [Impartiality in Decision Making Policy](#)
- [Confidentiality Policy](#)
- [Use of CPSO Technology Policy](#)
- [Information Breach Protocol](#)
- [E-mail Management Policy](#)
- [Protocol for Access to CPSO Information](#)
- [Safe Disclosure Policy](#)
- Role Description of a CPSO Council/Committee Member (as applicable)

- I must conduct CPSO work using a CPSO-issued computer or laptop, and that I am not permitted to use a personal computer or laptop for CPSO work.
- I must use **only** my CPSO-provided email address (eg., cpso.on.ca) for any and all communications relating to CPSO work.
- ~~I have completed the attached Conflict of Interest Disclosure Form to the best of my ability, and will notify the CPSO of any changes or additions to the disclosed information at the earliest opportunity, in accordance with the Conflict of Interest Policy.~~

- I confirm I have read, considered and understand the Declaration of Adherence including associated documents, and agree to abide by its provisions.
- I understand that any breach of this Declaration of Adherence may result in remedial action, censure or removal from office.

Printed Name:

Signature:

Date:

Disclosure Form

As part of your Council or committee work, you are expected to declare any actual or potential conflicts of interest. A conflict of interest is defined the CPSO General By-law as:

A conflict of interest exists where a reasonable person would conclude that a Council or committee member's personal or financial interest may affect his or her judgment or the discharge of his or her duties to the College. A conflict of interest may be real or perceived, actual or potential, direct or indirect.

Please indicate any financial or personal interests that are or may be perceived to be a conflict of interest with your duties at CPSO, including any positions you hold as an officer or director of any other entity whose interests or mandate could reasonably appear to be in conflict or inconsistent with the CPSO. Please review the *Conflict of Interest* policy for more details and examples of what may constitute a conflict of interest.

Potential conflicts Please complete this Disclosure Form in full. This information will be investigated/reviewed by the CPSO to confirm/determine whether a conflict exists/of interest exists or may be perceived to exist, and the extent of the impact of any conflicts or potential conflicts on your involvement in work. If you are unsure CPSO work. Please note that listing an interest in or relationship with an organization does not necessarily mean there is a conflict of interest. Please indicate if something is a conflict, please disclose any of the following apply, even if you do not think it below creates a conflict of interest:

	<u>Yes</u>	<u>No</u>
<u>I have a financial or personal interest (or a person who is related to me has a financial or personal interest) that may relate to the CPSO in any way and therefore may be perceived to be a conflict of interest.</u>	<input type="checkbox"/>	<input type="checkbox"/>

<u>I am, or have been within the last three years, an employee, Board director or officer of, or in another position of responsibility with, any of the following organizations or types of organizations:</u>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

- | | |
|---|---|
| <ul style="list-style-type: none"> • <u>The Ontario Medical Association</u> • <u>The Canadian Medical Protective Association</u> • <u>The Canadian Medical Association</u> • <u>The Coalition of Family Physicians and Specialists of Ontario</u> • <u>The Ontario Specialists Association</u> • <u>A medical specialty association or society (for example, Canadian Anesthesiologists Society)</u> • <u>An organization involved in physician advocacy</u> | <ul style="list-style-type: none"> • <u>Hospital (including a Hospital Board or other leadership positions)</u> • <u>Ontario government agency (ex. Ontario Health) or Ministry etc.</u> • <u>Royal College of Physicians and Surgeons of Canada</u> • <u>The College of Family Physicians of Canada</u> • <u>Ontario College of Family Physicians</u> • <u>Medical Council of Canada</u> • <u>Other regulatory authority</u> <p>I have no conflicts of interest to report</p> |
|---|---|

2023-2024
Declaration of Adherence



I have the following potential or actual conflicts of interest

I am, or have been within the last three years, an employee, Board director or officer of, or in another position of responsibility with, any other organization (not listed or covered above).

If you selected "Yes" to any of the above, please provide the name of the organization, your position, when and for how long the role was held and any other explanation or information about it. If you think there may be any potential conflict not captured in the above questions please disclose it below, providing all relevant information.

1.
2.
3.

I confirm I have no conflicts to declare and selected "No" to all of the above.

Printed Name:

Signature:

Date:

Purpose

This Code of Conduct sets out expectations for the conduct of Council and Committee members to assist them in:

- carrying out the CPSO's duties under the *Regulated Health Professions Act, 1991* (RHPA) to serve and protect the public interest; and,
- ensuring that in all aspects of its affairs, Council and Committees maintain the highest standards of public trust and integrity.

Application

This Code of Conduct applies to all members of Council and to all CPSO Committee members, including non-Council Committee members.

Fiduciary Duty and Serving and Protecting the Public Interest

Fiduciary Duty

Council members and Committee members are fiduciaries of the CPSO and owe a fiduciary duty to the CPSO. This means they are obligated to act honestly, in good faith and in the best interests of the CPSO, putting the interests of the CPSO ahead of all other interests, including their own interests and the interests of physicians.

As set out in the Declaration of Adherence, members must avoid situations where their personal interests will conflict with their duties to the CPSO. See the CPSO's [Conflict of Interest Policy](#) for further information.

Members who are appointed or elected by a particular group must act in the best interests of the CPSO even if this conflicts with the interests of their appointing or electing group. In particular:

- Professional members who are elected to Council do not represent their electoral districts or constituents.
- ~~Academic professional~~[Professional](#) members [of academic faculties](#) who are appointed to Council ~~by their academic institutions~~ do not represent the interests of their [academic](#) institutions.

- Public members of Council who are appointed by the Lieutenant Governor in Council do not represent the government's interests.

Serving and Protecting the Public Interest

The CPSO is the self-regulating body for the province's medical profession. In carrying out its role as a regulator governed by the RHPA, the CPSO has a duty to "serve and protect the public interest". This duty takes priority over advancing any other interest. For greater clarity, advancing other interests must only occur when those interests are not inconsistent with protecting and serving the public interest. As Council and Committee members have a fiduciary duty to the CPSO, they must keep in mind that in performing their duties they are expected to work together to support the CPSO in fulfilling this mandate.

Advancing the Profession's Interests

It is possible that while serving and protecting the public, Council and Committee members can also collectively advance the interests of the profession. However, there may be times when serving and protecting the public may not align with the interests of the profession. When this occurs, Council and Committee members must protect and serve the public interest over the interests of the profession.

Conduct and Behaviour

Respectful Conduct

Members bring to the Council and its Committees diverse backgrounds, skills and experiences. While members may not always agree on all issues, discussions shall take place in an atmosphere of mutual respect and courtesy and should be limited to formal meetings as much as possible.

For greater clarity, discussing Council or Committee matters outside of formal meetings is strongly discouraged.

The authority of the President of Council must be respected by all members.

Council and Committee Solidarity

Members acknowledge that they must support and abide by authorized Council and Committee decisions, even if they did not support those decisions. The Council and CPSO Committees speak with one voice. Those Council or Committee members who

have abstained or voted against a motion must adhere to and support the decision of a majority of the members.

Media Contact, Social Media, and Public Discussion

Council and Committee members must always consider the potential impact of all their communications, media contact, social media use and online conduct, whether public or private, on the reputation of, or public trust in, the CPSO, the profession, medical self-regulation or a CPSO stakeholder (including the Ontario Medical Association, the government, medical schools and others). This applies whether the member has or has not explicitly stated that their views do not reflect the views of the CPSO.

Council and CPSO Spokespersons

The President is the official spokesperson for the Council. The President represents the voice of Council to all stakeholders. The Registrar/CEO is the official spokesperson for the CPSO.

Media Contact, Communications and Public Discussion

News media contact and responses and public discussion of the CPSO's affairs should only be made through the authorized spokespersons. Authorized spokespersons may include the President, the Registrar/CEO, or specified delegate(s).

No member of Council or a CPSO Committee shall speak, communicate or make representations (including in social media or in private communications) on behalf of the Council or the CPSO unless authorized by the President (or, in the President's absence, the Vice-President) and the Registrar/CEO. When so authorized, the member's representations must be consistent with accepted positions and policies of the CPSO and Council and must comply with the confidentiality obligations under the RHPA.

Social Media Use

Members of Council or a CPSO Committee are held to a very high standard that moves beyond the Social Media policy that applies to physicians generally. In addition, Council and Committee members must recognize that effective advocacy is generally difficult to balance with their role at the CPSO.

~~Council and Committee members must always consider the potential impact of all their communications, social media use and online conduct on the reputation of, or public trust in, the CPSO, the profession, medical self-regulation or a CPSO stakeholder (including the~~

~~Ontario Medical Association, the government, medical schools and others). This applies to all manner of communications and social media use, whether private or public, and whether the member has or has not explicitly stated that their views do not reflect the views of the CPSO. For example, members must:~~

~~Speak~~Council and Committee members are permitted (and encouraged) to share and positively comment on or interact with social media postings that have been approved by the CPSO, for example, sharing CPSO job postings, eDialogue, or other posts from CPSO official channels. Doing so is consistent with speaking with one voice when representing the CPSO.

If or When Engaging on Social Media:

- ~~Do not speak~~ on behalf of the CPSO ~~only when~~unless authorized by the President ~~or CEO/(or, in the President's absence, the Vice-President) and the Registrar;/CEO;~~
~~Not~~
- ~~Do not~~ engage on social media in any way that could be interpreted to represent or establish the position of the CPSO, ~~reflect bias in the CPSO's decision-making,~~ or compromise the reputation of the CPSO, its Council, or its Committees, even if the views expressed are noted to be a member's individual views and not representative of the CPSO;
~~Not~~
- ~~Do not engage (including posting, responding or commenting) on matters that relate or could relate to the CPSO or issues that the CPSO is involved in. It is up to the CPSO to determine if it will respond to these postings. A response or comment by a Council or Committee member to such matters on social media may be perceived by others as being a response or comment by or on behalf of CPSO, even if they say they are not speaking on behalf of CPSO;~~
- ~~Do not engage on matters that relate to or touch upon specific cases or general themes with regards to cases that may have come before a CPSO Committee. This may create a possible apprehension of bias on the part of the Committee member for future cases. For example, strong statements about a specific physician or group of physicians, or an area of medical practice, could give rise to the appearance of bias when deciding cases related to them.~~
- ~~Do not~~ respond to any negative or confrontational content that is or could be seen to be related to the CPSO, and notify CPSO staff should they discover or receive any negative/confrontational content on social media; and,

- Be professional and respectful on social media, including but not limited to not engaging in harassing, discriminatory or otherwise abusive behaviour.

~~In particular, while using social media, members must not engage with matters (including posting, commenting, or reacting to them) when:~~

- ~~• The member's comments may be inconsistent with a stated CPSO position;~~
- ~~• The matters discussed relate to or touch upon specific cases or general themes with regards to cases that may have come before a CPSO Committee. This may create a possible apprehension of bias on the part of the committee member for future cases. For example, strong statements about a specific physician or group of physicians, or an area of medical practice, that could give rise to the appearance of bias when deciding cases related to them.~~

~~Council and Committee members are permitted (and encouraged) to share, comment on, and positively comment on or interact with social media postings that have been approved by the CPSO, for example, sharing CPSO job postings, eDialogue, or other posts from CPSO official channels. Doing so is consistent with speaking with one voice when representing the CPSO.~~

All Council and Committee members are expected to respond to and cooperate with the CPSO if the CPSO raises concerns about the member's social media engagement. ~~This may include but is not limited to complying with requests to remove or edit previous posts, comments, or reactions, or to cease further posts that cause similar or related concerns. If asked by the CPSO, the Council or committee member will immediately stop engaging in social media identified by the CPSO, and will follow the direction of the CPSO, including to remove or edit the post, stop posting to or engaging on social media, whether or not the Council or committee member thinks their posts are appropriate.~~

Council and Committee members are encouraged to obtain guidance from the CPSO prior to engaging with social media to assist with compliance with this Code of Conduct. Contact the Governance Office should you have any questions (govsupport@cpso.on.ca).

Representation on Behalf of the CPSO

Council and Committee members may be asked to present to groups on behalf of the CPSO or may be invited to represent the CPSO at events or within the community.

Council and Committee members are expected to first obtain authorization to do so, as noted above, and to coordinate with CPSO staff to develop appropriate messaging and materials for such presentations.

Every Council and Committee member of the CPSO shall respect the confidentiality of information about the CPSO whether that information is received in a Council or Committee meeting or is otherwise provided to or obtained by the member. The duty of confidentiality owed by Council and Committee members is set out in greater detail in the CPSO's [Confidentiality Policy](#).

Equity, Diversity, and Inclusion

Equity, diversity, and inclusion is important to the CPSO in order to fulfil our mandate to protect and serve the public interest. Council and Committee members are expected to support the CPSO's work towards providing a more diverse, equitable, and inclusive environment at the CPSO, within the profession, and for our patients across the province. This includes Council and Committee members approaching all work at the CPSO with a diversity, equity, and inclusion lens.

Email and CPSO Technology

More information on email and CPSO technology use can be found in the:

- [Use of CPSO Technology Policy](#)
- [Information Breach Protocol](#)
- [E-mail Management Policy](#)
- [Protocol for Access to CPSO Information](#)

CPSO Email Address

Council and Committee members must use **only** their CPSO-provided email address (eg., cpso.on.ca) for all communications relating to their CPSO work. CPSO emails (including virtual meeting invitations) must not be forwarded or sent to a personal email address under any circumstances. This is very important to maintain the confidentiality of CPSO-related communications. The use of the CPSO email system by Council and Committee members for personal matters should be incidental and kept to a minimum.

Members are expected to check their CPSO email account regularly. Council and Committee members should not expect to receive notifications that CPSO email has

been sent to them via a personal email, text or phone number, and should not ask CPSO staff to send these notifications. Council and Committee members may contact IT for assistance with accessing or using their CPSO email, including having IT download the CPSO Outlook app on their personal mobile phones.

CPSO Technology

Council and Committee members should have no expectation of privacy in their use of CPSO Technology or in CPSO Information. The CPSO may monitor and review the use of CPSO Technology by Council and Committee members, and may open and review e-mail messages, instant messaging, internet activity and other CPSO Information (including those of a personal nature), at any time without notice for the purposes of verifying compliance with CPSO policies, to protect CPSO Information and other CPSO property and for other lawful purposes.

The CPSO Policy on Use of CPSO Technology applies to Council and committee members. As provided in that policy, all information and data (including e-mail and instant messaging) (referred to as CPSO Information) generated or stored on CPSO systems, devices and associated computer storage media (referred to as CPSO Technology) are the exclusive and confidential property of the CPSO.

Council and Committee members must conduct CPSO work using CPSO-issued computers or laptops, not personal computers or laptops. Use of CPSO-issued computers or laptops by CPSO Council and Committee members for personal or non-CPSO matters should be kept to a minimum.

Additionally, the Information Technology department must approve any software downloads to CPSO Technology or systems.

CPSO information must be saved in CPSO systems, and Council and Committee members should not download, save or store CPSO information on CPSO Technology (e.g. on C drive or desktop) or on personal devices.

Any printed hard copies of materials and handwritten notes relating to any Council and committee Committee meetings should be securely destroyed (such as cross-shredding) immediately after the meeting. For OPSDT and FTP matters, notes and materials must be shredded or deleted once any appeals have concluded.

Council and Committee members should be aware that they leave a CPSO “footprint” on the internet when accessing it from the CPSO’s wireless network or while using CPSO

Technology or their CPSO email address. Members are reminded that when they use CPSO networks, they are representing the CPSO at all times during their Internet travels.

Other Council and Committee Member Commitments

In addition to any other obligation listed in this Code of Conduct or in the Declaration of Adherence, each Council member and Committee member commits to:

- uphold strict standards of honesty, integrity and loyalty;
- adhere to all applicable CPSO by-laws and policies, in addition to those listed or referred to in this Code of Conduct;
- attend Council and Committee meetings, as applicable to the member, be on time and engage constructively in discussions undertaken at these meetings;
- prepare prior to each Council and Committee meeting, as applicable to the member, so that they are well-informed and able to participate effectively in the discussion of issues and policies;
- state their ideas, beliefs and contributions to fellow Council and Committee members and CPSO staff in a clear and respectful manner;
- where the views of the Council or Committee member differ from the views of the majority of Council or Committee members, work together with Council or the Committee, as applicable, toward an outcome in service of the highest good for the public, the profession and the CPSO;
- uphold the decisions and policies of the Council and Committees;
- behave in an ethical, exemplary manner, including respecting others in the course of a member's duties and not engaging in verbal, physical or sexually harassing or abusive behaviour;
- participate fully in evaluation processes requested by CPSO that endeavor to address developmental needs in the performance of the Council, Committee and/or individual member;
- willingly participate in committee responsibilities;

- promote the objectives of the CPSO through authorized outreach activities consistent with CPSO's mandate and strategic plan and in accordance with this Code of Conduct;
- respect the boundaries of CPSO staff whose role is neither to report to nor work for individual Council or Committee members; and,
- if a member becomes the subject of a hearing by the Ontario Physicians and Surgeons Discipline Tribunal¹ or the Fitness to Practise Committee of the CPSO, withdraw from the activities of Council or any Committee on which the member serves until those proceedings are formally concluded.

Any Council Committee member who is unable to or fails to comply with this Code of Conduct or the Declaration of Adherence, (which failure shall be determined by CPSO), including any policies referenced in them, shall withdraw from the Council and/or such Committees.

Amendment

This Code of Conduct may be amended by Council.

Updated and approved by Council: September 22, 2023 ~~September 22, 2022~~

¹ The Ontario Physicians and Surgeons Discipline Tribunal is the Discipline Committee established under the Health Professions Procedural Code. For convenience, it is referred to as the OPSDT in other instances in this package.

Schedule 1: Relevant Sections of the *Regulated Health Professions Act* and the *Health Professions Procedural Code*

Regulated Health Professions Act

Confidentiality

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- (c) to a body that governs a profession inside or outside of Ontario;
- (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Fixing Long-Term Care Act, 2021*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act (Canada)* and the *Food and Drugs Act (Canada)*;
- (d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;
- (d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information

- was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;
- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
 - (f) to the counsel of the person who is required to keep the information confidential under this section;
 - (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
 - (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
 - (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;
 - (j) with the written consent of the person to whom the information relates; or
 - (k) to the Minister in order to allow the Minister to determine,
 - (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act*, or the *Drug Interchangeability and Dispensing Fee Act*, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s.7(1); 2014, c. 14, Sched. 1, s. 10; 2017, c. 11, Sched. 5, s. 2(1.2); 2021, c. 39, Sched. 2, s.23 (1).

Offences

40. (2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

(3) Every corporation that contravenes section 31, 21, or 33 or subsection 34(1), 34.1(1) or 36(1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s.12.

Health Professions Procedural Code

Duty of College

2.1 It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals. 2008, c. 18, s. 1.

Objects of the College

3 (2) In carrying out its objects, the College has a duty to serve and protect the public interest. 1991, c. 18, Sched. 2, s. 3 (2)

HUMAN RIGHTS IN THE PROVISION OF HEALTH SERVICES

Policies of the College of Physicians and Surgeons of Ontario (“CPSO”) 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 CPSO and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate CPSO’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

Discrimination: An act, communication, or decision that results in the unfair treatment of an individual or group, for example, by excluding them, imposing a burden on them, or denying them a right, privilege, benefit, or opportunity enjoyed by others. Discrimination may be direct and intentional; it may also be indirect and unintentional, where rules, practices, or procedures appear neutral but have the impact of disadvantaging certain groups of people.

Effective referral: Taking positive action to ensure the patient is connected to a non-objecting, available, and accessible¹ physician, other health-care professional, or agency.

Protected grounds under the *Human Rights Code*: The Ontario *Human Rights Code* prohibits actions that discriminate against people based on protected grounds in protected social areas (including goods, services, and facilities, such as hospitals and health services). The protected grounds include age; ancestry, colour, race; citizenship; ethnic origin; place of origin; creed; disability; family status; marital status; gender identity, gender expression; receipt of public assistance; record of offences; sex; and sexual orientation.²

For more definitions of key terms and concepts related to this policy, including **anti-oppression, anti-racism, cultural humility, and cultural safety**, see CPSO’s [Equity, Diversity, and Inclusion Glossary](#).

¹ “Available and accessible” means that the health-care professional must be operating and/or accepting patients at the time the effective referral is made, and in a physical location the patient can reasonably access, or where appropriate, accessible via virtual care. Additional information on effective referrals can be found in the *Advice to the Profession*.

² For more information on the protected grounds and protected social areas under the *Human Rights Code*, see the Ontario Human Rights Commission’s [website](#).

32 Policy

33 Providing Safe, Inclusive, and Accessible Health Services

- 34 1. Physicians **must** take reasonable steps to create and foster a safe, inclusive, and
35 accessible environment in which the rights, autonomy, dignity, and diversity of all
36 people are respected, including by incorporating cultural humility, cultural safety,
37 anti-racism, and anti-oppression³ into their practices.
- 38 2. Physicians **must not**:
- 39 a. express personal moral judgments in a manner that is demeaning towards
40 patients' beliefs, lifestyle, identity, or characteristics or the health services
41 that patients are considering;
- 42 b. rely on stereotypes associated with one or more aspects of the patient's
43 identity to determine their needs;⁴
- 44 c. refuse or delay the provision of health services because the physician
45 believes the patient's own actions have contributed to their condition;⁵ or
- 46 d. promote or impose their own spiritual, secular, or religious beliefs when
47 interacting with patients.

48 *The Duty to Provide Services Free from Discrimination*

- 49 3. Physicians **must** comply with the relevant legal requirements under the [Human](#)
50 [Rights Code](#)⁶ and the [Accessibility for Ontarians with Disabilities Act, 2005](#).
- 51 4. Physicians **must not** discriminate, either directly or indirectly, based on a protected
52 ground under the *Human Rights Code* when making decisions relating to the
53 provision of health services, including when:
- 54 a. accepting or refusing individuals as patients;

³ For definitions of cultural humility, cultural safety, anti-racism, and anti-oppression, see the [Equity, Diversity, and Inclusion Glossary](#). Additional guidance and resources on how to incorporate these concepts into practice can be found in the *Advice to the Profession*.

⁴ Stereotypes are generalizations about people based on assumptions about qualities and characteristics of the group they belong to. Stereotyping typically involves attributing the same characteristics to all members of a group, regardless of their individual differences. It is often based on misconceptions, incomplete information, and/or false generalizations.

⁵ See the [Ending the Physician-Patient Relationship](#) policy for circumstances where physicians must not end the physician-patient relationship.

⁶ The *Human Rights Code* has primacy over all other provincial legislation, including the [Substitute Decisions Act, 1992](#); [Health Care Consent Act, 1996](#); [Mental Health Act](#); and the [Accessibility for Ontarians with Disabilities Act, 2005](#). If there is a conflict between the *Human Rights Code* and another provincial law, the *Human Rights Code* prevails unless the other law includes a specific exception.

- 55 b. providing information to patients;
- 56 c. providing or limiting health services;⁷
- 57 d. providing formal clinical referrals and effective referrals; and
- 58 e. ending the physician-patient relationship.

59 *The Duty to Accommodate*

- 60 5. Physicians **must** comply with their duty to accommodate the needs of patients
61 arising from protected grounds under the *Human Rights Code* in a manner that
62 respects the dignity, autonomy, privacy, and confidentiality of the person.⁸
63
- 64 6. In discharging provision 5, physicians **must** explore and implement accommodation
65 measures up to the point that they would:
 - 66 a. subject the physician to undue hardship (e.g., excessive cost, health or safety
67 concerns); or
 - 68 b. significantly interfere with the legal rights of others.
- 69 7. Where a patient requests to receive care from a physician with a particular identity
70 (e.g., race, ethnicity, culture, religion, gender identity), physicians **must**:
 - 71 a. with appropriate consent,⁹ provide any emergent or urgent medical care the
72 patient requires; and
 - 73 b. when the situation is non-emergent or non-urgent:
 - 74 i. take appropriate steps to accommodate the patient's request, where
75 resources are available, if the request is reasonable (e.g., the patient
76 requests care from a physician who is of the same gender for religious
77 reasons or based on a history of trauma); or
 - 78 ii. determine the safe and appropriate steps to take with respect to the
79 patient's care if the request is not reasonable (e.g., the patient requests

⁷ This policy addresses limiting health services for reasons based on conscience or religion in the section "Health Services that Conflict with Physicians' Conscience or Religious Beliefs." The [Accepting New Patients](#) policy sets out expectations for physicians limiting health services on the basis of clinical competence, scope of practice, and/or a focused practice area.

⁸ A physician's duty to protect the confidentiality of personal health information and the privacy of individuals with respect to that information is governed by the [Personal Health Information Protection Act, 2004](#).

⁹ See the [Consent to Treatment](#) policy for expectations on obtaining consent during emergencies.

80 care from a physician of a certain race based on racist beliefs), which
81 may include refusing to accommodate the request.¹⁰

82 *Addressing Violence, Harassment, and Discrimination*

83 8. If physicians see acts of violence, harassment (including intimidation), or
84 discrimination occurring against patients, health-care professionals, and/or staff,
85 they **must** take necessary¹¹ and reasonable steps to stop and/or otherwise address
86 these acts (e.g., providing support) in a manner that does not compromise the
87 safety of themselves or others.¹²

88 **Health Services that Conflict with Physicians' Conscience or Religious Beliefs**

89 CPSO recognizes that physicians have the right to limit the health services they provide
90 for reasons of conscience or religion. Physicians' freedom of conscience and religion
91 must also be balanced against the right of existing and potential patients to access
92 care. The Court of Appeal for Ontario has confirmed that where an irreconcilable
93 conflict arises between a physician's interest and a patient's interest, as a result of
94 physicians' professional obligations and fiduciary duty owed to their patients, the
95 interest of the patient prevails.¹³

96 CPSO has expectations for physicians who have a conscientious or religious objection
97 to the provision of certain health services. These expectations accommodate the rights
98 of objecting physicians to the greatest extent possible while ensuring that patients'
99 access to healthcare is not impeded.

100 9. Where certain health services conflict with physicians' conscience or religious
101 beliefs in a manner that would impact patient access to those health services,
102 physicians **must** fulfill their professional obligations and fiduciary duty to their
103 patients by putting patients' interests first.

104 10. Physicians **must** provide patients with accurate, complete, and unbiased information
105 about all available and appropriate options to meet their clinical needs or concerns

¹⁰ See the [Ending the Physician-Patient Relationship](#) policy for expectations when deciding to end the physician-patient relationship. Additional guidance around determining whether a request is reasonable can be found in the *Advice to the Profession*.

¹¹ Necessary steps include complying with applicable legislation (e.g., the [Occupational Health and Safety Act](#)) and any other relevant policies (e.g., the [Professional Responsibilities in Medical Education](#) policy), institutional codes of conduct, or by-laws.

¹² Physicians will need to take into consideration the mental and/or physical state of the patient or individual when determining reasonable steps, where at times their behaviour may be due to a health condition (e.g., severe mental illness, neurocognitive or neurodevelopmental disorder) and/or their current health status (e.g., intoxication, delirium).

¹³ See para. 187 [Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario](#), 2019 ONCA 393.

106 so that patients are able to make an informed decision¹⁴ about exploring a particular
107 option.¹⁵

108 11. Physicians **must not**:

- 109 a. withhold information about the existence of any relevant service, treatment,
110 or procedure because it conflicts with their conscience or religious beliefs; or
- 111 b. impede access to information and/or care.

112 12. When a particular service, treatment, or procedure is an option for a patient and
113 conflicts with a physician's conscience or religious beliefs in a manner that would
114 impact patient access, physicians **must**:

- 115 a. make any decisions to limit the provision of health services in accordance
116 with the *Human Rights Code*;¹⁶
- 117 b. inform the patient that they do not provide that service, treatment, or
118 procedure;
- 119 c. have a plan in place around how they will connect patients to the services that
120 would typically be requested in their type of practice, but that conflict with
121 their conscience or religious beliefs; and
- 122 d. provide the patient with an effective referral in a timely manner to allow
123 patients to access care and not expose them to adverse clinical outcomes
124 due to a delay.

125 13. In discharging provisions 10 and 12, physicians **must**:

- 126 a. communicate the necessary information in a clear, straightforward, non-
127 judgmental, and understandable manner;¹⁷
- 128 b. document in accordance with the expectations set out in the [Medical Records](#)
129 [Documentation](#) policy and, where relevant, the [Medical Assistance in Dying](#)

¹⁴ In accordance with the [Consent to Treatment](#) policy and the [Health Care Consent Act, 1996](#), physicians need to obtain valid consent in order to proceed with a particular treatment option. In order for consent to be valid, it must be related to the treatment, informed, given voluntarily, and not obtained through misrepresentation or fraud.

¹⁵ For specific guidance related to medical assistance in dying (MAID), see the [Advice to the Profession: Medical Assistance in Dying](#).

¹⁶ Limiting health services on the basis of conscience or religion does not permit physicians to discriminate on the basis of a protected ground under the *Human Rights Code* and limit to whom they provide services they otherwise offer.

¹⁷ Communicating in an understandable manner may involve addressing language and/or other communication barriers (e.g., due to neurodiversity or disability) and using the best available resources for interpretation.

- 130 policy, and transfer any copies of records in accordance with the [Medical](#)
131 [Records Management](#) policy; and
- 132 c. where formal clinical referrals are provided, comply with the relevant
133 expectations set out in the [Transitions in Care](#) policy.
- 134 14. Physicians **must** provide any necessary care in an emergency, even where that care
135 conflicts with their conscience or religious beliefs.¹⁸

DRAFT

¹⁸ For clarity, MAID would never be a treatment option in an emergency.

Council Motion

Motion Title	Council Meeting Consent Agenda
Date of Meeting	December 7, 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 December 7 and 8, 2023; and
- The minutes from the meeting of Council held September 21 and 22, 2023.

Council Briefing Note

December 2023

Topic:	Ontario Physicians and Surgeons Discipline Tribunal Report of Completed Cases September 2, 2023 – November 17, 2023
Purpose:	For Information
Relevance to Strategic Plan:	Right-Touch Regulation
Public Interest Rationale:	<p>Accountability: Holding physicians accountable to their patients/clients, the public, and their regulatory body.</p> <p>Protection: Fulfilling the College’s mandate to ensure public protection.</p>
Main Contact:	Dionne Woodward, Tribunal Counsel

Issue

- This report summarizes reasons for decision released between September 2, 2023 and November 17, 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 8 reasons for decision:

- 3 reasons on findings (liability) and penalty
- 1 set of reasons on liability only
- 1 set of reasons on a motion

Findings

Liability findings included:

- 4 findings of disgraceful, dishonorable or unprofessional conduct
- 1 finding of failure to maintain the standard of practice of the profession

- 1 finding of failing to respond appropriately or within a reasonable time to a written inquiry from the College
- 1 finding of conduct unbecoming a physician
- 1 finding of guilty of an offence relevant to suitability to practise
- 1 finding of incompetence

Penalty

Penalty orders included:

- 3 reprimands
- 3 suspensions
- 0 revocations
- 3 impositions 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, all of which were in the amount of \$6000.

Motions and case management decisions

For the period reported, the Tribunal released one order and reasons for decision on a motion.

TABLE 1: TRIBUNAL DECISIONS – FINDINGS (September 2, 2023 to November 17, 2023)

Citation and hyperlink to published reasons	Physician	Date of Reasons	Incompetence	Disgraceful, Dishonourable or Unprofessional Conduct	Failed to maintain standard of practice	Other
2023 ONPSDT 21	Stein	Sept. 28, 2023		X		
2023 ONPSDT 22	Trozzi	Oct. 6, 2023	X	X	X	- Failed to respond appropriately or within a reasonable time to a written inquiry from the College
2023 ONPSDT 23	Kao	Oct. 23, 2023		X		
2023 ONPSDT 25	Nugent	November 6, 2023		X		- Conduct unbecoming a physician - Guilty of an offence relevant to suitability to practise

TABLE 2: TRIBUNAL DECISIONS - PENALTIES (September 2, 2023 to November 17, 2023)

Citation and hyperlink to published reasons	Physician	Date of reasons	Penalty (TCL = Terms, Conditions or Limitations)	Length of suspension in months	Costs
2023 ONPSDT 21	Stein	Sept. 28, 2023	Suspension, reprimand, TCL	6	\$6000
2023 ONPSDT 23	Kao	Oct. 23, 2023	Suspension, reprimand, TCL	5	\$6000
2023 ONPSDT 25	Nugent	November 6, 2023	Suspension, reprimand, TCL	3	\$6000

TABLE 3: TRIBUNAL DECISIONS - MOTIONS AND CASE MANAGEMENT (September 2, 2023 to November 17, 2023)

Citation and hyperlink to published reasons	Physician(s)	Date of reasons	Motion/Case management outcome	Nature of motion/case management issue
2023 ONPSDT 19	Garcia Pan	July 13, 2023	The physician’s motion asking the Tribunal to stay discipline proceeding following criminal acquittal was dismissed.	The Tribunal determined that it was not an abuse of process to proceed with the discipline hearing following Dr. Garcia Pan's criminal acquittal. A criminal acquittal does not preclude a finding of professional misconduct based on the same facts

Council Briefing Note

December 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 Contacts:	Heather Webb, Senior Government Relations Program Lead, Policy Tanya Terzis, Interim Manager, Policy

Update on the Ontario Legislature

- Legislators are currently sitting for the fall session at Queen’s Park and are scheduled to recess for winter break on December 14.
 - In October, government introduced Bill 135, the [Convenient Care at Home Act, 2023](#). This Bill will amalgamate the Local Health Integration Networks under a new organization, Ontario Health atHome, which will coordinate and provide home care services.
- The next Liberal party leader will be announced on December 2, with former mayor of Mississauga Bonnie Crombie leading among the declared candidates.
- A by-election in Kitchener Centre will be held on November 30. The riding has been vacant since July, when former NDP MPP Laura Mae Lindo stepped down.

Issues of Interest

a) *Scope of Practice Changes*

- Government and regulatory health colleges continue to look at how expanded scopes of practice can better reflect current practice and meet the needs of patients.
 - In addition to new [prescribing ability](#) for minor ailments, the Ontario College of Pharmacists has [proposed](#) giving pharmacists and pharmacy professionals expanded ability to prescribe and administer seasonal vaccines.

- The Ontario College of Midwives has [proposed](#) that members prescribe hormonal contraceptives to women in the immediate post-partum period and administer opioid analgesics to patients in hospitals.

b) *National Issues of Interest*

- **Internationally-educated professionals and labour mobility:** The federal government has outlined five priorities for provincial/territorial health ministers, including reducing registration time for internationally-trained health professionals and progress on national labour mobility for health workers, beginning with physicians.
 - BC has also announced a plan to streamline credential recognition for internationally-trained professionals, which will include legislation outlining new responsibilities for professional regulatory bodies in the areas of accountability, fairness, transparency, and efficiency.
- **Governance modernization:** Nova Scotia has passed [legislation](#) that will make extensive changes to the structure, governance, oversight, and activities of the regulated health professions.
 - Of note, the changes include creating a single statute to regulate all health professions; enabling government to create or amalgamate health regulators through regulation; mandating smaller, competency-based boards of directors; and eliminating overlap between directors and committee members.
- **Family medicine residency:** the College of Family Physicians of Canada has [withdrawn](#) a contentious [proposal](#) to extend the length of family medicine residency from two to three years, and has committed to an organizational review.

c) *Public Member Issues*

- We anticipate closing out the year with 14 public members, including a reappointment and new appointment both received in November. Six additional appointments are set to expire in the first four months of 2024.
- Ensuring prompt appointments and reappointments is critical to ensuring the proper functioning of CPSO committees. Staff have continued outreach on this issue to various branches within the Ministry and the Minister's office to underline our need for 15 qualified public members on Council.

d) *Physician Assistant (PA) Regulation*

- Staff are proposing revisions to the draft regulations for CPSO to regulate PAs and will be seeking Council approval to submit the revised draft regulations to government. Council has been provided with a separate briefing note on PA regulation.

Interactions with Government

- Staff continue to regularly engage with government on PA regulation, public member appointments, registration issues, and other emergent issues.

Annual Committee Reports 2023

TABLE OF CONTENTS

Executive Committee.....	3
Finance & Audit Committee	6
The Ontario Physicians and Surgeons Discipline Tribunal.....	9
Patient Relations Committee	17
Governance Committee.....	19
Inquiries, Complaints & Reports Committee.....	22
Premises Inspection Committee	26
Quality Assurance Committee	28
Registration Committee.....	31

Executive Committee

Committee Mandate

The Executive Committee may exercise all the powers and duties of the Council with respect to any matter that, in the opinion of the Executive Committee, requires attention between meetings of the Council, except that the Executive Committee does not have the power to make, amend or revoke a regulation or by-law. [General By-law, s. 30; HPPC1, s. 12(1)]

In addition to the duties set out above, the Executive Committee is required to:

- review the performance of the Registrar and set the compensation of the Registrar, which includes:
 - o consulting with Council in respect of the performance of the Registrar and with respect to setting performance objectives in accordance with a process approved by Council;
 - o ensuring that the appointment and re-appointment of the Registrar are approved by Council; and
 - o approving a written agreement setting out the terms of employment of the Registrar; [General By-law, s. 39(3(a) and (4)]
- oversee and assist CPSO staff with the development and delivery of major communications, government relations, and outreach initiatives to the profession, the public and other stakeholders, consistent with CPSO's strategic plan; and [General Bylaw, s. 39(3(b))]
- making recommendations to Council where appropriate.

The Executive Committee may make appointments to fill any vacancies which occur in the membership of a committee. The Executive Committee is required to make such appointments if it is necessary for a committee to achieve its quorum. [General By-law, s. 37(4)]

Section 35.1 of the General By-law states that the Executive Committee may rescind a committee member's appointment prior to its expiry, if in the opinion of the committee chair or vice-chair and with the approval of the Governance Committee, the committee member fails to advance the work of the committee, is having significant difficulties with the work of the committee, is disruptive to or negatively affecting the work or functioning of the committee, or is otherwise not performing well on the committee. Section 35.1 does not apply to members of the Governance Committee or Executive Committee. [General By-law, s. 35.1 (1)]

Committee Members

2022-2023:

Dr. Robert Gratton – Chair
 Dr. Ian Preyra – Vice-Chair
 Dr. Janet van Vlymen – Past President
 Dr. Lydia Miljan (PhD) – Executive Committee Representative
 Dr. Sarah Reid - Executive Committee Representative
 Ms. Joan Fisk - Executive Committee Representative

We wish to thank Dr. van Vlymen for her dedication, commitment, and contributions to the Executive Committee.

Key Accomplishments

The Executive Committee continues to monitor the key performance indicators (KPIs), as well as monitor progress on the 2020-2025 Strategic Plan. KPIs are reported on at Executive Committee and Council meetings.

The Executive Committee is responsible for the Council Award selection process and has selected the 2024 winners. This year, the Committee approved changes to the Council Awards Nomination Process to facilitate the screening criteria for Council Award nominees.

The application process for Council Award nominees was enhanced and simplified, as well as the screening process for applications. The application process was reduced from 10 pages to two pages, and the new process allows for video submissions, among other enhancements.

The Executive Committee reviewed and discussed several initiatives this year, including approving a number of Registration policies for consultation / final approval on behalf of Council as set out below:

- Acceptable Qualifying Examinations;
- Revised Draft Policy for Final Approval: Recognition of Certification without Examination Issued by the College of Family Physicians of Canada (CFPC);
- Revised Draft Policies for Final Approval: Alternative Pathways to Registration for Physicians Trained in the United States and Specialist Recognition Criteria in Ontario;
- Final Approval: Academic Registration;
- Final Approval: Recognition of RCPSC Subspecialist Affiliate Status;
- Final Approval: Specialist Recognition Criteria in Ontario; and
- Final Approval: Practice Ready Assessment Program.

In addition, several By-law Amendments were reviewed and forwarded to Council for approval, including:

- Register By-laws Changes;
- Out-of-Hospital Premises (OHP) by-law updates; and
- PA Regulation: Registration and Membership fees – By-law amendments for consultation.

The Executive Committee reviewed and discussed several policies prior to them being brought to Council for approval, including:

- Decision Making for End-of-Life Care policy;
- Blood Borne Viruses Policy – Proposal to Rescind;
- Image Guidance when Administering Nerve Blocks for Adult Chronic Pain;
- Revised Standards for Final Approval: Out-of-Hospital Premises;
- Waiving Moonlighting Fees;
- Waiving the fees for out-of-province electives;
- Human Rights in the Provision of Health Services Policy;
- Medical Assistance in Dying (MAID); and
- Conflicts of Interest and Industry Relationships.

The following draft regulations/policies were reviewed and then went to Council for approval to circulate/consult:

- Emergency Circumstances Practice Class of Registration Regulation;
- Proposed Regulatory Amendments: Physician Assistant Regulation;
- Principles of Medical Professionalism (formerly, “Practice Guide”);
- Professional Behaviour

The Committee also reviewed and recommended to Council the proposed Approval of Quality Improvement (QI) Enhanced as a program option for members aged 70-74 and Declaration of Adherence Package Amendments.

Find additional information about the Committee’s activities in [CPSO’s 2022 College Performance Measurement Framework Report](#).

Looking Ahead to 2024

The Executive Committee will continue to build on this year’s successes and bring this momentum into 2024. The following activities will be areas of focus for next year: • Reviewing and providing feedback on the Register Rebuild Project; • Monitoring the 2024 Key Performance Indicators; and • Governance Modernization including implementing the changes from the By-law Refresh Project.

Respectfully submitted,

Dr. Rob Gratton
President and Chair

Dr. Ian Preyra
Vice-Chair

Finance & Audit Committee

Committee Mandate

The Finance and Audit Committee shall review and report to the Council regarding the financial affairs and position of the College. In order to fulfill its duty, the Finance and Audit Committee shall:

- meet with the auditor each year, before the audit to re view the timing and extent of the audit and to bring to the attention of the auditor any matters to which it considers the auditor should pay attention; and
 - o as shortly before the annual financial meeting as practical in order to review and discuss with the auditor the financial statements, the auditor’s report and the management letter and any recommendations;
- review the draft budget before it is presented to the Executive Committee, and report to the Executive committee and the Council arising from its review of,
 - o the assumptions in the draft budget;
 - o the steps taken to maximize efficiency and minimize cost in relation to the quality of goods and level of service; and
 - o any other issue which the committee considers may affect the financial affairs and position of the College; and
- review from time to time,
 - o the expenditures of the College in relation to the budget;
 - o the performance and administration of the College’s pension plans;
 - o the investment strategies and performance of the College’s non-pension investments; and
 - o the security of the College’s assets generally.

The Finance and Audit Committee reviews and considers implications of proposed significant unbudgeted expenditures and may provide the Executive Committee with a revised budget, except where Council or the Executive Committee directs otherwise by resolution. [General By-law, ss. 43(1)-(3)]

Committee Members

2022-2023:

Dr. Glen Bandeira

Dr. Thomas Bertoia (Chair)

Mr. Murthy Ghandikota

Dr. Robert Gratton (leaving the Committee December 2023)
 Mr. Rob Payne (Vice-Chair)
 Mr. Peter Pielsticker
 Dr. Ian Preyra

Key Accomplishments

In addition, the Committee reviewed the following topics:

January 19, 2023 (Orientation)

- HIROC insurance coverage overview
- GIC Long-term investment update
- Space Update

April 20, 2023 (Audit)

- Auditor's Report and Year-end Financial Statement – The Auditors commented that it was a clean audit
- Internal Controls – No recommendations for improvement
- Budget Objectives for 2024 – No anticipation of an increase in fees
- Space Update

Council was provided with a more detailed account of these topics at the June Council meeting.

September 19, 2023 (Budget Review)

- The College's Compensation Plan – Was presented
- 2023 Draft Budget – Reviewed the draft budget

October 24, 2023 (Budget)

- Tinkham LLP the College's external auditor presented and reviewed the Engagement and Audit Planning Letters for the 2024
- 2024 Budget – No fee increase was recommended again this year, which is unchanged since 2018
- General By-Law Change – Updated to increase the borrowing limit
- GIC Long Term Investments
- Space update

Further details on some of these items follow.

2024 Budget

The College is accountable for \$85M budget, and regularly demonstrates – through detailed reports to the Finance and Audit Committee and Council, fiscal accountability, optimal resource use and delivery of effective and efficient programs. The transformation that the College embarked on several years ago has allowed the College to provide better service and support to all our stakeholders.

Management is pleased to be able to deliver a budget for 2024 that includes revenue of \$84,733,097 and expenses of \$84,721,070 resulting in a projected small surplus of \$12,026, basically a balanced budget. Management is also recommending that the independent practice membership fee of \$1,725 be maintained for 2024.

The Finance and Audit Committee approved the following motions:

It was moved by Mr. Payne, seconded by Dr. Preyra, and CARRIED. That the Finance & Audit Committee recommends to Council that the budget for 2024 be approved as presented.

It was moved by Mr. Payne, seconded by Mr. Ghandikota, and CARRIED. That the Finance & Audit Committee recommends to Council that per diem rates be increased by 3% effective January 1, 2024.

It was moved by Mr. Payne, seconded by Dr. Preyra, and CARRIED. That the Finance and Audit Committee is recommends to Council that the membership fee for 2024 remain at \$1,725.

Over the last six years there has been no increase to the Independent Practice Membership fee.

Looking Ahead to 2024

Looking at bringing in a balanced budget and keeping any fee increase minimal if required. By doing this we will be able to provide our mandate to protect the public.

Respectfully submitted,

Dr. Thomas Bertoia
Chair

Tribunal Mandate

The Ontario Physicians and Surgeons Discipline Tribunal¹ is a neutral, independent, administrative tribunal that adjudicates allegations of professional misconduct or incompetence of Ontario physicians referred to it by the College of Physicians and Surgeons of Ontario's Inquiries, Complaints and Reports Committee (ICRC). The Tribunal also hears applications brought by former members of the College for reinstatement of their certificate of registration.

The Tribunal is governed by the Health Professions Procedural Code (the Code) and other applicable law, including administrative law. The Tribunal is made up of physicians, non-physician members of the public and experienced adjudicators. The Tribunal manages cases from the point of ICRC referral or a member's reinstatement application forward. This involves conducting pre-hearing conferences, considering motions, holding hearings in a trial-like process on merits and penalty, then releasing orders and reasons for decisions.

The Code sets out that the Tribunal may determine whether a member has committed an act of professional misconduct and, if so, may make an order:

- directing the Registrar to revoke the member's certificate of registration
- directing the Registrar to suspend the member's certificate
- directing the Registrar to impose specified terms, conditions or limitations on the member's certificate
- requiring the member to appear before the panel to be reprimanded
- requiring the member to pay a fine to the Ministry of Finance
- requiring a member found to have committed sexual abuse to contribute to funding for therapy and counselling provided to the patient under the program required under section 85.7 of the Code

The Code provides that the Tribunal may determine whether a member is incompetent and, if so, make orders directing revocation or suspension of the member's certificate of registration, or imposing terms, conditions and limitations on it.

The Code also gives the Tribunal the power to impose costs orders that compensate for legal and other expenses.

Tribunal Members

2022 – 2023 Members

Mr. Raj Anand	Mr. Paul Malette
Dr. Madhu Azad	Ms. Sophie Martel
Dr. Heather-Ann Badalato	Dr. Veronica Mohr
Dr. Glen Bandiera	Dr. Joanne Nicholson – incoming Vice-Chair
Ms. Lucy Becker	Dr. Rupa Patel
Dr. Philip Berger	Mr. Rob Payne
Dr. Marie-Pierre Carpentier	Mr. Peter Pielsticker
Mr. Jose Cordeiro	Dr. Ian Preyra
Dr. Michael Franklyn	Ms. Linda Robbins
Dr. Catherine Grenier	Dr. Deborah Robertson
Dr. Paul Hendry	Ms. Jennifer Scott
Dr. Stephen Hucker	Dr. Janet van Vlymen
Dr. Allan Kaplan	Dr. James Watters – Vice-Chair
Ms. Shayne Kert	Ms. Shannon Weber
Dr. Roy Kirkpatrick	Mr. David Wright – Chair
Ms. Sherry Liang	Dr. Susanna Yanivker

Departing Members

Ms. Julia Goyal (resigned August 2023)
 Mr. Shahab Khan (resigned July 2023)
 Mr. Normand Allaire (resigned December 2022)
 Dr. Ida Ackerman (resigned December 2022)
 Dr. Peeter Poldre (term ended December 2022)

Tribunal Modernization

The OPSDT was established in September 2021 as the identity of the CPSO's Discipline Committee. This name change, facilitated through an amendment to CPSO's General By-law, was part of a broader initiative to modernize and strengthen the discipline process and to more clearly define the Tribunal as independent of the CPSO.

In establishing a distinct identity, the Tribunal introduced new branding, including its own logo and website. The CPSO Council appointed a full-time independent Tribunal Chair, with expertise in tribunal leadership and transformation, to lead both Tribunal operations and adjudication. Further, five experienced adjudicators with strong hearing management and mediation skills were appointed to the Tribunal following a competitive, merit-based recruitment process. The experienced adjudicators chair hearing panels, conduct pre-hearing conferences and express the panel's views by preparing the first draft of written reasons for decision. In light of this internal expertise, the Tribunal no longer retains independent legal counsel to advise hearing panels. This has contributed to significant cost savings.

Key Accomplishments

Throughout 2023, the Tribunal remained committed to its core goals: improving the quality, transparency and timeliness of its processes and decisions to better serve participants and the public. With these in mind, the Tribunal achieved several significant milestones. The Tribunal finalized its inaugural mission and core value statements; set and achieved ambitious timelines for decision release; and saw a higher proportion of settled cases due in large part to its emphasis on pre-hearing case management.

Additionally, the Tribunal took several proactive measures to improve access to hearings and related processes. This included, for instance, updating its Rules of Procedure using plain language and current best practices; streamlining the process for observing the Tribunal's virtual hearings; and augmenting the case information available on the Tribunal's website.

Notably, this year also marked the launch of the Health Professions Discipline Tribunal Pilot, an innovative project spearheaded by the Tribunal. Under this Pilot initiative, the Tribunal collaborates with three other health colleges by sharing the Tribunal's existing adjudicative model. More details on this initiative and other key Tribunal developments are outlined below.

New Rules of Procedure

In 2022, the Tribunal undertook a complete redrafting of its Rules of Procedure, updated corresponding forms and prepared new practice directions. The Tribunal's Rules, which set out the general practices and procedures for parties appearing before the Tribunal, came into effect January 1, 2023.

Significant changes to the Tribunal's Rules include the following:

- The new Rules eliminate the requirement for a member of the public to file a motion for access to documents that are part of the public record, enabling more timely access for media and public.
- There is an automatic publication ban on patient names or information that would identify patients unless the patient asks otherwise. This protects patient privacy while promoting open hearings.
- A new Rule allows for costs orders where a party's conduct has been unreasonable, frivolous or vexatious or a party has acted in bad faith.
- Further, Rule 7.1.5 codifies the legal principle of the "implied undertaking," stipulating that once College disclosure is made (i.e. disclosure of all potentially relevant materials to the member), it can only be shared or distributed for the purposes of the proceeding or as mandated by law, unless otherwise ordered by the Tribunal.

Interpretation of the Implied Undertaking Rule

In 2023 ONPSDT 19, the physician filed a motion requesting an exemption from the implied undertaking rule to publicly disseminate specified documents from the College's disclosure. This case stands as a noteworthy precedent, being the first decision interpreting the Tribunal's new rules.

The allegations against the member related to their public statements about the COVID pandemic. The documents they sought to release encompassed various investigative materials, including submissions to ICRC, a supporting expert report and ICRC decisions from previous cases. The physician's primary argument was that sharing these documents publicly would enhance their ability to effectively communicate their side of the story to the public in a case that was getting significant attention.

The Tribunal ruled that the physician should not be granted an exemption, emphasizing that departure from the Rule should only be granted where the public interest significantly outweighs the Rule's privacy protections. In the Tribunal's view, this threshold had not been met. The Tribunal also emphasized that the Rule does not prohibit dissemination of documents that are already public outside the Tribunal's process.

Mission and Core Values Statements

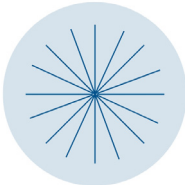
In late 2022, Tribunal members and staff, with the help of external consultants, gathered for a workshop to develop the Tribunal's mission and core values statements. Draft statements were refined with input from staff and members, the Executive Committee and were presented to Council at the December 2022 meeting. Earlier this year, the final mission and values statements were finalized and posted on the Tribunal's website.

MISSION

To hear and decide allegations of physician misconduct and incompetence with independence and fairness, making just decisions in the public interest.



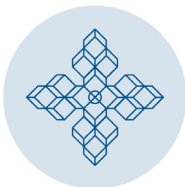
FAIRNESS: We are neutral and ensure all parties are heard. Our decisions and processes are accessible and clearly explained.



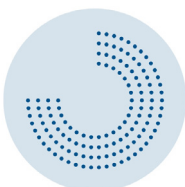
EXCELLENCE: We aim for high quality decision making and service.



OPENNESS: Our decisions, hearings and processes are transparent, balancing openness and privacy.



RESPECT: We actively listen with humility and empathy. We strive to understand the diverse identities and experiences of parties, witnesses and those affected by our decisions.



TIMELINESS: We recognize the importance to participants and the public of promptly resolving cases. We act and require parties to act in a responsive and timely way.

Timely Decision Release

The Tribunal's new model continues to show benefits. In 2023, the experienced adjudicators drafted written reasons on behalf of the panel in 25 cases, including case management decisions, hearings on the merits and/or penalty and motions to address issues arising before or during a hearing. Written reasons are now drafted sooner with fewer needed edits. In 2023, over 90% of written reasons were released within 57 days, exceeding the 84-day benchmark by 27 days.

The Tribunal's transition to the new model has also allowed it to adopt a more intensive case management style, improving hearing efficiency and increasing frequency of settlements.

Case management conferences are usually held several times leading up to a hearing. They facilitate early issue identification and resolution, establish clear submission deadlines and encourage settlements. This active case management style has led to fewer late cancellations and hearing adjournments and a smoother process once the hearing is underway. It has also benefited self-represented parties and representatives appearing before the Tribunal who are not as familiar with the professional discipline process. In 2023, 13 out of 17 merits hearings settled, over ninety percent of which concluded in half a day.

Improving Access for Participants and the Public

The Tribunal has undertaken a number of steps to enhance access to hearings and related Tribunal processes for participants and the public, some of which are highlighted below.

For Participants

- **Introduction Letter:** Upon referral of a case to the Tribunal, the first point of contact with the parties is an introduction letter. In this correspondence, parties are made aware that the Tribunal will provide accommodation under the Ontario Human Rights Code. It also outlines the process of requesting an accommodation.
- **Linguistic Inclusivity:** The Tribunal's introduction letter and other materials include an active offer of French-language services. The new Rules of Procedure explicitly permit written communications in both French and English, along with interpretation services available upon request for any party or witness (in any language). The Tribunal's website is fully bilingual, and earlier this year, the Tribunal issued written reasons in French for its first French-language merits hearing. In June, Tribunal Chair David Wright spoke to the Association des juristes d'expression française de l'Ontario (Association of French-Speaking Jurists of Ontario) about the Tribunal's process and French services.
- **Hearing Preparation Guide:** The Tribunal has created a Hearing Preparation Guide, equipping participants with the necessary knowledge to navigate proceedings successfully. This guide covers essential information, including key deadlines, guidance on video conference technology and an overview of the hearing process.

For the Public

- Automated Online Registration: To make it easier for the public to access Tribunal hearings, an automated online registration system has been implemented. After completing a straightforward online form, requestors receive an automatic link to view the hearing. This automated process has freed up staff resources and ensures convenient and timely access for interested members of the public.
- Enhanced Website Content: The Tribunal is in the final stages of enhancing the content available on its website about current cases. This includes information on case type (e.g. conduct, reinstatement, application to vary order) and the current stage in the hearing process. This information will be automatically populated from SOLIS, the Tribunal's internal case management system, thus ensuring that the public has access to the most up-to-date and relevant information.
- Streamlined Access to Public Documents: Under the new Rules of Procedure, a notable improvement has been made regarding access to documents that are part of the public record. There is no longer a requirement for a member of the public to file a motion to gain access to these documents. This change allows for more timely and efficient access for both the media and the general public, enhancing transparency and openness.

The Health Professions Discipline Tribunal Pilot (HPDTP): Sharing the New Model

The measures to modernize the OPSDT, particularly the appointment of experienced adjudicators, garnered interest from other Ontario health regulators. This led to an opportunity to align our common disciplinary function by sharing the OPSDT's existing adjudicative resources.

In March 2023, the Health Professions Discipline Tribunal Pilot (HPDTP) launched, bringing together three health colleges' discipline committees: the College of Massage Therapists of Ontario, the College of Audiologists and Speech-Language Pathologists of Ontario and the College of Registered Psychotherapists of Ontario. As part of the Pilot, participating colleges have cross appointed the OPSDT's Chair and experienced adjudicators to their respective discipline committees. The experienced adjudicators provide adjudicative leadership and case management, chair hearing panels, lead pre-hearing and case management conferences and write reasons for decision. They sit on hearing panels with one professional member of the College's council and two public members (as required under the Code), and one other member of the profession.

The Tribunal recognizes the value of this type of collaboration and the enhanced internal capacity and legal expertise that all participants will gain. It also benefits the Tribunal by increasing the adjudicators' experience with RHPA hearings and allows for costs savings by sharing education and other resources. The Pilot is being conducted on a cost recovery basis, including compensating CPSO for a portion of staff costs.

While the Pilot is in its early stages, it is likely that many of the benefits seen by the OPSDT since the appointment of experienced adjudicators will extend to Pilot participants. At the Pilot colleges, hearings chaired by experienced adjudicators do not require independent legal counsel to provide the panel with legal advice, offering the potential for cost savings in this area. The hearings management expertise of the experienced adjudicators contributes to efficient hearings and timely release of reasons for decision.

To date, 18 hearings (3 contested) have been held and 17 sets of reasons released as part of the Pilot. The average time to release decisions that are part of the Pilot is 31 days. There are currently 19 Pilot cases in the pre-hearing process.

Education Initiatives

The Tribunal continues to prioritize member education, both at the time of their initial appointment to the Tribunal and as an ongoing initiative. With the launch of the HPDTP, educational efforts have expanded to include Pilot participants. Key education highlights for 2023 are summarized below.

Tribunal Counsel Dionne Woodward and Chair David Wright revamped its new member orientation program. This comprehensive three-day program covers the Tribunal's governing framework, fundamental administrative law concepts, the hearing process and the role of adjudicators as neutral and independent decision-makers. The program also incorporates interactive learning tools and engaging sessions featuring guest speakers with expertise in adjudication and reason-writing. An abbreviated version of the orientation was prepared and delivered by Tribunal staff to each of the three Pilot colleges.

The Tribunal introduced "Health Tribunal Roundup," a monthly newsletter designed to keep both Tribunal and Pilot adjudicators well-informed about ongoing cases in all four colleges and important legal developments that could influence their work.

In November, a collaborative education conference brought together all Pilot adjudicators. This inaugural annual event, named "Innovating Together," focused on delivering practical content aimed at enhancing adjudicator skills.

The Tribunal remains committed to prioritizing equity, diversity, and inclusion (EDI), particularly within its educational efforts. Both the adjudicator newsletter and the Tribunal's broader educational initiatives consistently incorporate EDI content. For instance, the November joint education conference featured a session titled "Equity in Adjudication," that emphasized the importance of applying trauma-informed, inclusive and bias-free approaches when managing hearing rooms and making credibility findings.

Fitness to Practice

The members, chair and vice-chair of the Fitness to Practise committee are the same as the OSPDT. As has been the case for several years, there were no matters referred to the committee, nor any active files.

Patient Relations Committee

Committee Mandate

The Patient Relations Committee is responsible for advising Council on the College's patient relations program. The College is required under the HPPC¹ to have a patient relations program which includes measures for preventing and dealing with sexual abuse of patients, including:

- educational requirements for members;
- guidelines for the conduct of members with their patients;
- training for the College's staff; and
- provision of information to the public. [HPPC, s. 84]

The Patient Relations Committee is also responsible for administering the College's program for funding therapy and counselling for persons alleging sexual abuse by a College member in accordance with the HPPC. [HPPC, s. 85.7]²

Committee Members

2022-2023:

Ms. Nadia Bello

Dr. Rajiv Bhatla

Ms. Sharon Rogers - Chair

Dr. Heather Sylvester

Dr. Angela Wang

Dr. Diane Whitney (Resigned October 2023)

Key Accomplishments

Continuous Improvement

In 2023, the PRC focused primarily on reviewing funding for therapy/counselling applications as well as requests for specific types of therapy from eligible applicants. To improve efficiencies at the Committee level, administrative policies were developed to allow staff to manage specific types

¹The purpose of the provisions of the HPPC with respect to sexual abuse of patients by members is to encourage the reporting of such abuse, to provide funding for therapy and counselling in connection with allegations of sexual abuse by members, and ultimately to eradicate the sexual abuse of patients by members.

²The funding program may also provide funding for other purposes related to allegations of sexual abuse by members as may be prescribed in regulations. As of the date of these Terms of Reference, there are no such additional purposes.

of therapy requests, without the request being taken to the Committee for approval. A number of other policies were also codified so that the administrative policies of the funding for therapy and counselling program would be accessible and clear to the current Committee and future compositions of the PRC.

In addition, this year, the PRC expanded the data it tracks (e.g., requests for specific types of therapy) in order to support consistent decision-making. It also continues to develop process improvements and build on the efficiencies that have been previously implemented (e.g., streamlining PRC materials).

The Committee also achieved its succession and mentoring goals, and a new Chair will be ready to commence their term in December 2023.

System Collaboration

The PRC continues to look at the patient relations programs and activities of the Patient Relations Committees at other Ontario Health Regulatory Colleges to ensure that it is using best practices for its work.

Meaningful Engagement

To improve communication with funding for therapy and counselling program applicants, the PRC standardized the language used when asking applicants for details about their application. This has resulted in more clear and efficient communication with applicants.

Looking Ahead to 2024

The Committee will be exploring the use of Members' Notes on SOLIS to increase meeting efficiencies. With increased efficiency, the Committee can turn its mind to broadening the scope of patient relations activities undertaken by the Committee, beyond the approval of applications for therapy/counselling and approval of specific therapy requests.

To support the public interest, the current resource on the CPSO website on considerations when choosing a therapist/counsellor will be reviewed to ensure that approved applicants have sufficient information available to them when they are choosing a therapist/counsellor.

Respectfully submitted,

Ms. Sharon Rogers
Chair

Governance Committee

Governance Committee

The Governance Committee is a Standing Committee constituted by By-law.

Committee Mandate

The Governance Committee shall:

- monitor the governance processes adopted by Council and report annually to the Council on the extent to which the governance processes are being followed;
- recommend to Council changes to the governance process as the Governance Committee considers advisable;
- ensure nominations for the office of President and Vice-President;
- 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
- make recommendations to the Council regarding any other officers, officials or other people acting on behalf of the College. [General By-law, s. 44(3)]

Committee Members

2022-2023:

Dr. Janet van Vlymen – Chair

Dr. Robert Gratton – Vice-Chair

Mr. Rob Payne

Dr. Ian Preyra

Dr. Patrick Safieh

Ms. Shannon Weber

We sincerely thank those members whose terms are ending in 2023. Your dedication, commitment and contribution to the Governance Committee has been valued and greatly appreciated.

Key Accomplishments

In 2023, the Governance Committee continued building on successes from previous years and addressed opportunities for continuous improvement. Areas of focus included internal governance modernization, governance education, and implementation of good governance practices.

Right Touch Regulation

Modernizing and strengthening internal governance structures and processes that are outside the scope of legislation and regulation remains a key priority for CPSO. The Governance Committee continues to support efforts to seek legislative reform in accordance with governance best practices.

A number of continuous improvement initiatives were implemented for committee recruitment including working to enhance screening and selection of physicians for various committee positions and implementing an initial one-year appointment for new committee members.

Additional information about the Committee's activities can be found in CPSO's 2022 College Performance Measurement Framework Report.

Continuous Improvement

The Governance Committee plays an instrumental role in designing education for Council and Committee members. Each year, we make enhancements and recommendations.

The Governance Committee worked with the Governance Office to host two workshops for Committee Chairs and Vice-Chairs. We held the first session virtually in May and educated participants on the importance of providing feedback to committee members. This session provided valuable feedback for developing the Committee Performance Management and Escalation Process.

The second session was focused on how to be an effective Chair / Vice-Chair. This session allowed for group discussions and developing strategies to manage meetings effectively. The feedback for this session was positive.

In addition, virtual education sessions were delivered in collaboration with CPSO's Equity, Diversity and Inclusion (EDI) Lead and included sessions on Disability and Ableism and Unhoused Populations. Overall, feedback from the sessions was positive and Council and Committee member engagement was high.

Meaningful Engagement

The Governance Committee continued to strengthen the Council elections process and promote the need for physicians with diverse and broad perspectives on Council.

In collaboration with the EDI Lead and Communications team, the Governance Committee continued to look at EDI education opportunities. The link to the EDI page can be found on the CPSO's website.

The Governance Committee continues to develop and refine tools, resources, and processes to support Council and Committees with implementing good governance practices. Examples of initiatives that the Governance Committee has led this year include but are not limited to:

- Enhancing the Committee recruitment process and working with Committee support staff to move toward a competency-based selection process; and
- Development of a Committee Performance Management and Escalation Process as a mechanism to provide both positive and constructive feedback.

Looking Ahead to 2024

In 2023, the Governance Committee played a critical role in various internal process changes toward advancing governance modernization initiatives that are within the legislative framework.

Building on the success of 2023, the Governance Committee will continue advocating for legislative and regulatory changes to support our governance structures and processes, review the internal mechanisms for ensuring good governance. The Committee will work with the Governance Office and Legal Office toward implementing the By-law changes in a staged approach.

The Governance Committee will continue to enhance governance education and the importance of applying key learnings in 2023 to our governance processes and structures.

Respectfully submitted,

Dr. Janet van Vlymen
Chair

Inquiries, Complaints & Reports Committee

Committee Mandate

The Inquiries, Complaints and Reports Committee has jurisdiction over all CPSO investigations, of which there are three kinds: complaints investigations, Registrar's investigations and incapacity investigations. The Inquiries, Complaints and Reports Committee carries out its mandate, duties and powers in accordance with the HPPC and other applicable law (including administrative law).

The powers of the Inquiries, Complaints and Reports Committee with respect to investigations of complaints and Registrar's investigations include:

- approving the appointments of investigators [HPPC, s. 75(1)(a)];
- conducting investigations, including through staff to whom it may provide investigative direction;
- making interim orders directing the Registrar to suspend or impose terms, conditions or limitations on a member's certificate of registration pursuant to s. 25.4(1) of the HPPC¹;
- reviewing and disposing of investigations, including as follows:
 - o referring a specified allegation of a member's misconduct or incompetence to the Discipline Committee if the allegation is related to the complaint or the report [HPPC, s. 26(1)];
 - o referring a member to a panel of the Inquiries, Complaints and Reports Committee under s. 58 of the HPPC for incapacity proceedings [HPPC, s. 26(1)];
 - o requiring a member to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned [HPPC, s. 26(1)];
 - o requiring a member to complete a specified continuing education or remediation program [HPPC, s. 26(3)];
 - o taking action it considers appropriate that is not inconsistent with the RHPA, the HPPC, the regulations or by-laws (for example, directing undertakings). [HPPC, s. 26(1)]; and
 - o taking no further action; and
- providing reasons when required in support of its decisions [HPPC, s. 27].

With respect to incapacity investigations, the powers of the Inquiries, Complaints and Reports Committee include:

- making inquiries it considers appropriate [HPPC, s. 59(1)];
- requiring the member to submit to physical or mental examinations [HPPC, s. 59(2)];
- referring a matter to the Fitness to Practise Committee [HPPC, s. 61]; and
- making interim orders directing the Registrar to suspend or impose terms, conditions or limitations on a member's certificate of registration pursuant to s. 62(1) of the HPPC².

¹Section 25.4(1) is engaged following the receipt of a complaint or following the appointment of an investigator and the Inquiries, Complaints and Reports Committee is of opinion that the conduct of the member exposes or is likely to expose the member's patients to harm or injury.

²Section 62 authorizes a panel of the Inquiries, Complaints and Reports Committee inquiring into a member's capacity to make such an interim order if it is of the opinion that the conduct of the member exposes or is likely to expose the member's patients to harm or injury.

Committee Members

2022-2023:

Dr. Olufemi Ajani	Dr. Lara Kent
Dr. Trevor Bardell	Dr. Susan Lieff
Dr. George Beiko	Dr. Jane Lougheed (Vice Chair as of August 2023)
Dr. Mary Bell	Dr. Haidar Mahmoud
Dr. Thomas Bertoia – Vice-Chair (May to July 2023), Chair (as of August 2023)	Dr. Lydia Miljan
Mr. Faiq Bilal	Dr. Diane Meschino
Dr. Brian Burke (Chair – to July 2023)	Dr. Paul Miron
Dr. Paula Cleiman	Dr. Robert Myers
Dr. Brenda Coppins	Dr. Wayne Nates
Dr. Amie Cullimore	Dr. Jude Obomighie
Dr. Mary Jean Duncan	Dr. Anita Rachlis
Dr. Gil Faclier	Dr. Prema Samy (to August 2023)
Dr. Thomas Faulds (Vice-Chair – to April 2023)	Dr. Karen Saperson
Ms. Joan Fisk	Dr. P. Gareth Seaward
Mr. Murthy Ghandikota	Dr. Dori Seccareccia
Dr. Robert Gratton (on leave 2023)	Mr. Fred Sherman
Dr. Daniel Greben	Dr. Kuppuswami Shivakumar
Dr. Andrew Hamilton	Dr. Andrew Stratford
Dr. Elaine Herer	Dr. David Tam
Dr. Christopher Hillis	Dr. Shaul Tarek
Dr. John Jeffrey	Dr. Anne Walsh
Dr. Asif Kazmi	Dr. Michael Wan
Dr. Samantha Kelleher	Dr. Brian Watada
	Dr. Lesley Wiesenfeld

Six of these ICRC members representing Psychiatry, Family Medicine and Obstetrics/Gynecology specialties were new to the committee this year.

We would also like thank the members whose terms are ending in 2023. Their dedication, commitment, contribution to the ICRC and to the regulation of the profession has been greatly appreciated.

Key Accomplishments

The first half of this year, our ICRC Chair, Dr. Brian Burke and our Vice Chair, Dr. Tom Faulds engaged in opportunities to increase the knowledge of committee members through a number of educational and training sessions. In April, a conflict required Dr. Faulds to step down as Vice Chair, and Dr. Tom Bertoia was appointed to replace him in May. The fall of 2023 saw a further change in ICRC leadership following the untimely passing of Dr. Burke. Dr. Thomas Bertoia was then appointed as ICRC Chair and Dr. Jane Lougheed as ICRC Vice Chair. They have continued their focus supporting the Committee in its decision-making through high-quality education.

In 2023, committee members received the following training and education sessions, based on trends and issues identified by leadership, panel members and staff:

ICRC Committee Training at Business and/or Leadership Team Meetings:

- OPSDT (Ontario Physician and Surgeons Discipline Tribunal) Rules and Changes – David Wright, Chair, OPSDT
- Security Awareness Training for Committee Members – Governance and IT Staff
- Judicial Reviews, Administrative Law and Appeal Updates – Amy Block, Legal Counsel
- ICRC Caution Refresher – Carolyn Silver and Amy Block, Legal Counsel
- Deliberative Privilege Refresher – Amy Block, Legal Counsel
- Section 75 Appointing Investigators Algorithm Refresher – Amy Block, Legal Counsel
- Just Culture in Healthcare Workshop – Dr. Anil Chopra, Medical Advisor and Associate Registrar
- ICRC 101 Back to Basics Refresher – Weir Foulds, LLP
- Interactive Case Conference Rounds – Dr. Tom Bertoia, ICRC Chair, Dr. Anil Chopra, Medical Advisor, and Amy Block, Weir Foulds LLP
- Investigation Submission Walk Through – Dr. Jane Lougheed, ICRC Vice Chair
- How to write members' notes to support decision writing and No Discussion lists – Courtney Stewart, Decision Administrator

ICRC New Member Orientation and Training:

- ICRC Responsibilities and Introduction to Investigations and Resolutions
- ICRC Meeting Logistics
- Introduction to RHPA Admin Law
- Role of ICRC
- Focus of Analysis when making decisions
- Procedural Fairness
- Deliberative Privilege
- Understanding the role of legal counsel/advice

- Understanding basic legal framework for sexual abuse matters
- Understanding the ICRC's relationship with Discipline Tribunal
- Decision Template and Applying Outcomes and Writing Members Notes

Educational Seminar:

- Quality Decision Making – Pamela Chapman, Legal Educator & Consultant

In addition to Committee training and education, and in support of CPSO's focus on Right Touch Regulation and Continuous Improvement, staff developed a new Remuneration Policy for the ICRC as well as a Frequently Asked Questions (FAQ) Reference Tool addressing the most commonly asked legal, operational and committee process questions raised by panel members.

Looking Ahead to 2024

As we move into 2024, we will continue to focus on leadership training and governance principles. Given that there were a number of changes to ICRC leadership in 2023, 2024 provides an opportunity to pause and reflect on the needs of the committee for the future and ensure that these needs are met in the most appropriate structure.

As part of Committee succession planning and continuing education, additional ICRC members will be trained to chair individual ICRC panel sessions and approve decisions. This will build leadership capacity among the committee as a whole.

The Committee will be implementing a new panel for the administration of cautions, with ICRC members trained to address the unique needs of these panels.

Lastly, the committee will work with Committee support leadership to explore options for scheduling and constituting panels to better support and achieve timely completion of public complaints investigations.

Respectfully submitted,

Dr. Thomas
Bertoia Chair

Dr. Jane Lougheed
Vice-Chair

Premises Inspection Committee

Committee Mandate

The Premises Inspection Committee is responsible for administering and governing the College’s premises inspection program, referred to as the Out-of-Hospital Premises Inspection Program, in accordance with Part XI of Ontario Regulation 114/94 (the “Regulation”). The purpose of the Out-of-Hospital Premises Inspection Program is to ensure that out-of-hospital premises (as defined in the Regulation) comply with its Standards.¹

The Premises Inspection Committee is required to:

- ensure adequate inspections and re-inspections are conducted as authorized under the Regulation;
- review premises inspection reports and other material referred to in the Regulation and determining whether premises pass, pass with conditions or fail an inspection;
- specify the conditions that shall attach to each “pass with conditions” rating and where applicable, “fail” rating;
- deliver written reports as required under the Regulation; and
- establish or approve costs of inspections and re-inspections and ensure the member or members performing the procedures on the premises are invoiced for those costs. [General By-law, s. 47.1]

The Premises Inspection Committee informs Council on policy and program implementation issues including recommending or reviewing periodic changes to the Out-of-Hospital Premises Inspection Program Standards.

Committee Members

2022-2023:

Dr. El-Tantawy Attia

Dr. Olubimpe Ayeni

Dr. George Beiko

Dr. Andrew Browning

Dr. Bryan Chung

Dr. Patrick Davison – Vice-Chair

Dr. Marjorie Dixon

Dr. Hae Mi Lee

Dr. Winnie Leung

Dr. Colin McCartney

Dr. Mark Mensour

Dr. Wusun Paek

Mr. Peter Pielsticker

Dr. Kashif Pirzada

Mr. Ron Pratt

Dr. Jerry Rosenblum

Dr. Holli-Ellen Schlosser

Dr. Suraj Sharma

Dr. Catherine Smyth

Dr. Robert Smyth

Dr Michael Wan

Dr. Ted Xenodemetropoulos –
Chair

We thank those members whose terms are ending in 2023. Your dedication, commitment and contribution to the Premises Inspection Committee, over the years of your service, has been valued and greatly appreciated.

Key Accomplishments

The Premises Inspection Committee has had a busy year with a number of ongoing changes to the Out of Hospital Premises Inspection Program with some key changes to note.

There have been several program updates that have been reviewed by Council. At the March Council meeting, Council approved the new [Image guidance when administering nerve blocks for adult chronic pain standard](#). This standard came into effect on September 3rd, 2023. At the June Council meeting, a motion to approve the new Program Standards was passed. Both of these standards align with the strategic principle of providing Quality Care in OHPs. In December, it is expected that Council will pass a motion to update the General by-law regarding the adverse event reporting timeline, which has been changed from 24 hours to 5 business days.

In the spirit of Continuous Improvement, the Committee has made several improvements to the efficiency of Member-Specific Information (MSI) meetings. All meetings are now scheduled through Solis, rather than manually. In addition, members are using Members Notes consistently. The Committee has also eliminated specialty panels, allowing for increased flexibility and an array of cases to be brought to one panel.

In March, the Committee approved the addition of a new procedure, joint arthroscopy, to the Program, improving public accessibility.

The Committee has also spent time on education and training. A formal mentoring arrangement was launched for new members. As well, the following sessions were provided in 2023:

- New Member Orientation
- Quality Decision Making provided by Pamela Chapman
- Security Awareness training
- Investigations and Resolutions referrals
- Chair/Vice Chair training

Looking Ahead to 2024

As the Committee moves into 2024, we will continue to focus on continuously improving meeting efficiency. We will do this by right-sizing committee involvement for MSI meetings (max. 4 panel members/meeting). Also, we will be implementing a No Discussion list for all panel meetings.

We will continue to align the program with principles of Right-Touch Regulation, replacing the chart review from all routine inspections with a Quality Assurance report from the Medical Director. We will also be looking at the information provided to the Committee regarding Adverse Events, the area of highest risk. These two changes will support us serving in the public interest.

We will continue to focus on educating and training the Committee, using feedback provided by Committee members to help steer the learning agenda.

Respectfully submitted,

Dr. Ted Xenodemetropoulos
Chair

Dr. Patrick Davison
Vice-Chair

Quality Assurance Committee

Committee Mandate

The Quality Assurance Committee is responsible for administering the College's quality assurance program in accordance with the HPPC and the QA Reg¹. [QA Reg s. 27(1)]

In carrying out the above mandate, the Quality Assurance Committee has the power to:

- appoint assessors for the quality assurance program; [HPPC s. 81]
- require a member to undergo a peer and practice assessment; [QA Reg. s. 28(1)] and
- approve the form and manner in which members are required to maintain a record of their participation in a program of continuing professional development. [QA Reg. s. 29(3)]

The Quality Assurance Committee reviews peer and practice assessment reports and makes decisions regarding members who have been assessed. In so doing, the Quality Assurance Committee may only do one or more of the following:

- confirm the physician had a successful peer assessment and no further action is required;
- require individual members whose knowledge, skill and judgment have been assessed under the quality assurance program and found to be unsatisfactory to participate in specified continuing education or remediation programs;
- direct the Registrar to impose terms, conditions or limitations for a specified period to be determined by the Committee on the certificate of registration of a member,
- whose knowledge, skill and judgment have been assessed or reassessed under s. 82 of the HPPC and have been found to be unsatisfactory, or
- who has been directed to participate in specified continuing education or remediation programs as required by the Committee and has not completed those programs successfully;
- direct the Registrar to remove terms, conditions or limitations before the end of the specified period, if the Committee is satisfied that the member's knowledge, skill and judgment are now satisfactory; or
- disclose the name of the member and allegations against the member to the Inquiries, Complaints and Reports Committee if the Quality Assurance Committee is of the opinion that the member may have committed an act of professional misconduct, may be incompetent or incapacitated. [HPPC s. 80.2(1)]

CPSO's operational programs and any other aspect of quality assurance that is not expressly stated under the Mandate, Duties and Powers section above, fall within Council's accountability and are not within the Quality Assurance Committee's scope of authority.

¹ Ontario Regulation 114/94, Part VII (the "QA Reg")

Council Oversight of Quality Improvement Program

The Quality Improvement Program falls within Council's accountability and is not within the Quality Assurance Committee's scope of authority. From time to time the Quality Assurance Committee may be provided with information and education related to the Quality Improvement Program as it relates to the Committee's authority to require members to undergo peer and practice assessments.

Committee Members

2022-2023:

Dr. Jacques Dostaler

Dr. Mohammad Keshoofy

Dr. Charles Knapp

Dr. Ken Lee

Dr. Camille Lemieux

Mr. Paul Malette

Mr. Peter Pielsticker

Dr. Sarah Reid - Chair

Dr. Patrick Safieh

Dr. Ashraf Sefin -Vice-Chair

Dr. Astrid Sjodin

Dr. Tina Tao

We would like to thank Dr. Jacques Dostaler, whose term is ending in 2023. Dr. Dostaler's dedication, commitment, and contributions over his many years with the Quality Assurance Committee have been tremendously valued and appreciated.

Key Accomplishments

In 2023, The Quality Assurance Committee continued to leverage the Opportunity to Address option whereby physicians meet with a Medical Advisor to develop their response to the Committee (OTA-ma). The OTA-ma option has continued to be effective in reducing the need for the longstanding OTA-interview option and, as a result, the Quality Assurance Committee moved to formally retire the OTA-interview option in favour of the continuation of more right touch and modern supports for subject physicians. The Committee would like to thank Dr. Ted Everson, Medical Advisor, for his support in speaking with subject physicians to provide the Quality Assurance Committee with valuable insight that enhances decision-making.

Continuing its collaboration with the Quality Improvement Program, the Quality Assurance Committee reviewed the results of the ongoing Quality Improvement (QI) Enhanced Pilot in June 2023. In line with right-touch regulation principles, the QI Enhanced pilot offers an alternative path for select physicians 70 years of age and older to fulfill their CPSO quality requirements by taking part in a QI program rather than the traditional peer assessment. Secondary to the successful outcome of the QI Enhanced pilot and the engagement of 63 physicians in this innovation option, the Quality Assurance Committee moved to approve QI Enhanced as a formal program option for physicians 70- 74 years of age.

Looking Ahead to 2024

With the QI Enhanced program option now available to over 450 physicians in 2024, the Quality Assurance Committee intends to further explore efficiencies and continuous improvement opportunities that present during its first year as a formal program option.

Additional continuous improvement initiatives such as augmenting the frequency and quality of feedback provided to Quality Assurance Peer assessors and developing resources to further standardize disposition decisions are ongoing and slated for further implementation in 2024.

The Quality Assurance Committee looks forward to expanding upon the accomplishments of the past year and to continuing to support the College's mandate to protect and serve in the public's interest.

Respectfully submitted,

Dr. Sarah Reid
Chair

Dr. Ashraf Sefin
Vice-Chair

Registration Committee

Committee Mandate

The Registration Committee reviews and considers applications for a certificate of registration to practice medicine in Ontario of individuals referred to it by the Registrar [HPPC, s. 15(1)]. The Registrar refers applications for review where the Registrar:

- has doubts on reasonable grounds as to whether the applicant fulfils the registration requirements;
- is of the opinion that terms, conditions and limitation should be imposed on a certificate of registration if the applicant does not consent to the imposition or the applicant already holds an out-of-province certificate that is equivalent to the certificate being applied for;
- proposes to refuse the application [HPPC, s. 15(2)]; or,
- is of the opinion that a certificate should be issued to an applicant with terms, conditions and limitations imposed and the applicant consents to the imposition [HPPC, s. 15(4)]

In reviewing and considering applications, the Registration Committee considers written submissions by an applicant, if any.

- The powers of the Registration Committee with respect to the above mandate include:
 - o making orders directing the Registrar to:
 - issue a certificate of registration to an applicant [HPPC, s. 18(2)];
 - issue a certificate of registration to an applicant subject to the completion of examinations or additional training [HPPC, s. 18(2)];
 - issue, with the applicant's consent, a certificate of registration with the terms, conditions and limitations specified and imposed by a panel of the Registration Committee [HPPC, s. 18(4)];
 - impose specified terms, conditions and limitations on a certificate of registration of an applicant and specifying a limitation on the applicant's right to apply to remove or modify the term, condition or limitation under s. 19 of the HPPC [HPPC, s. 18(2)]; and
 - refuse to issue a certificate of registration. [HPPC, s. 18(2)]
 - o developing and implementing registration policies passed by Council, including reviewing and updating the policies based on information provided to the Committee.

Committee Members

2022-2023:

Dr. Bruce Fage
 Mr. Murthy Ghandikota
 Dr. Edith Linkenheil
 Mr. Paul Malette
 Dr. Lynn Mikula – Vice Chair
 Dr. Judith Plante - Chair
 Dr. Damien Redfearn
 Dr. Kim Turner

2023 New Members

In 2022-2023, the following new members were appointed to the Registration Committee: Dr. Faiq Bilal, Dr. Diane Hawthorne, Dr. Anjali Kundi, Dr. Sachdeep Rehsia.

Key Accomplishments

Right Touch Regulation

The Registration Committee has been committed to ensuring that there are minimal to no negative impacts on health care human resources from our policies while ensuring safe care for the public.

This reflects the Committee's core objective to remove barriers to registration for qualified individuals. This has meant creating and maintaining ways to register individuals who may not fulfill the requirements outlined in the Regulation but who can still practise at the standard expected of an Ontario physician.

The Registration Committee continues to regularly review the registration policies to determine if they are still relevant or need further changes.

In 2023 we saw significant work undertaken by the Registration Committee in this regard.

The many changes detailed below are the result of CPSO's efforts to review its registration policies and evaluate whether additional registration pathways to improve access for Internationally Educated Physicians (IEPs) seeking license to practise independently in Ontario can be explored.

The following Regulatory Changes and Policies were approved by Council in 2023:

Emergency Circumstances Practice:

The Registration Committee developed amendments to the Registration Regulation under the Medicine Act, 1991, setting out a new Emergency Circumstances Practice registration class in response to a specific request from government for its creation.

The regulation grants Council the power to determine when emergency circumstances exist, taking into consideration whether it is in the public interest to make the class of registration available.

The new Emergency Circumstances Practice registration class mirrors approaches in existing classes (e.g., Supervised Short Duration and Temporary Independent Practice certificates), 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 practise under supervision).

The regulation further specifies that the certificate is issued for one year, which the Registrar may renew while emergency circumstances persist.

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 College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada.

Recognition of Certification Without Examination Issued by CFPC:

The Committee approved amendments to the Recognition of Certification Without Examination Issued by the CFPC that removes barriers (supervision and assessment) to licensure for physicians who obtained College of Family Physicians of Canada (CFPC) certification without examination and have not obtained the LMCC or completed the MCCQE Part 1.

The Recognition of Certification Without Examination Issued by CFPC permits the Registration Committee to grant the physicians a scope-limited restricted certificate of registration to practise independently in Ontario.

Physician Category	Routes and Licensure
Physicians with CFPC certification without examination	<p>Scenario 1: Physicians who have CFPC certification without examination are granted a restricted certificate to practise independently without supervision and assessment,</p> <p>Scenario 2: Physicians who have CFPC certification without examination and have completed MCCQE1 or obtained the LMCC are granted an independent practice certificate.</p>

Alternative Pathways to Registration for Physicians Trained in the US:

The Registration Committee approved changes to registration policies that seek to expand access and reduce existing barriers to practise independently in Ontario for U.S. board-certified physicians and U.S. physicians deemed eligible to sit a U.S. Specialty Board examination.

The changes removed existing supervision and assessment requirements for physicians who are Board Certified in the U.S., enabling them to begin practising in Ontario to their full scope immediately.

The Alternative Pathways to Registration for US Physicians policy also introduced a new pathway for U.S. physicians who completed their residency training and are eligible for their relevant board examinations.

Physician Category	Proposed Route and License
U.S. board-certified physicians	Pathway A: Restricted certificate to practise independently without supervision and assessment, limited to scope of practice.
U.S. board-eligible physicians	Pathway C: Time-restricted (three years) certificate to practise under supervision until completion of U.S. Specialty Board examination.

Acceptable Qualifying Examinations:

The Committee approved removing additional barriers on our Acceptable Qualifying Examinations policy, which allows individuals a path to an independent certificate without completing the Licentiate of the Medical Council of Canada (LMCC) qualification. The original policy required applicants who completed examinations and obtained a qualification other than the LMCC to be subject to certain restrictions, which included requiring the physician to practise with a mentor and/or supervisor until they successfully completed an assessment. These restrictions have now been eliminated.

Practice Ready Assessment:

The Registration Committee developed a policy to facilitate a practice ready assessment (PRA) program's effort to help qualified internationally educated physicians (IEPs) enter practice.

Practice Ready Ontario (PRO) is designed to assess IEPs over a 12-week period with direct supervision and observation, deploy candidates to high-need communities with a Return of Service (ROS) commitment, and provide a path to independent practice.

Touchstone Institute is responsible for establishing the eligibility and program requirements; however, it has consulted with CPSO to ensure alignment with the licensure requirements we need to establish.

Council approved CPSO's Registration Committee's recommendations of the terms, conditions and limitations for the certificates of registration that would facilitate this initiative.

The draft Practice Ready Assessment Program policy sets out the certificates of registration to be issued to candidates participating in PRO. The certificates correspond to two stages: Clinical Field Assessment and Supervised Practice. The draft policy also describes how participants may transition to independent practice through the program.

PRO aligns with CPSO's commitment to examining routes to registration to grant increased access and reduce barriers to practise. PRO could more quickly integrate qualified IEPs into the workforce and enhance primary care access to communities in need. The target for the first two years of the program is 50 candidates each year.

Recognition of RCPSC Subspecialist Affiliate Status:

The Registration Committee approved a policy that allows the Committee to issue restricted certificates of registration to physicians who lack Royal College of Physicians and Surgeons of Canada (RCPSC) certification in a primary specialty, but have Subspecialist Affiliate status.

Generally, Subspecialist Affiliate candidates are trained and registered as clinical fellows in RCPSC-accredited subspecialty training programs, but do not have prerequisite RCPSC certification in a primary specialty for RCPSC Fellowship. Accordingly, they do not have a route to licensure outside the postgraduate class. This pathway provides a route for these physicians who have successfully challenged the RCPSC subspecialty exam to practise independently in their scope.

Academic Registration:

The Committee approved changes to streamline the transition to independent practice for internationally educated physicians who have maintained an active practice in Ontario within an academic setting for at least five years.

The amendments to the Academic Registration policy remove the requirement for physicians to complete a practice assessment to receive a scope-limited restricted certificate of registration after practising in an academic setting for at least five years.

The amendments specify that applicants must have maintained an active clinical practice and must provide evidence of satisfactory clinical performance, knowledge, skill, judgement and professional conduct from the medical school where the applicant holds their academic appointment. As with all applicants for registration, they will also need to demonstrate they meet the non-exemptible registration standard prescribed under section 2 of the regulation.

Specialist Recognition Criteria in Ontario:

The Specialist Recognition policy sets out the criteria that a physician must meet in order to be recognized as a specialist by the College. The policy applies to individuals who have met the established criteria for registration and have been issued a certificate of registration to practice medicine in Ontario. Specialist Recognition by the College permits physicians to hold themselves out as a specialist. Additionally, external agencies such as OHIP, hospitals, WSIB etc. rely on the College to confirm whether an individual is considered a specialist.

Associated changes to the draft Specialist Recognition Criteria in Ontario policy were made to reflect all of the changes brought about by the aforementioned policies.

Fees:

Throughout the pandemic, “moonlighting” residents played a key role in alleviating pressures caused by the ongoing human health resource crisis. The Registration Committee supported waiving the application

fees for residents who practise outside of their postgraduate training program for pay in an effort to recognize the ongoing efforts by Ontario's residents to provide system coverage.

The Registration Committee also supported waiving the application and associated fees for 'out-of-province' residents completing electives in Ontario.

System Collaboration

The Registration Committee continues to work closely with several stakeholders, including medical schools, certifying bodies and resident organizations, to ensure we are proactively regulating the profession.

Based on the challenges and increased need of some rural/underserved and Northern communities, the Registration Committee supported an interactive information session on supervised routes to registration. We also created infographics along with FAQs to support recruitment to these communities and dispel myths around supervised practice.

Education Initiatives

This year, in addition to circulating relevant articles of interest and discussing decision review and outcomes, the Committee participated in educational sessions on Just Culture, Disability and Ableism, and Unhoused Populations.

Looking Ahead to 2024

The Committee and staff continue to examine ways to increase efficiency without compromising quality. With changes to the administrative processes and procedures, we have been successful in managing increasing caseloads without increasing the Committee in-person meeting days.

We will also continue to focus on succession planning throughout the year ahead. In 2024, the Committee will welcome Dr. Edith Linkenheil as Vice-Chair, and we look forward to her contributions.

The Committee will also continue to foster a core group of experienced members who understand legal processes, College policies, and legislation to provide robust mentorship and training to new members.

The Registration Committee would like to thank our two outgoing members of the Committee, Dr. Damien Redfearn and Dr. Lynn Mikula, for their guidance, support, and service on the Committee.

Respectfully submitted,

Dr. Judith Plante
Chair

Dr. Lynn Mikula
Vice-Chair

Council Briefing Note

December 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
Main Contact:	Tanya Terzis, Interim Manager, Policy
Attachment:	Appendix A: Policy Status Report

Issue

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

Current Status

- 1. Preliminary Consultation: *Physician Treatment of Self, Family Members, or Others Close to Them***
 - A preliminary consultation on CPSO’s [Physician Treatment of Self, Family Members, or Others Close to Them](#) policy will launch following December 2023 Council.
 - This policy sets out the limited circumstances in which physicians can provide treatment to themselves, family members, and others close to them to ensure quality care.
 - The policy (originally approved by Council in November 2001) was last reviewed in 2016, with minor housekeeping amendments made in June 2017 and May 2018.
 - All feedback received during the consultation will be analyzed to inform the review, and Council will be updated about the consultation feedback at future meetings.
- 2. Preliminary Consultation: *Consent to Treatment***
 - A preliminary consultation on CPSO’s [Consent to Treatment](#) policy will launch following December 2023 Council.

- This policy sets out legal requirements and professional expectations with respect to obtaining consent to treatment.
- The policy (originally approved by Council in February 2001) was previously revised through formal policy reviews in 2005 and 2015.
- All feedback received during the consultations will be analyzed to inform the reviews, and Council will be updated about the consultation feedback at future meetings.

3. *What to Expect When Receiving Virtual Care From Ontario Doctors*

- Following Council's approval of CPSO's [Virtual Care](#) policy in June 2022, a companion public resource, adapted and summarized from the policy expectations, has been finalized and published following review and validation from [Citizen Advisory Group \(CAG\)](#) Members.
 - The resource outlines steps patients can take to prepare for a virtual appointment and highlights the relevant obligations of physicians before, during, and after they provide virtual care. It is intended to help patients and caregivers understand what to expect when receiving virtual care from Ontario physicians.
 - [English](#) and [French](#) versions of the resource are posted on CPSO's website.

4. Policy Status Table

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

Appendix A: Policy Status Report

Table 1: Current Reviews

Policy	Launch	Stage of Policy Review Cycle						Target Comp.	Notes
		Prelim. Consult	Analysis/ Drafting	Approval to Consult	Consult on Draft Policy	Revising Draft Policy	Final Approval		
<u>Physician Treatment of Self, Family Members, or Others Close to Them</u>	Dec-23	✓						2025	
<u>Consent to Treatment</u>	Dec-23	✓						2025	
<u>Physician Behaviour in the Professional Environment</u>	Mar-23			✓				2024	The draft has been retitled to <i>Professional Behaviour</i> .
<u>Practice Guide</u>	Dec-22			✓				2024	The draft has been retitled to <i>Principles of Medical Professionalism: Guiding Values and Duties</i> .
<u>Mandatory and Permissive Reporting</u>	Jun-22		✓					2024	The draft has been retitled to <i>Reporting Requirements</i> .
<u>Physicians' Relationships with Industry: Practice, Education and Research</u>	Dec-21					✓		2024	The draft has been retitled <u>Conflicts of Interest and Industry Relationships</u> .
<u>Medical Assistance in Dying</u>	Dec-20						✓	2023	

Table 2: Policy Review Schedule

Policy	Target	Policy	Target
<u>Human Rights in the Provision of Health Services</u>	2028	<u>Prescribing Drugs</u>	2024
<u>Decision-Making for End-of-Life Care</u>	2028	<u>Boundary Violations</u>	2024
<u>Dispensing Drugs</u>	2027	<u>Availability and Coverage</u>	2024
<u>Virtual Care</u>	2027	<u>Managing Tests</u>	2024
<u>Social Media</u>	2027	<u>Transitions in Care</u>	2024
<u>Complementary and Alternative Medicine</u>	2026	<u>Walk-in Clinics</u>	2024
<u>Professional Responsibilities in Medical Education</u>	2026	<u>Closing a Medical Practice</u>	2024
<u>Third Party Medical Reports</u>	2026	<u>Ensuring Competence: Changing Scope of Practice and Re-entering Practice</u>	2023
<u>Delegation of Controlled Acts</u>	2026	<u>Public Health Emergencies</u>	2023
<u>Advertising</u>	2025	<u>Uninsured Services: Billing and Block Fees</u>	2022
<u>Medical Records Management</u>	2025	<u>Accepting New Patients</u>	2022
<u>Medical Records Documentation</u>	2025	<u>Ending the Physician-Patient Relationship</u>	2022
<u>Protecting Personal Health Information</u>	2025	<u>Cannabis for Medical Purposes</u>	2021
<u>Disclosure of Harm</u>	2024	<u>Providing Physician Services During Job Actions</u>	2019

Ontario Medical Students' Association CPSO Council Update December 7-8, 2023



Presented by:
Jeeventh Kaur, President
Maxim Matyashin President-Elect

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. OMSA represents the interests and concerns of Ontario's 4,000+ 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.

It's hard to believe that this year's first term is already drawing to a close. Over the last few months, OMSA has been hard at work to engage with and serve Ontario's medical students. **Some highlights of the last quarter include:**

1. **Completing hiring for all 23 committees under OMSA's various portfolios**, on which over 100 students will serve this year
2. **Adopting a new governance structure for the OMA Section of Medical Students**, which will expand the leadership of the Executive and enable better representation of student voices
3. **Selecting our Day of Action Topic of Mental Health Care Access**, to be discussed with members of Provincial Parliament in Spring 2024
4. **Representing medical students at the PARO General Council Meeting and AGM**, where important discussions on medical education took place
5. **Passing a new position paper** penned by Ontario medical students, including *entitled "Face, the Issue: Should OHIP Cover Facial Gender-Affirming Surgery?"*

OMSA has had record-breaking interest from students this year. Looking ahead, we are excited to continue on the great momentum we have seen and support medical students with opportunities related to mentorship, research, student connection, and more. We are also working on the renewal of our Strategic and Financial Plan for 2024-2029, which will continue into the new year.

We look forward to attending, contributing to, and learning from CPSO meetings to help achieve these goals. Thank you as always for welcoming medical students to the table.

Sincerely,

Jeeventh Kaur
President, OMSA
president@omsa.ca

Maxim Matyashin
President-Elect, OMSA
president_elect@omsa.ca



CPSO Council November 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.

CPSO Advocacy

PARO and our members greatly appreciate the sustained advocacy over the past few years by the CPSO – through its administration, committees and here at CPSO Council - with issues such as ensuring that transition to practice would not be delayed due to COVID impacts, support around discontinuation of the MCCQEII and removal of registration fees for eligible residents' participation in *Restricted Registration*.

Most recently, at the last Council meeting, your approval to waive the fees for out-of-province residents coming to Ontario for electives represented an incredible achievement for Canadian residents. We are working with our national partner organization, Resident Doctors of Canada, to advocate for this as a national strategy so that all residents in Canada, including our members, can similarly enjoy ease of interprovincial elective training opportunities.

The CPSO's leadership in these initiatives truly matters, and we hope that you, the CPSO Council, know our appreciation.

PARO-OTH Collective Agreement – Two Updates

Arbitration on Bill 124

As highlighted in our last report to CPSO Council, our members, like many other public sector workers, were subject to the Government's Bill 124 which imposed a cap of a 1% increase in wages per year for the period of July 1, 2020 – June 30, 2023. We strongly believed that Bill 124 was unconstitutional and so we negotiated a clause in our contract that would allow us to re-open our negotiations for that period should the courts agree with our position.

Our legal team played an important role in the successful court challenge that determined that Bill 124 was in fact in violation of the Canadian Charter of Rights and Freedoms. This set the stage for us to re-open salary negotiations, and in June we met with our employer to see if we could reach a voluntary settlement. The Government did not provide our employer with a mandate to negotiate and so we moved to the process of binding arbitration.

We are pleased to share that since the last meeting of CPSO Council, Arbitrator William Kaplan issued his Award for our arbitration. The decision applies to anyone who was employed as a resident from July 1, 2020 onward and contains a retroactive award.

Resident Salaries

The Award was that over and above the 1% annual increase that our members already received through collective bargaining that we should receive an additional .75%, 2% and 3.75% over the course of the prior three years respectively, for the term ending June 30, 2023. These increases are to be paid retroactively to all our members who were employed as residents during the specified time period. In addition, the arbitrator also awarded additional specific targeted increases to PGY1, PGY7 and PGY8 pay levels and general increases also apply to the Chief and Senior Administrative bonuses.

Call Stipend Increases

Through the Award, call stipend rates were also increased- effective as of mid-September. In the last round of negotiations, we were able to increase call stipends by 4%. The decision by Mr. Kaplan increased weekday stipends by a further 22% and weekend stipends by a further 36%.

Benefits

Extended health care benefits are also impacted: specifically increases to Vision Care, and paramedical coverage for mental health which doubled from \$1000 to \$2000.

These increases are on top of the following increases that we previously obtained in the 2020-23 negotiations under Bill 124.

PARO-OTH Collective Agreement Negotiations

Our current Collective Agreement expired on June 30, 2023. We had agreed with the Employer that we would commence the new contract negotiation process once the Bill 124 reopener was complete, and now that it is complete, we have informed the employer of our *intent to bargain*.

Until the new contract is ratified, the 2020-2023 PARO-OTH Collective Agreement remains in effect.

PARO & Accreditation

All PGME training programs and Universities are required to meet national standards established by the RCPSC, CFPC, and College des medecins du Quebec.

Accreditation is the process used to ensure adherence to these standards, as well as to share best practices between programs, identify areas for development, and make continuous quality improvements. Accreditation also ensures that programs have the resources they need to deliver excellent training to their residents.

PARO plays an active role in the national accreditation process in a longitudinal manner and with significant resources and time when each University site is undergoing their

onsite accreditation process. With the number of medical schools in Ontario, we are always somewhere in the accreditation process at a few of our sites.

Partnering with our national organization, Resident Doctors of Canada (RDoC) our PARO team works to ensure all stakeholders recognize the opportunities that accreditation brings to make Canadian training programs optimal training programs.

PARO's activities include:

- PARO provides general education to members regarding the accreditation process which is a continuum (not just the onsite accreditation every 8 years)
- PARO arranges resident representatives to serve on program internal reviews, and the onsite survey teams, and prepares them for that role (a process that happens between onsite full accreditation visits).
- We implement a communication plan throughout the year leading up to the onsite accreditation at the university informing residents about the different stages of accreditation and how to prepare (what is accreditation, an important opportunity to foster continuous improvement, how to prepare for the on-site review, etc).
- We train our PARO GC representatives to be ambassadors for the process at their site, educating members through hallway chats, formal presentations at academic days and assisting and participating with the RDoC Pre-Accreditation workshops encouraging residents to think through specific ways the accreditation process can improve the resident experience within their training program.
- Administer the RDoC Pre-Accreditation Survey and ensure we have an exceptional response rate; our PARO Reps are key in helping to highlight the significance of every resident's participation in that survey.
- Provide post-accreditation visit support to residents, especially for programs that have a recommended Internal or External Review prior to next full onsite accreditation or intent to withdrawal and help them process the outcome of the decisions of the Certifying College's for each program and to know that such a status results in great improvements being prioritized.

PARO Teaching to Teach Program

We continue to deliver Teaching to Teach workshops, via Zoom and in person, to training programs as part of their academic half day sessions. Since the program was operationalized in 2017, 42 workshops have been delivered to 775 resident participants.

An important requirement to ensure the success of the teaching to teach program is a comprehensive training component for resident facilitators. To-date, 89 residents have been trained as facilitators and we are planning to host one more training session this academic year.

Kind Regards,

Paul Slodovnick, MD
PARO Board of Directors

Council Briefing Note

December 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, Board 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 September 21 and 22, 2023. The motions carried and the implementation status of those decisions are outlined in Table 1.

Table 1: Council Decisions from the September Meeting

Reference	Motions Carried	Status
01-C-09-2023	<p>Consent Agenda</p> <p>The Council approves the items outlined in the consent agenda, which include in their entirety:</p> <p style="padding-left: 40px;">2.1 The Council meeting agenda for September 21 and 22, 2023, as amended; and</p> <p style="padding-left: 40px;">2.2 The minutes from the Council meeting held on June 8, 2023, as amended.</p>	Completed.

Reference	Motions Carried	Status	
02-C-09-2023	<p><u>Committee Chair and Vice-Chair Appointments</u></p> <p>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 2023:</p>	Completed.	
Committee	Role	Member Name	Term Length
OPSDT & FTP	Chair	Mr. David Wright	5 years
	Vice-Chair	Dr. Joanne Nicholson	2 years
Patient Relations	Chair	Ms. Nadia Bello	2 years
Quality Assurance	Chair	Dr. Sarah Reid	1 year
	Vice-Chair	Dr. Ashraf Sefin	1 year
03-C-09-2023	<p><u>Committee Re-appointments</u></p> <p>The Council of the College of Physicians and Surgeons of Ontario re-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 2023:</p>	Completed.	
Committee	Member Name	Term Length	End Date
PIC	Peter Pielsticker	3 months	March 30, 2024
	George Beiko	1 year	December 2024
	Patrick Davison	3 years	December 2026
	Kashif Pirzada	1 year	December 2024
	Ted Xenodemetropoulos	3 years	December 2026
OPSDT & FTP	Raj Anand	3 years	December 2026
	Glen Bandiera	3 years	December 2026
	Lucy Becker	1 year	December 2024
	Marie-Pierre Carpentier	1 year	December 2024
	Catherine Grenier	3 years	December 2026
	Stephen Hucker	3 years	December 2026
	Shayne Kert	3 years	December 2026
	Roy Kirkpatrick	1 year	December 2024
	Sherry Liang	3 years	December 2026
	Sophie Martel	3 years	December 2026
	Veronica Mohr	2 years	December 2025
	Joanne Nicholson	3 years	December 2026
	Deborah Robertson	3 years	December 2026
	Jennifer Scott	3 years	December 2026

	Janet van Vlymen	1 year	December 2024
	James Watters	1 year	December 2024
	David Wright	3 years	December 2026
	Susanna Yanivker	3 years	December 2026
ICRC	George Beiko	1 year	December 2024
	Mary Bell	1 year, 3 months	February 26, 2025
	Thomas Faulds	3 years	December 2026
	Joan Fisk	3 years	December 2026
	Daniel Greben	1 year	December 2024
	Elaine Herer	1 year	December 2024
	Christopher Hillis	1 year	December 2024
	Asif Kazmi	1 year	December 2024
	Jane Lougheed	3 years	December 2026
	Robert Myers	1 year	December 2024
	Wayne Nates	1 year	December 2024
	Dori Seccareccia	3 years	December 2026
	David Tam	3 years	December 2026
	Anne Walsh	3 years	December 2026
PRC	Nadia Bello	3 years	December 2026
	Rajiv Bhatla	3 years	December 2026
	Heather Sylvester	3 years	December 2026
	Angela Wang	3 years	December 2026
04-C-09-2023	Governance Committee Elections		Completed.
	<p>The Council of the College of Physicians and Surgeons of Ontario appoints the following individuals to the 2023-2024 Governance Committee each for a one-year term commencing upon the adjournment of the Annual General Meeting of Council in December 2023:</p> <p>Dr. Robert Gratton (as Chair), Dr. Ian Preyra (as Vice-Chair), Dr. Sarah Reid (as Vice-President), Dr. Madhu Azad (as Physician Member of Council), Mr. Rob Payne (as Public Member of Council), Ms. Shannon Weber (as Public Member of Council).</p>		
05-C-09-2023	Register and Member Information By-laws		Completed.
	<p>The Council of the College of Physicians and Surgeons of Ontario proposes to make By-law No. 158, as set out in Appendix "B" effective at a date to be determined by the Council.</p>		

<p><u>06-C-09-2023</u></p>	<p><u>Proposed approval of Quality Improvement (QI) Enhanced as a program option for members aged 70-74</u></p> <p>The Council of the College of Physicians and Surgeons of Ontario approves QI Enhanced- Individuals and QI Enhanced- Partnership as Quality Improvement program options for physicians who are 70 to 74 years of age.</p>	<p>Completed.</p>
<p><u>07-C-09-2023</u></p>	<p><u>Motion to move in-camera</u></p> <p>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).</p> <p>Exclusion of public</p> <p>7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,</p> <ul style="list-style-type: none"> (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. 	<p>Completed.</p>
<p><u>08-C-09-2023</u></p>	<p><u>Declaration of Adherence and Code of Conduct Amendments</u></p> <p>The Council of the College of Physicians and Surgeons of Ontario approves the revised Declaration of Adherence and Code of Conduct, (a copy of which forms Appendix "C" to the minutes of this meeting).</p>	<p>Completed.</p>

<p><u>09-C-09-2023</u></p>	<p><u>Out-of-Hospital Premises (OHP) by-law updates</u></p> <p>The Council of the College of Physicians and Surgeons of Ontario proposes to make the following By-law No. 164, after circulation to stakeholders:</p> <p style="text-align: center;">By-law No. 164</p> <p>Subsection 51(3.1)(b) of the General By-law is revoked and substituted with the following:</p> <p>Notification Required by Members</p> <p>51. (3.1)...</p> <p>(b) Every member who performs a procedure in a premises subject to inspection under Part XI of Ontario Regulation 114/94 shall report to the College, in writing or electronically as specified by the College, within five business days of learning of any of the following events:</p> <ul style="list-style-type: none"> (i) death within the premises; (ii) death within 10 days of a procedure performed at the premises; (iii) any procedure performed on wrong patient, site, or side; or (iv) transfer of a patient from the premises directly to a hospital for care. <p>Explanatory Note: This proposed by-law must be circulated to the profession.</p>	<p>Completed.</p>
<p><u>10-C-09-2023</u></p>	<p><u>PA Regulation: Registration and Membership fees – By-law amendments for circulation to stakeholders</u></p> <p>The Council of the College of Physicians and Surgeons of Ontario proposes to make the following By-law No. 165, after circulation to stakeholders:</p> <p style="text-align: center;">By-law No. 165</p> <p>1. Section 1 of By-law No. 2 (the Fees and Remuneration By-law) is amended by adding subsection (b.2) set out below:</p> <p style="text-align: center;">APPLICATION FEES</p> <p>1. A person who submits an application for a certificate of</p>	<p>Completed.</p>

registration or authorization shall pay an application fee. The application fees are as follows:

(b.2) For a certificate of registration authorizing practice as a physician assistant, \$300;

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

(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), (b.2) or (d).

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

4. Annual fees as of June 1, 2018, are as follows:

(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, a certificate of registration authorizing temporary independent practice, or a certificate of registration authorizing practice as a physician assistant;

(b) For a holder of a certificate of registration authorizing postgraduate education applying to renew his/her certificate of registration, 20% of the

	<p>annual fee set out in subsection 4(a);</p> <p>(c) For a holder of a certificate of registration authorizing practice as a physician assistant, \$425; and</p> <p>(d) Notwithstanding subsections 4(a), (b) and (c), where the holder of a certificate of registration will be taking parental leave for a period of four months or longer during the membership year for which the annual fee applies because the holder is pregnant, has recently given birth or will be caring for their newborn or newly adopted child, the annual fee for such membership year is 50% of the annual fee applicable to the holder of the certificate of registration as set out in subsection 4(a), (b) or (c), so long as the holder applies to the College for this parental leave reduced annual fee prior to the close of the annual renewal period for such membership year. Where applications for the parental leave reduced annual fee are received after the close of such annual renewal period, the parental leave reduced annual fee will be applied to the following membership year. The parental leave reduced annual fee is not available for holders of a certificate of registration authorizing supervised practice of a short duration. This subsection 4(d) only applies to annual fees for membership years commencing on or after June 1, 2020.</p> <p>Explanatory Note: This proposed by-law must be circulated to the profession.</p>	
--	--	--

<p><u>11-C-09-2023</u></p>	<p><u>Revised Policy for Final Approval – Human Rights in the Provision of Health Services</u></p> <p>The Council of the College of Physicians and Surgeons of Ontario approves the revised policy “Human Rights in the Provision of Health Services”, formerly titled “Professional Obligations and Human Rights”, as a policy of the College (a copy of which forms Appendix “D” to the minutes of this meeting).</p>	<p>Completed.</p>
<p><u>12-C-09-2023</u></p>	<p><u>To consider Waiving Application Fees for Out-of-Province Electives</u></p> <p>The Council of the College of Physicians and Surgeons of Ontario approves waiving the application fees for postgraduate education certificate of registration for out-of-province electives.</p>	<p>Completed.</p>

2024 CPSO MEETING DATES

Q1					Q2					Q3					Q4					
Jan-2024					Apr-2024					Jul-2024					Oct-2024					
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	
1 <small>New Year's Day</small>	2	3	4	5	1 <small>Easter Monday</small>	2	3	4	5	1 <small>Canada Day</small>	2	3	4	5	1	2	3	4	5	
8	EC-V	10	11	12	8	EC	10 <small>Eid al-Fitr</small>	11	12	8	9	10	11	12	EC-V	10	11	12	13	
15	GC-V	17	18	19	15	FAC-V	17	18	19 <small>FSMB (Apr 18-20) Nashville</small>	15	16	17	18	19	14 <small>Thanksgiving</small>	GC-V	16	17	18	
22 <small>ASAE (Jan 22-23) Florida</small>	23	24	25	26	22	GC-V	24	25	26	22	23	24	25	26	21	22	23	24	25	
29	FAC	31			29	30				29	30	31			28	29	30	31 <small>Diwali Oct 31-Nov 4</small>		
Feb-2024					May-2024					Aug-2024					Nov-2024					
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	
			1	2			1	2	3				1	2					1 <small>Diwali</small>	
5	EC	7	8	9	6	EC	8	9	10	5 <small>Civic Holiday</small>	6	7	8	9	4 <small>Diwali</small>	EC	6	7	8	
12	13	14	15	16	13	14	15	16	17	12	EC	14 <small>CMPA (Halifax)</small>	15	16	11 <small>Rem Day</small>	12	13	14	15	
19 <small>Family Day</small>	20	21	22	23	20 <small>Victoria Day</small>	21	22	23	24 <small>CCPL (Mtl) May 24-25</small>	19	20	21	22	23	18	19	20	21	22	
26	27	28	C		27	28	29 <small>CMA (V)</small>	C	C	26	27	28	29	30	25	26	27	28 <small>US Thx</small>	C	
Mar-2024					Jun-2024					Sep-2024					Dec-2024					
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	
				C	3	4	5	6	7	2 <small>Labour Day</small>	3	4	5 <small>TIFF</small>	C	6	2	3	4	5	6
4	GC-V	6	7	8	10	<small>FMRAC (Muskoka) Jun 11-14</small>				14	9	10	11	12	13	9	10	11	12	13
11	12	13	14	15 <small>March Break</small>	17	18	19	20	21	16	17	18	19	20 <small>CLEAR (Baltimore) Sep 16-19</small>	16	17	18	19	20	
18	19	20	21	22	24	25	26	27	28	23	24 <small>MCC (Ottawa) Sep 23-24</small>	25	26 <small>FAC-V</small>	27	23	24 <small>CPSO Closure</small>	25 <small>Christmas</small>	26 <small>Boxing Day</small>	27 <small>CPSO Closure</small>	
25	26	27	28	29 <small>Good Friday</small>						30 <small>TR Day</small>					30 <small>CPSO Closure</small>	31				

- Council
- Executive
- Executive-Virtual
- Governance-Virtual
- Finance & Audit
- Finance & Audit-Virtual
- Stat/religious holidays/Mar break
- Conference/AGM

Council Briefing Note

December 2023

Topic:	Revised Draft Policy for Final Approval – <i>Medical Assistance in Dying</i>
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation Quality Care
Public Interest Rationale:	To support access to medical assistance in dying in accordance with the federal framework.
Main Contacts:	Lynn Kirshin, Senior Policy Analyst Rachel Bernstein, Policy Analyst
Attachments:	Appendix A: <i>Medical Assistance in Dying Policy</i> Appendix B: <i>Legal Requirements: Medical Assistance in Dying</i> Appendix C: <i>Advice to the Profession: Medical Assistance in Dying</i>

Issue

- CPSO’s [Medical Assistance in Dying \(MAID\)](#) policy is currently under review. A revised draft policy has been developed along with the *Legal Requirements: Medical Assistance in Dying* (the “*Legal Requirements*”) and *Advice to the Profession: Medical Assistance in Dying* (“*Advice*”) documents.
- Council is asked whether the revised draft policy can be approved as a policy of CPSO.

Background

- The *MAID* policy was first approved in June 2016, and although it has been updated three times to reflect legislative changes, this is the first comprehensive review of the policy.
- A draft [policy](#), [Advice](#), and [Legal Requirements](#) document was released for external consultation after Council approval in [September 2022](#).
 - A total of 320 responses were received, mostly from physicians and key stakeholders, and an overview of the feedback received was summarized in the December 2022 [Policy Report](#).

External Landscape

- In August 2021, Parliament convened an Expert Panel on MAID and Mental Illness to undertake a review respecting recommended protocols, guidance, and safeguards to apply to requests for MAID by people who have a mental illness.¹ The Expert Panel's [final report](#) was published in May 2022. One of the recommendations in the report was to create a MAID Practice Standard to provide guidance to practitioners on assessing MAID requests in complex situations, including requests by people with a mental illness as a sole underlying medical condition.
- Health Canada subsequently convened a Task Group to create a practice standard (the "Federal Model Standard"). The Federal Model Standard was finalized in March 2023. While the majority of the document is comprised of the legislative requirements for MAID, it also contains some professional expectations recommended by the Task Group.

Current Status and Analysis

CPSO's Response to the Federal Model Standard

- CPSO considered whether and how to adopt the professional expectations in the Federal Model Standard into its own policy and guidance documents (the legislative requirements are already captured in the *Legal Requirements* document). A decision was made to include some of the professional expectations from the Federal Model Standard in the *Advice* where there were gaps in CPSO's guidance to the profession.
- A number of Canadian medical regulatory authorities (Alberta, British Columbia, Manitoba, Nova Scotia, Saskatchewan) are planning on taking a similar approach to CPSO. One jurisdiction (Newfoundland) has adopted the Federal Model Standard in its entirety. It is uncertain at this time what approach the other jurisdictions (New Brunswick, Prince Edward Island, Quebec, Yukon) will be taking.

MAID Documents

1. Revised Draft MAID Policy

- In keeping with CPSO's commitment to Right-Touch Regulation, any expectations based in law were removed. The revised draft policy focuses solely on the professional expectations CPSO has set.

¹ The Criminal Code presently excludes mental illness as an illness, disease, or disability that makes an individual eligible for MAID. This exclusion is expected to remain in place until March 17, 2024.

- In response to consultation feedback to make the effective referral requirement more visible, the revised draft MAID policy requires physicians who choose not to assess or provide MAID for reasons for conscience or religion to comply with the expectations regarding effective referrals, as set out in the [Human Rights in the Provision of Health Services](#) policy that was approved in September 2023.
- In an effort to make the revised draft policy more concise, content that was not unique to the MAID context was removed (e.g., definitions of “physician” and “nurse practitioner”).

2. Legal Requirements

- The *Legal Requirements* document was revised to reflect legislative updates on reporting. Minor housekeeping changes were also made in an effort to streamline the document.

3. Advice

- In response to consultation feedback requesting guidance on unused MAID medications, information about the disposal of MAID medications was added. The definition of “reasonably foreseeable natural death” was also revised to focus solely on the interpretation of the Superior Court (which also reflects the approach taken in the Federal Model Standard).
- The Advice was also shortened to make it more concise and to focus on the key issues relating to MAID.
- As noted above, content from the Federal Model Standard was added where gaps were identified in CPSO’s guidance (e.g., definitions and explanations of components of the eligibility criteria for MAID).

Next Steps

- Should Council approve the revised draft policy, it will be announced in *Dialogue* and added to CPSO’s website.

Question for Council

1. Does Council approve the revised draft MAID policy as a policy of CPSO?
-

MEDICAL ASSISTANCE IN DYING

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

5 Within policies, the terms ‘must’ and ‘advised’ are used to articulate CPSO’s
6 expectations. When ‘advised’ is used, it indicates that physicians can use reasonable
7 discretion when applying this expectation to practice.

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

10 Definition

11 **Medical Assistance in Dying (MAID):** Under the *Criminal Code*¹, MAID refers to
12 circumstances where a physician² or nurse practitioner, at the patient’s request: (a)
13 administers medications³ that cause the patient’s death; or (b) prescribes or provides
14 medications for the patient to self-administer to cause their own death.

15 **NOTE:** The *Criminal Code* sets out the eligibility criteria for MAID. The *Criminal Code*
16 currently excludes mental illness as an illness, disease, or disability that makes an
17 individual eligible for MAID.⁴ This exclusion will remain in place until March 17, 2024, at
18 which time it is expected to be repealed.

19 Policy

- 20 1. Physicians **must** comply with:
- 21 a. the legal requirements for MAID⁵, including those pertaining to eligibility
22 criteria, safeguards, and reporting (see CPSO’s *Legal Requirements: MAID*
23 companion document); and

¹ [R.S.C. 1985, c. C-46](#) (hereinafter, “*Criminal Code*”).

² Postgraduate medical trainees can participate in the MAID process, but must only do so within the terms, conditions, and limitations of their certificate of registration.

³ While the *Criminal Code* uses the word “substance” when describing the MAID framework, CPSO uses the term “medications” in this policy.

⁴ For clarity, a person suffering solely from a mental illness is not eligible for MAID, but a person with a mental illness may also have a serious and incurable illness, disease, or disability that makes them eligible for MAID provided all of the other eligibility criteria are met.

⁵ Sections 241.1-241.4 of the *Criminal Code*; [Regulation for the Monitoring of Medical Assistance in Dying, SOR/2018-166](#), enacted under the *Criminal Code*; and Section 10.1 of the [Coroners Act, R.S.O. 1990, c. C.37](#).

- 24 b. the expectations set out in this policy and other relevant CPSO policies,
25 such as the [Human Rights in the Provision of Health Services](#) policy,
26 including the expectation regarding effective referrals for physicians who
27 choose not to assess patients or provide MAID for reasons of conscience
28 or religion.

29 Medications

- 30 2. Before administering medications for MAID, physicians **must** have a contingency
31 plan⁶ in place to address potential complications.
- 32 3. Physicians **must** use their professional judgment when determining the
33 appropriate medication protocol to achieve MAID and **must** ensure the goals of
34 the protocol include controlling the patient’s pain and anxiety.
- 35 4. Physicians **must** notify the dispensing pharmacist as early as possible that
36 medications for MAID will be required to allow the pharmacist sufficient time to
37 obtain and/or prepare the medications.

38 Documentation

- 39 5. Consistent with CPSO’s [Medical Records Documentation](#) policy, where applicable,
40 physicians **must** include the following in the patient’s medical record:
41 a. all requests for MAID, including a copy of any written request;^{7, 8}
42 b. documentation demonstrating that the eligibility criteria and relevant
43 procedural safeguards were met⁹, including the analysis undertaken to
44 determine if the patient’s natural death was reasonably foreseeable¹⁰;
45 c. a copy of any written arrangement that waives the requirement for final
46 express consent;¹¹
47 d. a copy of any report made to the Office of the Chief Coroner or Health
48 Canada;
49 e. the medication protocol used (i.e., drug(s) and dosage(s)); and
50 f. the time and date of the patient’s death, if known.

⁶ A contingency plan may include, for example, a plan for failed vascular access or a back-up MAID kit in case the administration of medications fails.

⁷ This documentation requirement applies to all physicians who receive requests for MAID, including physicians who choose not to assess patients or provide MAID for reasons of conscience or religion.

⁸ The Ministry of Health has developed [Clinician Aid A](#) to assist patients who request MAID.

⁹ The Ministry of Health has developed [Clinician Aid B](#) for physicians who provide MAID and [Clinician Aid C](#) for physicians who are MAID assessors.

¹⁰ The *Criminal Code* framework has two “tracks” that contain different procedural safeguards depending on whether the patient’s natural death is reasonably foreseeable.

¹¹ “Written arrangement” includes waivers of final consent and advance consent for self-administration. The Ministry of Health has developed Clinician Aids [D-1](#) and [D-2](#) for MAID providers and patients to use as templates for written arrangements.

LEGAL REQUIREMENTS: MEDICAL ASSISTANCE IN DYING

This document sets out the requirements for Medical Assistance in Dying (MAID) that are based in legislation. Much of the language in this document is taken directly from the *Criminal Code*¹ (ss. 241.1 to 241.4), the *Regulations for the Monitoring of Medical Assistance in Dying*², and the *Coroners Act*³ (s. 10.1).

Section 241.2 (2.1) of the *Criminal Code* specifically excludes a mental illness as an illness, disease, or disability that makes an individual eligible for MAID.⁴ This exclusion will remain in place until March 17, 2024, at which time it is expected to be repealed.

Physicians may want to seek independent legal advice if they have questions about meeting the legal requirements. In the case of any inconsistency between this document and any applicable legislation, the legislation will always prevail.

Providing MAID

Nothing in the *Criminal Code* compels physicians to provide, or assist in providing, MAID. However, where a physician provides MAID, it must be provided with reasonable knowledge, care, and skill.

Eligibility Criteria for MAID

To be eligible for MAID, a patient must:

- a. Be eligible – or, but for any applicable minimum period of residence or waiting period, would be eligible – for health services funded by a government in Canada.
- b. Be at least 18 years old and capable of making decisions with respect to their health.
- c. Have a grievous and irremediable medical condition, meaning:
 - they have a serious and incurable illness, disease, or disability that is not a mental illness;
 - they are in an advanced state of irreversible decline in capability; and

¹ [R.S.C. 1985, c. C-46](#).

² [SOR/2018-166](#), enacted under the *Criminal Code*.

³ [R.S.O. 1990, c. C.37](#).

⁴ For clarity, a patient whose **sole** underlying medical condition is a mental illness (and who otherwise meets all eligibility criteria) is not currently eligible for MAID, but a patient with a mental illness may also have a serious and incurable illness, disease, or disability that makes them eligible for MAID provided all of the other eligibility criteria are met.

- 26 ○ their illness, disease, disability, or state of decline causes them enduring
- 27 physical or psychological suffering that is intolerable to them and that cannot
- 28 be relieved under conditions they consider acceptable.
- 29 d. Make a voluntary request for MAID that, in particular, was not made as a result of
- 30 external pressure.
- 31 e. Give informed consent to receive MAID after having been informed of the means
- 32 available to relieve their suffering, including palliative care.

33 **Safeguards for MAID**

34 The federal legislation sets out safeguards that must be met before MAID is provided.
 35 The applicability of some safeguards depends on whether the patient’s natural death is
 36 reasonably foreseeable.⁵

Natural Death Reasonably Foreseeable	Natural Death Not Reasonably Foreseeable
Before a MAID provider administers a substance that causes a patient’s death, or prescribes or provides a substance for a patient to self-administer to cause their own death, ⁶ the MAID provider must:	
1. Be of the opinion that the patient has met all of the eligibility criteria.	
2. Ensure that the patient’s request for MAID was (i) made in writing, and (ii) signed and dated by the patient after the patient was informed by a physician or nurse practitioner that they have a grievous and irremediable medical condition.⁷ If the patient is unable to sign and date the request, another person may do so in the patient’s presence, on the patient’s behalf and under the patient’s express direction, if the person: <ul style="list-style-type: none"> • is at least 18 years old; • understands the nature of the request for MAID; and • does not know or believe that they are a beneficiary under the will of the patient, or a recipient, in any other way, of a financial or other material benefit resulting from the patient’s death. 	

⁵ For more information on the meaning of “reasonably foreseeable natural death”, see CPSO’s *Advice to the Profession: Medical Assistance in Dying*.

⁶ Before any pharmacist dispenses a substance for MAID, the MAID provider must inform the pharmacist that the substance is intended for MAID.

⁷ The federal legislation does not require that a patient be informed that they have a grievous and irremediable medical condition in the context of an eligibility assessment for MAID (e.g., another physician may have already informed the patient that they have a grievous and irremediable medical condition).

Natural Death Reasonably Foreseeable	Natural Death <i>Not</i> Reasonably Foreseeable
<p>3. Be satisfied that the request for MAID was signed and dated before an independent witness who then also signed and dated the request.</p> <p>An independent witness is someone who is at least 18 years old, and who understands the nature of the request for MAID. A person may not act as an independent witness if they:</p> <ul style="list-style-type: none"> • Know or believe that they are a beneficiary under the patient’s will, or are a recipient in any other way of a financial or other material benefit resulting from the patient’s death. • Are an owner or operator of any health care facility at which the patient is being treated or any facility in which the patient resides. • Are directly involved in providing health care services or personal care to the patient, unless they provide the services or care as their primary occupation and are paid to provide that care to the patient (e.g., a personal support worker who is a paid employee). <p>A MAID provider and MAID assessor may <i>not</i> act as an independent witness.</p>	
<p>4. Ensure that the patient has been informed that they may, at any time and in any manner, withdraw their request.</p>	
<p>5. Ensure that a MAID assessor assessed the patient and provided a written opinion confirming that the patient meets all of the eligibility criteria.</p>	
	<p>5.1 If neither the MAID provider nor the MAID assessor has expertise in the condition that is causing the patient’s suffering, the MAID provider must ensure that they or the MAID assessor consult with a physician or nurse practitioner who has that expertise and must share the results of that consultation with each other.</p>
<p>6. Be satisfied that they and the MAID assessor are independent from each other and from the patient.</p> <p>The MAID provider and MAID assessor are independent if they:</p> <ul style="list-style-type: none"> • Are not a mentor to the other, or responsible for supervising the other’s work; • Do not know or believe that they are a beneficiary under the will of the patient, or a recipient, in any other way, of a financial or other material benefit resulting from the 	

Natural Death Reasonably Foreseeable	Natural Death <i>Not</i> Reasonably Foreseeable
<p>patient’s death, other than standard compensation for their services relating to the request; and</p> <ul style="list-style-type: none"> Do not know or believe that they are connected to each other or to the patient making the request in any other way that would affect their objectivity. 	
	<p>7. Ensure that the patient has been (i) informed of the means available to relieve their suffering, including, where appropriate, counselling services, mental health and disability support services, community services and palliative care, and (ii) offered consultations with relevant professionals who provide those services or that care.</p>
	<p>8. Ensure that the MAID provider and MAID assessor have (i) discussed with the patient the reasonable and available means to relieve the patient’s suffering, and (ii) agree with the patient that the patient has given serious consideration to those means.</p>
	<p>9. Ensure that there are at least 90 clear days between the day of the first eligibility assessment for MAID and the date MAID is provided or – if the assessments have been completed and the MAID provider and MAID assessor are both of the opinion that the loss of the patient’s capacity to provide consent to receive MAID is imminent – any shorter period that the MAID provider considers appropriate in the circumstances.</p>
<p>10. If the patient has difficulty communicating, take all necessary measures to provide a reliable means by which the patient may understand the information that is provided to them and communicate their decision.</p>	

Natural Death Reasonably Foreseeable	Natural Death <i>Not</i> Reasonably Foreseeable
11. Give the patient an opportunity to withdraw their request immediately before providing MAID and ensure that the patient gives express consent to receive MAID.⁸	

37

38 ***Final Consent – Waiver***

39 Patients whose natural death is reasonably foreseeable have the option of entering into
 40 a written arrangement with the MAID provider, waiving the requirement that they give
 41 express consent immediately before receiving MAID in the event they lose capacity to
 42 consent.

43 MAID can only be provided without meeting the requirement for final express consent
 44 set out in safeguard 11 above if:

- 45 a. the patient’s natural death is reasonably foreseeable;
- 46 b. before the patient lost capacity to consent to receive MAID:
 - 47 (i) the patient met the eligibility criteria and all relevant safeguards;
 - 48 (ii) the patient and the MAID provider entered into a written arrangement that
 49 the provider would administer a substance to cause the patient’s death on
 50 a specified day;
 - 51 (iii) the MAID provider informed the patient of the risk of losing capacity to
 52 consent to receive MAID prior to the day specified in the written
 53 arrangement; and
 - 54 (iv) the written arrangement provides the patient’s consent for the provider to
 55 administer a substance to cause their death on or before the day specified
 56 in the arrangement if they lose their capacity to consent prior to that day;
- 57 c. the patient has lost the capacity to consent to receiving MAID;
- 58 d. the patient does not demonstrate, by words, sounds or gestures, refusal to have
 59 the substance administered or resistance to its administration;^{9,10} and

⁸ See the *Final Consent – Waiver* and *Advance Consent – Self-Administration* sections below for exceptions to this requirement.

⁹ Involuntary words, sounds or gestures made in response to contact do not constitute a demonstration of refusal or resistance.

¹⁰ Once the patient demonstrates, by words, sounds, or gestures refusal or resistance to its administration, MAID can no longer be provided on the basis of the patient’s consent in the written arrangement.

- 60 e. the MAID provider administers the substance to the patient in accordance with
61 the terms of the written arrangement.

62 **Advance Consent – Self Administration**

63 Patients who choose to self-administer MAID have the option of entering into a written
64 arrangement with a MAID provider, permitting the MAID provider to intervene to
65 administer MAID if self-administration does not result in death within a specified period
66 and the patient loses capacity to consent after attempting self-administration.

67 Advance arrangements relating to self-administration are available regardless of
68 whether or not the patient’s natural death is reasonably foreseeable.

69 MAID can only be provided to a patient who has unsuccessfully attempted self-
70 administration, and who has lost capacity to consent, without meeting the requirement
71 for final express consent set out in safeguard 11 above if:

- 72 a. before the patient lost their capacity to consent to receive MAID, the patient and
73 MAID provider entered into a written arrangement that states the MAID provider
74 will:
- 75 (i) be present when the patient self-administers the first substance; and
 - 76 (ii) administer a second substance to cause the patient’s death, if after self-
77 administering the first substance, the patient loses their capacity to
78 consent to receive MAID and does not die within a specified period;
- 79 b. after the patient self-administers the first substance, the patient loses capacity to
80 consent to receive MAID and does not die within the time period specified in the
81 written arrangement; and
- 82 c. the MAID provider administers the second substance to the patient in
83 accordance with the terms of the written arrangement.

84 **Reporting MAID¹¹**

85 **Reporting to the Office of the Chief Coroner for Ontario (OCC)¹²**

86 In cases where the MAID provider either administers a substance or prescribes or
87 provides a substance for the patient to self-administer, and the MAID provider becomes

¹¹ For information in relation to reporting, see the [Regulations for the Monitoring of Medical Assistance in Dying](#), SOR/2018-166 and s. 10.1 of the [Coroners Act](#).

¹² See <https://forms.mgcs.gov.on.ca/dataset/on00413> for the form to use when reporting to the OCC. The OCC will collect information from physicians on all medically assisted deaths, and will report to the federal Minister of Health (i.e., Health Canada) on their behalf.

88 aware that the patient has died from MAID, the MAID provider must report to the OCC
89 within one business day¹³ after becoming aware that the patient has died.¹⁴

90 However, MAID providers must call the OCC immediately after a death occurs to report
91 the death if any of the following circumstances were involved:

- 92 a. history of recent injury;
- 93 b. history of remote injury that led to conditions that prompted the request for
94 MAID; or
- 95 c. the MAID provider lists an injury as the immediate cause of death or as a
96 contributing condition to the death.

97 **Reporting to Health Canada**¹⁵

98 Report Always Required

99 In cases where a MAID provider prescribes or provides a substance for self-
100 administration and does not know if the person has died, the MAID provider must report
101 to Health Canada between 90 days and 1 year after the substance was provided or
102 prescribed.¹⁶

103 Report Required Unless Exception Below Applies

104 In cases where a physician carries out an eligibility assessment or receives a written
105 request for MAID, and determines that the person is ineligible for MAID, the physician
106 must report to Health Canada within 30 days after making the determination.¹⁷

107 In cases where a physician received a request for MAID (in any form)¹⁸ and a medically
108 assisted death has not occurred, the physician must report to Health Canada within 30
109 days if any of the following has occurred:

- 110 a. the physician becomes aware that the person withdrew the request for MAID¹⁹;
- 111 b. the physician becomes aware of the person's death from a cause other than
112 MAID²⁰; or

¹³ The OCC form sets out that physicians must submit the report within one business day.

¹⁴ Health Canada has [stated](#) that physicians are never required to actively seek out information regarding whether the person has withdrawn their request for MAID or has died.

¹⁵ Physicians are required to use the [Canadian MAID Data Collection Portal](#) to make their report to Health Canada.

¹⁶ See footnote 14.

¹⁷ This provision also applies if the physician determined that the person initially met the eligibility criteria but subsequently determined that the person did not meet one or more of those criteria.

¹⁸ The request for MAID that triggers these reporting requirements to Health Canada can be made in any form, including a verbal request, email or text message. It does not have to be the formal written, signed and witnessed request required under the *Criminal Code*. It must, however, be more than an inquiry or a request for information about MAID.

¹⁹ See footnote 14.

²⁰ See footnote 14.

113 c. the physician determines that the person is eligible to receive MAID, but does not
114 provide MAID because they determine that a safeguard has not been met.

115 Exception

116 In the case of a patient whose natural death *is* reasonably foreseeable, if any of the
117 above occurs after 90 days of receiving the request, no report is required.

118 In the case of a patient whose natural death is *not* reasonably foreseeable, if any of the
119 above occurs after 2 years of receiving the request, no report is required.

DRAFT

ADVICE TO THE PROFESSION: MEDICAL ASSISTANCE IN DYING

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.

The *Medical Assistance in Dying (MAID)* policy sets out physicians' professional obligations regarding MAID and the *Legal Requirements: MAID* companion resource sets out the key legal obligations physicians have. This companion *Advice to the Profession* document provides additional information and guidance on interpreting and applying physicians' obligations.

The MAID policy and Legal Requirements document refer to MAID providers and MAID Assessors. What is the difference between them?

"MAID provider" refers to a physician or nurse practitioner who assesses the patient requesting MAID to determine if they meet the eligibility criteria, ensures that the procedural safeguards have been met, and if so, provides MAID.

"MAID assessor" refers to the physician or nurse practitioner who provides a written opinion to the MAID provider confirming that the patient meets the eligibility criteria.

When and how do I bring up MAID as an option with patients?

The appropriate timing of discussions regarding MAID is determined by the clinical context and the specific circumstances of the patient. Physicians will have to use their professional judgment to determine if, when, and how to discuss MAID with their patients, keeping in mind that not all patients will be aware that MAID is a legally available option for them.

It is important for physicians to keep the physician-patient power dynamic in mind, approach discussions regarding MAID from a place of respect and trust and allow for sufficient time to have these sensitive conversations. When advising patients of their potential eligibility for MAID, it is important that physicians do not coerce, induce, or pressure patients to either pursue, or not pursue, MAID.

33 **Eligibility**

34 ***Can requests for MAID be made through an advance directive or substitute decision-*** 35 ***maker?***

36 No. The *Criminal Code* specifies that only patients who are capable of making decisions
37 with respect to their health can request MAID.

38 ***What are some considerations to keep in mind when assessing capacity in the MAID*** 39 ***context?***

40 It is important for physicians to be aware of situations in which a capacity assessment
41 requires additional knowledge and experience and, in those cases, seek assistance by
42 consulting with colleagues. This is particularly true for decisions with greater
43 complexity or risk (e.g., patients with mental health concerns).

44 In addition, in some cases, it may be necessary to undertake more than one
45 assessment of a patient's decision-making capacity in order to have enough
46 information to make a determination as to whether a patient has capacity.

47 If the requester has mental health concerns and there is a risk of suicidality, physicians
48 will also want to ensure the request for MAID is rationally considered by the patient
49 during a period of stability, and not when the patient is having a mental health crisis.

50 For more information on assessing capacity, see guidance from the [Canadian](#)
51 [Association of MAID Providers and Assessors](#).

52 ***What does it mean to make a voluntary request?***

53 As set out in the *Criminal Code*, physicians must be satisfied that the patient's decision
54 to request MAID is voluntary and not a result of external pressure, which means it has
55 been made freely, without undue influence (contemporaneous or past) from family
56 members, health care providers, or others. External pressure can also stem from social
57 or societal sources, such as perceived health care or supportive care costs.

58 In assessing a patient's request, it is best practice for physicians to speak with the
59 patient alone in order to ask questions that will help identify undue influence, such as
60 interpersonal dependencies that may leave the patient vulnerable, or express concerns.
61 In situations where partners are simultaneously requesting MAID, it may be prudent to
62 use separate and independent assessors and providers for each individual.

63 Determining voluntariness may require more than one assessment to gain insights into
64 such issues as the consistency of the request, state of ambivalence, etc. When
65 appropriate to do so, physicians can obtain different perspectives to enhance
66 understanding of the voluntariness of the request (e.g., family members, primary care
67 provider with long-standing relationship).

68 When there are communication barriers, it is helpful to use an independent person (e.g.,
69 formal translation services) or process (e.g., communication aides) to support the
70 communication process.

71 ***What is a grievous and irremediable medical condition?***

72 A patient must have a grievous and irremediable medical condition to be eligible for
73 MAID. As set out in the *Criminal Code*, a patient has a grievous and irremediable medical
74 condition if:

- 75 i. They have a serious and incurable illness, disease, or disability that is not a
76 mental illness;
- 77 ii. They are in an advanced state of irreversible decline in capability; and
- 78 iii. That illness, disease, or disability, or that state of decline, causes them enduring
79 physical or psychological suffering that is intolerable to them and that cannot be
80 relieved under conditions that they consider acceptable.

81 Health Canada has clarified that:

- 82 • 'Incurable' means there are no reasonable treatments remaining, where
83 reasonable is determined by the clinician and patient together.
- 84 • 'Capability' refers to a patient's functioning (e.g., physical, social, occupational),
85 not the symptoms of their condition.
- 86 • 'Advanced state of decline' means the reduction in the patient's functioning is
87 severe.
- 88 • 'Irreversible' means there are no reasonable interventions remaining, where
89 reasonable is determined by the clinician and patient together.

90 For the purposes of determining that the suffering criterion for MAID is met, it is
91 important for physicians to:

- 92 • explore all dimensions of the patient's suffering (physical, psychological, social)
93 and the means available to relieve their suffering;
- 94 • explore the consistency of the patient's assessment of their suffering with the
95 patient's overall clinical presentation and expressed wishes over time; and
- 96 • respect the subjectivity of suffering.

97 ***Are there unique considerations to raise with patients when obtaining informed consent?***

98 As always, physicians will have to discuss any possible complications as part of
99 obtaining informed consent. In the MAID context, this includes:

- 100 • informing patients of the possibility that death may not occur; and

- 101 • informing patients who prefer self-administration that if their death is prolonged
102 or not achieved, it will not be possible to intervene and administer medication
103 causing the patient’s death unless:
- 104 ○ the patient is capable and can provide consent immediately prior to
105 administering; or
 - 106 ○ the patient has entered into a written arrangement providing advance
107 consent for physician-administered MAID.

108 For more information on obtaining informed consent, see the [CMPA](#) website.

109 **Safeguards**

110 ***How do I determine if a patient’s natural death is reasonably foreseeable or not*** 111 ***reasonably foreseeable?***

112 Some of the safeguards for MAID depend on whether or not the patient’s natural death
113 is reasonably foreseeable.¹

114 Physicians can rely on the following guidance provided by the Court² to inform their
115 assessment of whether a patient’s natural death is reasonably foreseeable:

- 116 • natural death does not need to be imminent;
- 117 • the question is patient-specific; and
- 118 • physicians do not need to determine the specific length of time a patient has
119 remaining in their lifetime.

120 ***What if my patient’s death is not reasonably foreseeable and I do not have expertise in*** 121 ***the condition causing their suffering?***

122 One of the safeguards for patients whose death is not reasonably foreseeable is that
123 one of the two practitioners confirming eligibility has expertise in the condition that
124 causes the patient’s suffering. In cases where neither practitioner has expertise, a
125 practitioner with that expertise must be consulted.

126 A ‘practitioner with expertise’ is not required to have a specialist designation. Rather,
127 expertise can be obtained through medical or nurse practitioner education, training,
128 and/or substantial experience in treating the condition causing the person's suffering.

129 ***If a patient’s death is not reasonably foreseeable, there needs to be “90 clear days”*** 130 ***between the date of the first eligibility assessment and the date MAID is provided. How is*** 131 ***“90 clear days” calculated?***

132 The [federal government](#) has clarified that the 90-day period begins on the day the
133 patient starts to undergo their first MAID eligibility assessment (e.g., the day on which a

¹ For more information, see the [process maps](#) on the Centre for Effective Practice website.

² *A.B. v. Canada (Attorney General)*, 2017 ONSC 3759.

134 MAID provider/assessor first considers or reflects on information that forms part of a
135 MAID assessment, such as reviewing the patient's file or meeting with the patient). The
136 [federal government](#) has explicitly stated that the assessment period can begin before
137 the assessor receives the official request form signed by the patient.

138 ***If a patient has difficulty communicating, physicians need to ensure the patient***
139 ***understands the information that is provided to them. What does this mean?***

140 This safeguard is specifically referring to communication barriers rather than capacity
141 issues. For example, if the patient speaks another language physicians may require a
142 translation service or if the patient is deaf, an interpreter may be needed.

143 **General**

144 ***What do I do with unused MAID drugs?***

145 The Chief Coroner for Ontario sent a communiqué on January 31, 2023, reminding all
146 MAID providers of their responsibility to properly manage and handle medications
147 prescribed for MAID. Specifically, the communiqué reminded MAID providers that
148 medications must only be dispensed under the patient's name and that unused drugs
149 are to be returned to the pharmacy or dispensing physician for appropriate disposal.

150 ***How do I complete a medical certificate of death in the MAID context?***

151 The *Vital Statistics Act*³ requires physicians who have been in attendance during or have
152 sufficient knowledge of the last illness of a deceased person to complete and sign a
153 medical certificate of death immediately following the death (usually interpreted as
154 within 24 hours following death⁴), unless there is reason to notify the coroner⁵.

155 In accordance with the government's [Handbook on Medical Certification of Death](#), the
156 illness, disease, or disability leading to the request for MAID is to be recorded as the
157 cause of death. In addition, the certificate cannot include any reference to MAID or the
158 medications administered.

³ 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.

⁴ This may be extended on weekends, holidays and under unusual or special circumstances.

⁵ 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.

159 ***Can I use virtual care for MAID?***

160 Virtual care technology may be used to conduct patient eligibility assessments, witness
161 requests for MAID, and for other aspects of the MAID process (e.g., consultations with
162 practitioners who have expertise in the condition causing the patient's suffering, written
163 arrangements for waiver of final consent).

164 Physicians will have to exercise their professional judgment when determining the
165 appropriateness of using this modality on a case-by-case basis, ensuring they can meet
166 their legal and professional obligations as set out in CPSO's [Virtual Care](#) policy.

167 ***What triggers a reporting obligation to Health Canada?***

168 A request to receive MAID triggers an obligation to report to Health Canada. If a patient
169 merely inquires or asks for information about MAID, this kind of exploratory
170 conversation would not trigger an obligation to report.

DRAFT

Council Motion

Motion Title	Revised Policy for Final Approval - <i>Medical Assistance in Dying</i>
Date of Meeting	December 7, 2023

It is moved by _____, and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario approves the revised policy “Medical Assistance in Dying”, as a policy of the College (a copy of which forms Appendix “ ” to the minutes of this meeting).

Council Briefing Note

December 2023

Topic:	Physician Assistants – Revised Draft Regulations for Approval
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation System Collaboration
Public Interest Rationale:	Bringing physician assistants under the authority of CPSO will ensure the protection of patients and work to fulfill our public interest mandate
Main Contacts:	Tanya Terzis, Interim Manager, Policy Heather Webb, Senior Government Relations Program Lead, Policy Stephanie Sonawane, Policy Analyst
Attachments:	Appendix A: Revised Draft Enabling Regulation Appendix B: Revised Draft Registration Regulation Appendix C: Draft Quality Assurance (CPD) Regulation Appendix D: Draft Professional Misconduct Regulation

Issue

- Council is provided with revised draft regulations required to bring physician assistants (PAs) under CPSO’s oversight and is asked whether the draft regulatory amendments can be submitted to government.

Background

- On June 3, 2021, [Bill 283](#), the legislation that would enable CPSO to regulate PAs, received Royal Assent.
- CPSO has developed draft amendments to the [General](#), [Registration](#), and [Professional Misconduct](#) regulations under the *Medicine Act, 1991*, to regulate PAs.
 - While the regulatory amendments proposed are CPSO’s to recommend, government ultimately must approve and enact these changes, which it has signaled will be in 2024.
- In drafting the regulations, the intention has been to set high-level expectations, align with the principles of right-touch regulation, and future-proof this work.

- In June 2023 Council approved the draft regulatory amendments to be released for a 60-day public [consultation](#) period, which ended in August. Council was provided with an update on the consultation feedback in [September](#).
- In response to some of the feedback, minor revisions have been made to the draft regulations and a frequently asked questions (FAQ) document has been developed to support understanding of the regulatory amendments.

Current Status and Analysis

A. Revised Draft Regulations

Enabling Regulation (Appendix A)

- Throughout negotiations with government, CPSO has underscored the importance of maintaining the status quo of the relationship between physicians and PAs post-regulation. This approach relies on the maintenance of the existing delegation framework as set out in CPSO's [Delegation of Controlled Acts](#) policy.
- The legislative framework requires that regulations be developed to articulate how PAs will perform controlled acts given that they have no independent authorization through the legislation to perform these acts.
- In keeping with well-established principles of delegation, while also maintaining flexibility for future policy or practice changes, the draft regulation stipulates:
 - a) That a PA member shall only perform controlled acts if delegated to by a physician, with the exception of psychotherapy, which cannot be delegated.
 - b) That PAs may not sub-delegate a controlled act.
 - c) The conditions in which a physician may delegate an act and the conditions in which a PA may accept the delegation of this act (e.g., where the act is within the physician's scope of practice and the PA has the competence to perform the act).
- As part of c), above, the draft regulation required physicians to be satisfied, "after taking reasonable steps", that the PA has the knowledge, skill and judgment to perform the authorized act safely and competently.
- The Canadian Medical Protective Association expressed concerns about this provision noting that it is unclear what "reasonable steps" physicians would have to take to ensure a PA's competency under the regulation, and that the expectations of physicians when delegating are already set out in CPSO's *Delegation of Controlled Acts* policy.

- In response to this feedback and for clarity, “after taking reasonable steps” has been removed.

Registration (O. Reg. 865/93) (Appendix B)

- The existing [Registration regulation](#) sets out entry to practice requirements for CPSO members. The general non-exemptible standards and qualifications for physician members will also apply to PAs and do not require amendments. These include good character, payment of relevant fees and acquiring professional liability insurance, among others.
- The draft regulation sets out the registration requirements for PAs, namely that an applicant:
 - be a graduate of an accredited or approved degree granting program designed to educate PAs; and
 - obtain either Canadian certification or the equivalent American certification, or another certification as approved by Council.
- Minor revisions have been made to the draft regulation to align the language with the Emergency Circumstances Practice Class for Physicians and to enhance consistency and clarity.

Quality Assurance (O. Reg. 114/94, General, Part VII) (Appendix C)

- The [Health Professions Procedural Code](#) sets out the minimum requirements for a quality assurance program, which will equally apply to PA members of the College as it does to physician members. The core requirements of the quality assurance program, as set out in the Quality Assurance sections of the [General regulation](#), will therefore be the same: peer and practice assessments, continuing professional development (CPD), and self-assessments.
- While many of the regulatory pieces on quality assurance are broad enough to apply equally to PAs without amendment, some changes are required to the CPD section to distinguish the PA CPD program from the program that exists for physicians and create a mechanism for tracking PA CPD.
- Specifically, new provisions have been drafted requiring PAs to participate in a CPD program and that PAs shall, each year, provide to the College proof of the PA’s participation that is satisfactory to the College. The drafting is purposefully general to provide CPSO with discretion on the precise obligations relating to tracking and monitoring CPD.
- No revisions have been made to the draft regulation.

Professional Misconduct Regulation (O. Reg. 856/93) (Appendix D)

- The [Professional Misconduct regulation](#) will equally apply to PA members of the College. However, one small amendment is required to add “physician assistant” to the existing “conduct unbecoming a physician.”
- No revisions have been made to the draft regulations.

B. FAQ Document

- In September, Council was provided with an overview of the main issues that emerged from the consultation feedback. A draft FAQ document has been developed with input from key stakeholders to respond to these issues and to support the revised draft regulations.
- Among other things, the FAQ will cover the following issues:
- **Sub-delegation:** the *Regulated Health Professions Act, 1991* (RHPA) and the rules of other health professions prohibit sub-delegation. However, the consultation feedback raised questions about whether this prohibition would affect a PA’s ability to communicate physicians’ orders to other health care professionals, as well as their ability to supervise and train PA and medical students.
 - The FAQ will provide guidance on sub-delegation to ensure that the status quo is maintained and that PAs can continue to work collaboratively with other health care professionals, as well as supervise and train PA and medical students.
- **Psychotherapy and dual licensing:** CPSO’s prohibition on delegating psychotherapy is consistent with the rules of other regulated health professions. Notwithstanding, some consultation respondents felt that this prohibition was unreasonable. CAPA also questioned whether PAs could perform psychotherapy if they are appropriately licensed through another regulatory health college.
 - The FAQ will clarify this issue by explaining what constitutes “psychotherapy” and the reasons for prohibiting its delegation. It will also provide guidance to PAs who are licensed by another health college to practise psychotherapy.
- **Internationally Educated Physicians (IEPs):** the consultation received some feedback questioning whether IEPs, some of whom may be currently practising under the “PA” title, will continue to be able to work as PAs after regulation takes effect.
 - The FAQ will address this issue by explaining what title protection will mean once the amendments to the *Medicine Act, 1991* take effect, and clarify how IEPs may continue to work without using the “PA” title thereafter.

- The FAQ document will continue to be refined as part of CPSO's broader communications strategy regarding PA regulation, and will incorporate registration and other operational details as CPSO moves toward implementation.

Next Steps

- Subject to Council's approval, the revised draft regulations will be finalized and submitted to the Ministry by the end of 2023. This is in line with government's implementation timeline.
- The Ministry will then engage in a review and consultation process, concluding with deliberation and approval by Cabinet.
- As noted above, CPSO's oversight of PAs will not take effect until the necessary regulatory amendments are approved by government. CPSO is aiming for the regulations to take effect sometime in 2024, pending government approval and support.

Question for Council

1. Does Council approve the revised draft regulations for submission to government?

Revised Draft Enabling Regulation

NOTE: The following new sections will need to be added in order to set out the enabling mechanism for PAs.

ONTARIO REGULATION

made under the

MEDICINE ACT, 1991

Amending O. Reg. 114/94

(GENERAL)

1. The Regulation is amended by adding the following Part:

PART XII

Physician Assistants

52. (1) A member who is a physician assistant shall only perform an act under the authority of section 4 if the performance of the act has been delegated to the member who is a physician assistant by a member who is a physician.

(2) Despite subsection (1), a member who is a physician shall not delegate to a member who is a physician assistant the authorized act of treating, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning.

(3) A member who is a physician assistant shall not delegate the performance of an act that has been delegated to them.

(4) A member who is a physician shall ensure, before delegating an authorized act to a member who is a physician assistant, that,

- (a) The member who is a physician has the knowledge, skill and judgment to perform the authorized act safely and competently themselves; and
- (b) The member who is a physician is satisfied, ~~after taking reasonable steps,~~ that the member who is a physician assistant has the knowledge, skill and judgment to perform the act safely and competently.

(5) A member who is a physician assistant is entitled to presume that a member who is a physician is permitted to delegate an authorized act to them, unless the member who is a physician assistant has reasonable grounds to believe otherwise.

(6) A member who is a physician assistant shall only perform an authorized act delegated to them by a member who is a physician if, before performing the authorized act, the member who is a physician assistant ensures that they have the knowledge, skill and judgement to perform the authorized act safely and competently.

DRAFT

Revised Draft Registration Regulation

NOTE: The existing general requirements under this regulation will apply to both physician and PA members of CPSO. Two new sections (see below) will need to be added in order to set out entry to practice requirements for PAs and create an emergency class of registration for PAs.

ONTARIO REGULATION

made under the

MEDICINE ACT, 1991

Amending O. Reg 865/93

(REGISTRATION)

1. The Regulation is amended by adding the following clauses:

Physician Assistants - General

9.1 The standards and qualifications for a certificate of registration authorizing practice as a physician assistant are as follows:

- (1) The applicant must have a minimum of a baccalaureate degree evidencing the successful completion of a program designed to educate and train persons to be practising physician assistants which was:
 - a. accredited by the Canadian Medical Association or Accreditation Canada at the time the applicant graduated;
 - b. accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) at the time the applicant graduated;
 - c. accredited by another accrediting body as approved by ~~Council~~ the Council;
or
 - d. another program as approved by ~~Council~~ the Council; and
- (2) The applicant must hold certification as a physician assistant as follows:
 - a. Canadian Certified Physician Assistant (CCPA) certification by the Physician Assistant Certification Council of Canada (PACCC);
 - b. Physician Assistant-Certified (PA-C) by the National Commission on Certification of Physician Assistants NCCPA (US); or
 - c. another certification as approved by ~~Council~~ the Council.

9.2 (1) Where section 22.18 of the *Health Professions Procedural Code* applies to an applicant for a certificate of registration authorizing practice as a physician assistant, the applicant is deemed to have met the requirements of subsection 9.1.

(2) Where an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of medicine to the extent that would be permitted by a certificate of registration authorizing practice as a physician assistant at any time in the three years immediately preceding the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee.

(3) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the *Health Professions Procedural Code*.

Transition

9.3 The following apply for the first 24 months after the day this Regulation comes into force,

Paragraph (1) of subsection 9.1. does not apply in respect of an application for a certificate of registration authorizing practice as a physician assistant where:

- (a) the applicant successfully completed the Canadian Armed Forces Health Training Centre Physician Assistant Program or the Ontario Physician Assistant Integration Program by the Centre for the Evaluation of Health Professionals Educated Abroad; and
- (b) the applicant is able to satisfy the Registrar or a panel of the Registration Committee that the applicant engaged in practice in Canada within the scope of a physician assistant during the two-year period that immediately preceded the date that the applicant submitted their application.

Physician Assistants - Emergency Circumstances Practice

9.4 (1) The standards and qualifications for a certificate of registration authorizing practice in emergency circumstances for physician assistants are as follows:

1. The Minister ~~has~~ must have requested that the College ~~to~~ initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it, or the Council ~~has~~ must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates of registration ~~for physician assistants to address the emergency circumstances.~~
2. The applicant must have a minimum of a baccalaureate degree evidencing the successful completion of a program designed to educate and train persons to be practising physician assistants which was:

- (a) accredited by the Canadian Medical Association or Accreditation Canada at the time the applicant graduated;
- (b) accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) at the time the applicant graduated;
- (c) accredited by another accrediting body as approved by ~~Council~~ the Council; or
- (d) a ~~another~~ program as approved by ~~Council~~ the Council.

3. The applicant must have any other standard or qualification that ~~Council~~ the Council has identified as necessary in order for holders of emergency certificates of registration for physician assistants to assist in addressing the determined emergency circumstances.

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

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

1. The certificate expires the earlier of the following:
 - (a) one year from the date the certificate was issued or renewed; or
 - (b) the 90th day after ~~Council~~ the Council declares that the emergency circumstances have ended; and
2. The holder must adhere to any other terms, conditions and limitations that ~~Council~~ the Council has identified as necessary in order for holders of emergency certificates of registration for physician assistants to assist in addressing the determined emergency circumstances.

(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, if ~~Council~~ the Council has not declared that the emergency circumstances have ended.

Proposed addition to Physician Assistant class

9.5 (1) An applicant who, in the year immediately preceding their application for a certificate of registration authorizing practice as a physician assistant, has held a certificate of registration issued by the College authorizing practice in emergency circumstances for physician assistants, is exempt from the standards and qualifications required under clause 2(2)(c), only in respect of payment of the relevant application fee but not in respect of payment of the annual membership fee.

Draft Quality Assurance (CPD) Regulation

NOTE: Amendments are required to s. 29 to distinguish the CPD program for physicians. A new s. 29.1 sets out the CPD requirements for PAs.

ONTARIO REGULATION

made under the

MEDICINE ACT, 1991

Amending O. Reg. 114/94

(GENERAL)

1. The Regulation is amended by striking out Section 29 and substituting the following:

CONTINUING PROFESSIONAL DEVELOPMENT AND SELF-ASSESSMENT

29. (1) Members [who are physicians](#) shall participate in a program of continuing professional development that includes a self-assessment component and that meets the requirements for continuing professional development set by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada. O. Reg. 346/11, s. 1.

(2) As evidence of a member [who is a physician's](#) participation in a program of continuing professional development, members [who are physicians](#) shall, each year, provide to the College,

(a) in the case of a program of continuing professional development offered by the Royal College of Physicians and Surgeons of Canada or by the College of Family Physicians of Canada, proof of the member's participation that is satisfactory to the Committee; or

(b) in the case of a program of continuing professional development offered by an organization other than the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada that has been approved by the Council for that purpose, written confirmation, satisfactory to the Committee, that the member has completed a program of continuing professional development that meets the requirements for continuing professional development set by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada. O. Reg. 346/11, s. 1.

(3) A member [who is a physician](#) shall maintain a record of his or her participation in a program of continuing professional development in the form and manner approved by the Committee

and shall retain the record for a minimum of 10 years from the date of his or her participation in the program. O. Reg. 346/11, s. 1.

(4) At the request of the Committee, an assessor or an employee of the College, a member who is a physician shall submit his or her record of participation in a program of continuing professional development to the College within the time period specified in the request or, if no time period is specified, within 30 days of the request. O. Reg. 346/11, s. 1.

2. The Regulation is amended by adding the following clauses:

29.1 (1) Members who are physician assistants shall participate in a program of continuing professional development that meets the requirements for continuing professional development set by the certifying body of the member.

(2) As evidence of a member who is a physician assistant's participation in a program of continuing professional development, members who are physician assistants shall, each year, provide to the College proof of the member's participation that is satisfactory to the Committee.

(3) A member who is a physician assistant shall maintain a record of his or her participation in a program of continuing professional development in the form and manner approved by the Committee and shall retain the record for a minimum of 10 years from the date of his or her participation in the program.

(4) At the request of the Committee, an assessor or an employee of the College, a member who is a physician assistant shall submit his or her record of participation in a program of continuing professional development to the College within the time period specified in the request or, if no time period is specified, within 30 days of the request.

Draft Professional Misconduct Regulation

NOTE: The following amendment is required in order to capture PAs within this heading of professional misconduct.

ONTARIO REGULATION

made under the

MEDICINE ACT, 1991

Amending O. Reg 856/93

(PROFESSIONAL MISCONDUCT)

1. The Regulation is amended by striking out paragraph 34 of subsection 1(1) and substituting the following:

1. (1) The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

...

34. Conduct unbecoming a physician [or physician assistant](#).

Council Motion

Motion Title	Physician Assistant Regulations – Revised Draft Regulations for Approval
Date of Meeting	December 7, 2023

It is moved by _____, and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario approves making amendments to Ontario Regulation 114/94: General, Ontario Regulation 865/93: Registration, and Ontario Regulation 856/93: Professional Misconduct regarding regulation of physician assistants (copies of which amendments form Appendices “ ”, “ ”, “ ”, and “ ” to the minutes of this meeting) and submitting them to the Minister of Health for review and to the Lieutenant Governor in Council for approval.

December 2023

Topic:	By-law Amendments Related to Physician Assistant Regulation
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation
Public Interest Rationale:	Bringing physician assistants under the authority of CPSO will ensure the protection of patients and work to fulfill our public interest mandate.
Main Contacts:	Samantha Tulipano, Director, Registration & Membership Services Marcia Cooper, Senior Corporate Counsel and Privacy Officer
Attachment:	Appendix A: Blacklined By-law Amendments

Issue

- Amendments to the Fees and Remuneration By-law are proposed to provide for application and annual membership fees related to Physician Assistant (PA) Regulation.

Background

- A proposal to amend CPSO By-law to support the Regulation of PAs was approved by Council for consultation in [September](#).

Current Status

- No official feedback was received during the consultation period.
- CPSO asked the Canadian Association of Physician Assistants (CAPA) to circulate the proposed fees to their membership. No official feedback was received directly by CPSO, however concerns were expressed to CAPA by their members regarding the proposed fees in today's climate.
- The proposed By-law Amendment in Appendix A highlights the changes to the existing text of the Fees and Remuneration By-law.

Question for Council

1. Does Council approve the proposed by-law amendments set out in Appendix A?

Appendix A Proposed Amendments to By-law No. 2 (Fees and Remuneration By-law) Re Physician Assistant Fees

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);
- (b.2) For a certificate of registration authorizing practice as a physician assistant, \$300;
- (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), (b.2) or (d).

ANNUAL FEES

4. Annual fees as of June 1, 2018, are as follows:

- (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, or a certificate of registration

authorizing practice as a physician assistant;

(b) For a holder of a certificate of registration authorizing postgraduate education applying to renew his/her certificate of registration, 20% of the annual fee set out in subsection 4(a); ~~and~~

~~(b)(c)~~ For a holder of a certificate of registration authorizing practice as a physician assistant, \$425; and

(d) Notwithstanding subsections 4(a), ~~and (b) and (c)~~, where the holder of a certificate of registration will be taking parental leave for a period of four months or longer during the membership year for which the annual fee applies because the holder is pregnant, has recently given birth or will be caring for their newborn or newly adopted child, the annual fee for such membership year is 50% of the annual fee applicable to the holder of the certificate of registration as set out in subsection 4(a), (b) or (c), as follows:

~~i. 50% of the annual fee set out in subsection 4(a) for holders of a certificate of registration (except as set out in subsection 4(c)(ii)); or~~

~~ii. 50% of the annual fee set out in subsection 4(b) for holders of a certificate of registration authorizing postgraduate education,~~

so long as the holder applies to the College for this parental leave reduced annual fee prior to the close of the annual renewal period for such membership year. Where applications for the parental leave reduced annual fee are received after the close of such annual renewal period, the parental leave reduced annual fee will be applied to the following membership year. The parental leave reduced annual fee is not available for holders of a certificate of registration authorizing supervised practice of a short duration. This subsection 4(~~d~~e) only applies to annual fees for membership years commencing on or after June 1, 2020.

Council Motion

Motion Title	For Approval - By-law Amendments for Physician Assistant Fees
Date of Meeting	December 7, 2023

It is moved by _____, and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 165:

By-law No. 165

1. Section 1 of By-law No. 2 (the Fees and Remuneration By-law) is amended by adding subsection (b.2) set out below:

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:

(b.2) For a certificate of registration authorizing practice as a physician assistant, \$300;

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

(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), (b.2) or (d).

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

4. Annual fees as of June 1, 2018, are as follows:
- (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, a certificate of registration authorizing temporary independent practice, or a certificate of registration authorizing practice as a physician assistant;
 - (b) For a holder of a certificate of registration authorizing postgraduate education applying to renew his/her certificate of registration, 20% of the annual fee set out in subsection 4(a);
 - (c) For a holder of a certificate of registration authorizing practice as a physician assistant, \$425; and
 - (d) Notwithstanding subsections 4(a), (b) and (c), where the holder of a certificate of registration will be taking parental leave for a period of four months or longer during the membership year for which the annual fee applies because the holder is pregnant, has recently given birth or will be caring for their newborn or newly adopted child, the annual fee for such membership year is 50% of the annual fee applicable to the holder of the certificate of registration as set out in subsection 4(a), (b) or (c), so long as the holder applies to the College for this parental leave reduced annual fee prior to the close of the annual renewal period for such membership year. Where applications for the parental leave reduced annual fee are received after the close of such annual renewal period, the parental leave reduced annual fee will be applied to the following membership year. The parental leave reduced annual fee is not available for holders of a certificate of registration authorizing supervised practice of a short duration. This subsection 4(d) only applies to annual fees for membership years commencing on or after June 1, 2020.

Council Briefing Note

December 2023

Topic:	Out-of-Hospital-Premises (OHP by-law updates)
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation Quality Care
Public Interest Rationale:	The OHP Program Standards have been revised as of June 2023, therefore, the by-laws related to these need to be updated to reflect the changes.
Main Contacts:	Jennifer Kitchen, Accreditation Manager Laurie Reid, Investigations and Accreditation Director Elisabeth Widner, Senior Legal Counsel Marcia Cooper, Senior Corporate Counsel and Privacy Officer
Attachment:	Appendix A: Proposed by-law amendment

Issue

- Consider the proposed by-law amendments to align with the new OHP Program Standards that were approved by Council in June 2023.
- The proposed changes have been circulated to the profession and there has not been any feedback.

Background

- To ensure OHPs are operating safely and effectively, the OHP Inspection Program inspects all facilities performing procedures requiring the use of anesthesia or sedation.
- The Program also enforces a set of standards (“Program Standards”), outlining the core requirements that must be met when performing these procedures in OHPs.
 - The [Program Standards](#) include details regarding the inspection regime and sets out specific standards in relation to, for example, infection-prevention and control, quality assurance, and adverse event reporting.
- The current General by-laws do not reflect the reporting period from the OHP Program Standards that were approved by Council in June 2023.

Current Status and Analysis

- The new [Adverse Event Standard](#) captures expectations for adverse events reporting and monitoring, along with new expectations around planning for and managing adverse events to create a more robust framework.
- In particular, the reporting timeline in the Adverse Event Standard has been changed to 5 business days rather than 24 hours.
- The by-law needs to be updated accordingly so that it aligns with the Adverse Event Standard. (See Appendix A for the proposed by-law amendment).
- In September, Council approved the by-law amendments to be circulated to the profession. No feedback has been received.

Next Steps

- If appropriate, to approve the by-law amendment.

Question for Council

1. Does Council approve the by-law amendment?
-

Appendix A

Proposed Amendment to General By-law

Notification Required by Members

51. ...

(3.1) ...

(b) Every member who performs a procedure in a premises subject to inspection under Part XI of Ontario Regulation 114/94 shall report to the College, in writing or electronically as specified by the College, within ~~24 hours~~ five business days of learning of any of the following events:

- (i) ~~d~~Death within the premises;
- (ii) ~~d~~Death within 10 ~~(ten)~~ days of a procedure performed at the premises;
- (iii) ~~a~~Any procedure performed on wrong patient, site, or side; or
- (iv) ~~t~~Transfer of a patient from the premises directly to a hospital for care.

Council Motion

Motion Title	For Approval - By-law Amendment to General By-law re OHPIP Adverse Event Reporting
Date of Meeting	December 7, 2023

It is moved by _____, and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 164:

By-law No. 164

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

Notification Required by Members

51. (3.1)...

- (b) Every member who performs a procedure in a premises subject to inspection under Part XI of Ontario Regulation 114/94 shall report to the College, in writing or electronically as specified by the College, within five business days of learning of any of the following events:
- (i) death within the premises;
 - (ii) death within 10 days of a procedure performed at the premises;
 - (iii) any procedure performed on wrong patient, site, or side; or
 - (iv) transfer of a patient from the premises directly to a hospital for care.

Council Briefing Note

December 2023

Topic:	Increase to Credit Card Borrowing Limit
Purpose:	For Decision
Main Contacts:	Dr. Thomas Bertoia (Chair, Finance and Audit Committee) Ms. Nathalie Novak, Chief Operating Officer Mr. Douglas Anderson, Corporate Services Officer Ms. Leslee Frampton, Manager, Finance
Attachment:	Appendix A: Proposed By-Law Amendment

Issue

- Increasing the corporate credit card borrowing limit in the By-Laws from \$100,000 to \$250,000 to enable senior leaders and managers to have corporate credit cards.

Background

- Currently, the By-laws allow for the College to utilize credit card borrowing up to \$100,000 without prior approval from Council.
- To facilitate payment of CPSO business expenditures, such as staff engagement activities and corporate travel, and reduce the impact and risk of putting organizational expenses on personal credit cards, Finance has issued corporate credit cards to senior leaders and managers.
- Credit cards are issued only to approved members, expenditures are approved by respective supervisors, with expenditures and the approval process following a published corporate policy.
- To enable issuance of additional credit cards an increase from \$100,000 to \$250,000 is required to the credit card borrowing limit held with the College's issuing bank.
- Recommended by the Finance and Audit Committee with external auditors' concurrence.
- By-law change is required to change the increase in the credit card borrowing limit. Proposed by-law change is outlined for reference in Appendix A.

Question for Council

1. Does Council approve increasing the corporate credit card borrowing limit in the By-Laws from \$100,000 to \$250,000?
-

Appendix A

General By-law Amendment:

Borrowing Limit Increase

Borrowing

3. (1) The council may by resolution,

- (a) borrow money on the credit of the College, except that a Council resolution is not required for the College to borrow amounts not exceeding ~~\$100,000~~\$250,000 in total,
- (b) limit or increase the amount or amounts to be borrowed, and
- (c) secure any present or future borrowing, or any debt, obligation, or liability of the College, by charging, mortgaging, hypothecating or pledging all or any of the real or personal property of the College, whether present or future.

Council Motion

Motion Title	For Approval - By-law Amendments to General By-law re Borrowing Limit
Date of Meeting	December 7, 2023

It is moved by _____, and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 166:

By-law No. 166

Subsection 3(1)(a) of the General By-law is amended by deleting “\$100,000” and substituting it with “\$250,000”.

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

Council Briefing Note

December 2023

Topic:	Committee Chair and Vice-Chair Appointments
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

- Council is asked to approve Committee Chairs and Vice-Chairs for appointment.

Background

- The Governance Office has canvassed the Committees regarding succession planning for Chair, Vice-Chair, Specialty Panel Chair, and Specialty Panel Vice-Chair vacancies.

Current Status

- The Committees listed in the table below have Chairs and/or Vice-Chairs whose leadership term expires at the conclusion of the Annual General Meeting of Council in 2023.
- Committee leadership and Committee Support staff have been canvassed regarding succession planning for these leadership positions.
- Candidates for leadership positions have been approached by either the current Chair, current Vice-Chair, or a Committee Support staff member to confirm that they are willing and able to take on a leadership position.

- Governance staff have verified that the members are eligible to serve the term(s) suggested without reaching their term limit for the individual committee or their overall term limit for service on Council and committees.
- As those appointed to a Vice-Chair role typically serve a subsequent 2-year term as Chair, Governance staff have also verified that all candidates nominated for a Vice-Chair or Specialty Panel Vice-Chair appointment have at least 4 years remaining before reaching their term limit for the committee in question.
- Several committees have requested to have their Chairs re-appointed for a one-year term, instead of having the current Vice-Chair move into the Chair position as per convention. This was requested either to allow for adequate training and mentorship for a new Vice-Chair who will commence their term in December 2023, or to give Chairs and Vice-Chairs adequate time to mentor and select new committee leadership.
- The following members are recommended for Chair or Vice-Chair appointments that would begin at the conclusion of the 2023 Annual General Meeting of Council, for terms as specified in the table:

Committee	Role	Member Name	Term Length	End Date
ICRC General Panel	Chair	Ms. Joan Fisk	1 year	December 2024
	Vice-Chair	Dr. Lydia Miljan, PhD	1 year	December 2024
ICRC Surgical Panel	Chair	Dr. Thomas Bertoia	1 year	December 2024
ICRC Mental Health Panel	Vice-Chair	Dr. Daniel Greben	1 year	December 2024
Finance and Audit	Chair	Dr. Thomas Bertoia	1 year	December 2024
	Vice-Chair	Mr. Rob Payne	1 year	December 2024
Registration	Chair	Dr. Judith Plante	1 year	December 2024
	Vice-Chair	Dr. Edith Linkenheil	1 year	December 2024

- No further Committee leadership re-appointments are required for 2023-2024.
- Current Committee leadership, as well as candidates for leadership roles, attended a Chair and Vice-Chair training session on October 27.

Question for Council

1. Does Council wish to appoint the individuals as laid out in this briefing note?

Council Motion

Motion Title	For Approval - 2023-2024 Chair and Vice-Chair Appointments and Reappointments
Date of Meeting	December 7, 2023

It is moved by _____, and seconded by _____, 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, commencing as of the close of the Annual General Meeting of Council in December 2023:

Committee	Role	Member Name	Term Length
ICRC General Panel	Specialty Chair	Ms. Joan Fisk	1 year
	Specialty Vice-Chair	Dr. Lydia Miljan, PhD	1 year
ICRC Surgical Panel	Specialty Chair	Dr. Thomas Bertoia	1 year
ICRC Mental Health Panel	Specialty Vice-Chair	Dr. Daniel Greben	1 year
Finance and Audit	Chair	Dr. Thomas Bertoia	1 year
	Vice-Chair	Mr. Rob Payne	1 year
Registration	Chair	Dr. Judith Plante	1 year
	Vice-Chair	Dr. Edith Linkenheil	1 year

Council Briefing Note

December 2023

Topic:	Committee Appointments and Re-appointments
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
Attachments:	Appendix A: Dr. Richa Mittal, Bio Appendix B: Dr. Mark Brousenko, Bio Appendix C: Dr. Kashif Ahmed, Bio Appendix D: Dr. Chris Perkes, Bio Appendix E: Dr. Richard Bowry, Bio

Issue

- Council is provided with an update on recruitment for 2023-2024 and is asked to make several appointments and re-appointments.

Background

- The Governance Office works with committees to understand and fulfill their recruitment needs. While the committee recruitment process was previously done on a yearly cycle, the Governance Office is moving towards completing recruitment on an as-needed basis, in order to be more agile.
- Several committees have re-evaluated their needs this year, and recruitment changed significantly as a result.
- The Governance Office is working to fill three positions by the first meeting of Council in 2024. Candidate screening and interviews are in progress for these positions.

Current Status

New Appointments – Inquiries, Complaints and Reports Committee (ICRC)

- Interviews have been completed to fill three vacancies on the ICRC. Interview feedback has been received from the Chair of the Governance Committee, the current Committee Chair, and other support staff.
- The Executive Committee recommends appointing Dr. Richa Mittal (radiology), Dr. Mark Broussenko (family medicine), and Dr. Kashif Ahmed (family medicine) for a term beginning at the conclusion of the 2023 Annual General Meeting of Council and ending with the Annual General Meeting of Council in December 2026.
- Please see the appendices for a brief bio of each candidate.

New Appointments – Premises Inspection Committee (PIC)

- Interviews have been completed to fill two vacancies for anesthesiologists on the PIC. Interview feedback has been received from the Chair of the Governance Committee, the current Committee Chair, and other support staff.
- The Executive Committee recommends appointing Dr. Chris Perkes and Dr. Richard Bowry for a term beginning at the conclusion of the 2023 Annual General Meeting of Council and ending with the Annual General Meeting of Council in December 2024.
 - The one-year appointment recommendation reflects the direction to appoint new candidates for an initial one-year term to allow time to evaluate Committee fit and performance before appointing for a longer, multi-year term.
- Please see the appendices for a brief bio of each candidate.

Committee Re-appointments

- The Committee members listed below have current appointments that will end at the Annual General Meeting of Council in December 2023.
- Committee Chairs have been canvassed to ensure they would like the members to be re-appointed for a further term.
- The members have also been approached by a member of Committee Support staff to confirm that they would like to serve a subsequent term.

- Governance staff have verified that the members are eligible to serve the term(s) suggested without reaching their term limit for the individual committee or their overall term limit for service on Council and committees.
- The members recommended for re-appointment are as follows:

Committee	Member Name	Term Length	End Date	Committee Start Date
Finance and Audit	Glen Bandiera	3 years	December 2026	December 2021
	Thomas Bertoia	1 year	December 2024	December 2016
	Peter Pielsticker	3 months	March 30, 2024	December 2015
Registration	Kim Turner	3 years	December 2026	December 2018

Next Steps

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

Question for Council

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

Appendix A

Dr. Richa Mittal (Radiology)

Dr. Richa Mittal, MD, FRCPC, is a medical professional whose journey reflects a commitment to healthcare and a passion for diversity and fairness.

A graduate of McMaster University Medical School, Dr. Mittal's specialty training began with Family Medicine at the University of Toronto's Mt. Sinai Hospital. After a year of practicing in a private clinic, she chose to expand her expertise in the field by pursuing Diagnostic Imaging at McMaster University. Specializing in abdominal imaging, she furthered her knowledge through a fellowship at the University of Toronto's Sunnybrook Health Sciences Center. With over a decade of experience as a radiologist, Dr. Mittal currently serves on the staff at the Guelph General Hospital's Diagnostic Imaging department.

Beyond her professional life, Dr. Mittal is a devoted parent to two wonderful children, cherishing the role of family as the cornerstone of her life. In her free time, she enjoys travelling. Whether she's hiking through picturesque landscapes or immersing herself in vibrant cityscapes, she finds inspiration in the diversity of people and cultures worldwide. Dr. Mittal's commitment to equality and fairness is further exemplified by her involvement as a member of the Diversity, Inclusion, and Equity committee at her hospital, where she strives to foster understanding and tolerance throughout the healthcare environment.

Dr. Richa Mittal eagerly anticipates her upcoming role at the CPSO.

Appendix B

Dr. Mark Brousenko (Family Medicine)

Dr. Mark Brousenko is a family physician practicing in Toronto. He graduated from the Queen's University School of Medicine and completed his residency at the University of Toronto. He has previously worked as a hospitalist physician as well as in a full-scope family practice. He has been involved in leadership with the Durham East Ontario Health Team, as well as several local community groups. Outside of medicine, he's an avid football fan, likes to cycle and recently joined a pickleball league!

Appendix C

Dr. Kashif Ahmed (Family Medicine)

Thank-you for reviewing my application for the position of physician member on the Inquiries, Complaints, and Reports Committee. It will be a privilege and an honour to serve the people of Ontario at the level of the CPSO. I have worked as an emergency physician in Southwestern Ontario since 2013. For the past six years, I have held the position of co-chief of the emergency department of Woodstock Hospital, helping to make it one of the best performing EDs in the province. My work has involved addressing hospital complaints as well quality improvement. One such initiative involves sitting on the province's Emergency Department Paediatric Readiness Advisory Group. I have also been involved with undergraduate and postgraduate training at Western University and have participated in research. I also currently hold the position of interim physician lead for the Oxford OHT. My work was recently recognized by Western University with an award of excellence for faculty in community/distributed sites. I look forward to meeting all of you in the near future.

Appendix D

Dr. Chris Perkes (Anesthesiology)

Dr. Perkes is a father of three young children whom he resides with in Mississauga with his wife Ashley. His hobbies include baseball, music, reading, fitness and environmental stewardship.

Professionally, Dr. Perkes completed his Anesthesiology residency in 2013 at the University of Toronto. In recognition of his contributions to the residency program he was appointed as Chief Resident during his final year at both Sunnybrook and St. Michael's hospital and was also awarded the Thomas Donald Hammell Memorial award.

Following residency, Dr. Perkes began his Anesthesia career in Belleville at Quinte Health. During his ten years there he served in various administrative roles including Medical Director for both Anesthesia and Surgery. His focus was on building strong inter-professional relationships to work collaboratively towards improving patient care and surgical program efficiencies.

In 2023 Dr. Perkes and his family relocated to Mississauga to begin practice at Trillium Health Partners.

Appendix E

Dr. Richard Bowry (Anesthesiology)

Dr. Richard Bowry has been on Active Staff in the Department of Anesthesia at North York General since 2012 and since then has held several leadership positions including Chief of Anesthesia and Chair of the Credentials Committee. He is currently Vice Chair of the Medical Advisory Committee.

He completed his Anesthesia training in the UK in 2004 and then moved to Toronto to pursue an interest in cardiovascular Anesthesia and Critical Care. He worked at St Michael's Hospital from 2004 to 2012 where he was the Director of the Cardiovascular Fellowship Program, and the Medical Director of Cardiovascular Intensive Care Unit. He was actively involved in teaching residents and fellows as well as participating in research.

In 2008 he was appointed Medical Director of the Corporate Patient Flow Portfolio, a team created to help the hospital achieve Emergency Wait Time Goals. Using QI methodology, the results brought dramatic improvements and gained national recognition through winning the 3M Health Quality Team Award.

In 2011 and 2012 he was appointed as a Medical Consultant to the Health Quality Branch, MOHLTC. This branch was tasked with implementation of the Excellent Care For All Act.

Council Motion

Motion Title	For Approval - 2023-2024 Committee Appointments
Date of Meeting	December 7, 2023

It is moved by _____, and seconded by _____, 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, commencing as of the close of the Annual General Meeting of Council in December 2023:

Committee	Member Name	Term Length	End Date
Inquiries, Complaints, and Reports Committee (ICRC)	Dr. Richa Mittal	3 years	December 2026
	Dr. Mark Broussenko	3 years	December 2026
	Dr. Kashif Ahmed	3 years	December 2026
Premises Inspection Committee (PIC)	Dr. Chris Perkes	1 year	December 2024
	Dr. Richard Bowry	1 year	December 2024
Finance and Audit Committee	Dr. Glen Bandiera	3 years	December 2026
	Dr. Thomas Bertoia	1 year	December 2024
	Mr. Peter Pielsticker	3 months	March 30, 2024
Registration Committee	Dr. Kim Turner	3 years	December 2026

Council Briefing Note

December 2023

Topic:	2024 District Election Dates
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation, Meaningful Engagement, Continuous Improvement
Public Interest Rationale:	Ensuring that Council elections are appropriately governed.
Main Contacts:	Tony Hanania, Governance Coordinator Cameo Allan, Manager of Governance

Issue

- Council is asked to approve the 2024 District Election dates.

Background

- In preparation for the 2024 Council Elections in Districts 6,7, 8 and 9 proposed dates were prepared by the Governance Office, in consultation with the Legal Office.
- 2024 Council dates have been reviewed by both the Governance and Executive Committees.

Current Status

- The proposed 2024 District Election dates are listed in the table below. The timeline ensures adequate time for the elections, minimizes overlap with election dates of other medical organizations and professional associations¹, and minimizes administrative issues.
- The proposed timeline aligns with the required stipulations set by the General By-Law.

¹ Canadian Medical Association, Ontario Medical Association, Canadian Medical Protective Association, and Royal College of Physicians and Surgeons of Canada.

Month	Key Activity
January 12	Notice of Election distributed & Nominations open
February 16	Election Nominations deadline
February 27	Nomination package distributed to the Governance Committee
March 5	Governance Committee to review Nomination statements of eligible candidates
March 10	Voter data retrieved
April 3	Voting begins
April 24	Election Day – Voting closes
April 27	Recount deadline – if requested no later than 3 days after the election
April 30	Results announced
December	Successful candidates begin their Council term

Question for Council

1. Does Council approve the 2024 district election dates?

Council Motion

Motion Title	For Approval – 2024 District Election Date
Date of Meeting	December 7, 2023

It is moved by _____, and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario approves the 2024 district election date set out below:

Districts 6, 7, 8 and 9: April 24, 2024

Council Briefing Note

December 2023

Topic:	By-law Refresh Project
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 Contacts:	Carolyn Silver, Chief Legal Officer Marcia Cooper, Senior Corporate Counsel & Privacy Officer
Attachments:	Appendix A: Description of Changes to By-laws Appendix B: Proposed CPSO By-laws

Issue

- A set of revised, amalgamated By-laws are being brought to Council for review and consideration for approval.

Background

- One of the Key Performance Indicators designated for 2023 was to do a comprehensive review and refresh of the CPSO by-laws.
- The first stage of the by-law refresh project focused on those by-laws relating to public register content and requirements for members to provide information to CPSO.
 - At the September 2023 meeting, Council approved the revised Register and Member Information By-laws to be effective at a later date determined by Council. This is to enable technological website changes needed to implement many of the proposed changes to the register by-laws. The website project is expected to be completed later in 2024.

- The second stage of the by-law project focused on a proposed set of governance modernization initiatives to be effected through by-laws, including a new election model for province-wide elections with candidates selected through a competency, skills and diversity based process. At the September 2023 meeting, Council supported these governance modernization initiatives in principle.

Current Status and Analysis

- The by-laws have been revised to reflect the governance modernization initiatives.
- As part of the by-law refresh project, the by-laws have also been revised to make process improvements and update, streamline, clarify and make other drafting improvements.
 - The by-laws have been re-ordered, applying a new numbering scheme and format, for an improved flow of topics.
 - All of the standalone by-laws will be amalgamated into one document. At this time, the General By-law, Fees and Remuneration By-law and the Declared Emergency By-law have been incorporated into the same document.
 - The Register and Member Information By-laws will be incorporated into the main by-law document once all of those amendments are in effect.
- A clean copy of the new amalgamated CPSO By-laws is attached as Appendix B. It is not feasible to provide a blacklined version showing individual changes because the by-laws have been reordered.
- To assist in your review, the primary changes to the by-laws (other than the Register and Member Information By-laws) are described in the chart attached as Appendix A.
- If you wish to review or compare any provisions in the current By-laws, you may access the current By-laws by clicking on the following links:
 - [General By-Law](#)
 - [Fees and Remuneration By-Law](#)
 - [Declared Emergency By-Law](#).
- **Timing:** The revised by-laws will come into effect upon Council's approval, except as noted in the by-laws (for example, the new election model for competency-based selection of Board candidates and province-wide elections). Most of the governance modernization initiatives will need to be implemented over time, once the necessary preparatory steps have been taken. Accordingly, many of the by-law changes addressing these initiatives will not take effect until a future date to be determined by the Council. The revised by-laws include provisions for the transition period and will be replaced by the new provisions as noted.

- Given the scope of the by-law refresh project, it is possible there may be minor changes (for example, correcting a section number) that need to be made that do not change the meaning or intent of the by-laws. The motion will ask for Council's direction to allow staff to make those minor changes without needing to come back to Council to approve a formal by-law amendment.

Next Steps

- If Council approves the proposed By-laws, an implementation plan for the governance modernization initiatives will be established, and work will begin on the Board Profile.
- The goal is to conduct the 2025 elections for Board Directors in accordance with the new election model.

Question for Council

1. Does Council approve the revised By-laws (By-law No. 167)?
-

**BY-LAW REFRESH PROJECT:
DESCRIPTION OF CHANGES TO BY-LAWS**

PROPOSED CHANGES	SECTION NUMBERS														
1. Governance Terminology															
<ul style="list-style-type: none"> Governance terminology is changed as follows (effective upon the Board’s approval of the revised By-laws): <table border="1" data-bbox="206 634 1024 930"> <thead> <tr> <th>CURRENT CPSO TERMS</th> <th>PROPOSED TERMS</th> </tr> </thead> <tbody> <tr> <td>Council</td> <td>Board of Directors (the Board)</td> </tr> <tr> <td>President</td> <td>Board Chair</td> </tr> <tr> <td>Vice-President</td> <td>Board Vice-Chair</td> </tr> <tr> <td>Council members / Councillors</td> <td>Directors</td> </tr> <tr> <td>Annual General Meeting</td> <td>Annual Organizational Meeting</td> </tr> <tr> <td>Member</td> <td>Registrant</td> </tr> </tbody> </table> <ul style="list-style-type: none"> In addition, the language has been made gender inclusive. Note: Defined terms are now set out at the beginning of the By-laws. 	CURRENT CPSO TERMS	PROPOSED TERMS	Council	Board of Directors (the Board)	President	Board Chair	Vice-President	Board Vice-Chair	Council members / Councillors	Directors	Annual General Meeting	Annual Organizational Meeting	Member	Registrant	<p>Article 1 (Definitions and Interpretation)</p>
CURRENT CPSO TERMS	PROPOSED TERMS														
Council	Board of Directors (the Board)														
President	Board Chair														
Vice-President	Board Vice-Chair														
Council members / Councillors	Directors														
Annual General Meeting	Annual Organizational Meeting														
Member	Registrant														

PROPOSED CHANGES	SECTION NUMBERS
<p>2. New Election Model: Competency/Skills/Diversity/Geography-Based Selection of Candidates</p>	
<ul style="list-style-type: none"> • Expand the mandate of the Governance Committee and rename it the Governance and Nominating Committee (GNC). <ul style="list-style-type: none"> ▪ This will be effective upon the Board’s approval of the revised By-laws. • GNC will create and periodically update a “Board Profile” for the Board’s approval which reflects desired competencies, skills and diversity (including geography, practice setting attributes (which may include urban, rural and remote practice locations, and practice types or specialties)) for Board Directors. <p>After a transition period:</p> <ul style="list-style-type: none"> • Prior to elections, GNC will do a needs assessment, namely reviewing the skills, expertise and diversity of incumbent Directors (those whose seats are up for election) against the Board Profile and identify the skills, expertise and diversity needed or desired to fill the upcoming positions based on the Board Profile. • In the Notice of Election, all Registrants will be advised of the application procedure for seeking to be a candidate in the election. Nominations by other Registrants will not be required. GNC may also identify and solicit candidates, who will also be subject to the review process. • GNC will review all interested election candidates (who have first met threshold eligibility requirements, discussed below in 6. Eligibility Criteria) based on the Board Profile and select the candidates who have desired competencies, skills and diversity to be on the slate for election. • If an incumbent Director is seeking re-election, GNC will also take into consideration the incumbent Director’s performance on the Board in determining their qualification to be a candidate in the election. • The slate of qualified candidates is determined by GNC and will not be brought to the Executive Committee or the Board for approval. • Applicants will be advised whether they are on the approved slate of candidates for the election. • Dispute resolution process: A Registrant not approved by GNC as eligible or qualified to stand for election may submit a written dispute. The Executive Committee (excluding any members of GNC) will review and make the final decision as to whether the Registrant may stand for election. • Aiming to hold the 2025 spring elections using the new election model. 	<p>Section 3.3 (Notice of Election, Nominations and Nomination Procedure) – Transitional and New</p> <p>Section 9.3 (Governance and Nominating Committee) -- Transitional and New</p>

PROPOSED CHANGES	SECTION NUMBERS
3. New Election Model: Province-Wide Districts and Process Changes	
<ul style="list-style-type: none"> • The 2024 elections will be held by geographic district, following the current model. The revised eligibility criteria (See 6. Eligibility Criteria) will apply to the 2024 candidates. <p>After a transition period:</p> <ul style="list-style-type: none"> • Move to province-wide elections and eliminate elections by geographic district. Aiming to hold the 2025 spring elections using the new election model. • A regular election will be held annually for approx. 1/3 of the elected Board seats (i.e. based on expiry of 3 year terms). • For each election, voting will be open to all Registrants (subject to minimal criteria for voting eligibility, as in current By-law). • Timing for election processes (including election notices and submission of election applications) has been changed (based on staff feedback) to accommodate the new steps required for competency/skills/diversity-based selection of candidates. • Candidates will no longer be required to be nominated by other Registrants. • Elections and Acclamation: Clarified that an election will be held if the number of candidates is greater than the number of Elected Director positions available for the election. <ul style="list-style-type: none"> ▪ If the number of candidates on the slate is less than or equal to the number of Elected Director positions available for election, those candidates will be declared elected by acclamation (comparable to current by-law) and a by-election will be held to fill the remaining Elected Director positions. The by-election will follow the same process as regular elections with appropriately revised timelines. • Process improvements and clarifications have been made. <ul style="list-style-type: none"> ▪ Ties and Voting Results: Clarified that the candidates with the highest number of votes shall be declared elected in accordance with the number of positions open for election. Also clarified that a tie between candidates will be broken by lot <u>if it is necessary to break the tie to determine who is the successful candidate(s)</u>. ▪ Expressly reflects that voting by electronic access to ballots requires adequate security and confidentiality and that the votes may be verified as having been made by the Registrants (in keeping with current practices). 	<p>Section 3.1 Transitional (Electoral Districts), New (Election)</p> <p>Section 3.2.3 (Term of Office)</p> <p>Section 3.3 – Transitional (Notice of Election, Nominations), New (Notice Election and Election Applications)</p> <p>Section 3.4 (Acclamation or Election) -- Transitional and New</p> <p>Section 3.6 (Eligibility to Vote and Ballots) -- Transitional and New</p> <p>Section 3.8 (Voting Results and Tie Votes)</p> <p>Section 3.10.1(b) (Filling of Vacancies)</p>

PROPOSED CHANGES	SECTION NUMBERS
4. Academic Directors	
<p>After a transition period:</p> <ul style="list-style-type: none"> • The deans of each faculty of medicine in Ontario will be invited annually to nominate faculty members to be considered for Director position(s) on the Board. • GNC will review the competencies, skills and diversity attributes of the academic nominees (who have first met threshold eligibility requirements – See 6. Eligibility Criteria) based on the Board Profile and the needs of the Board to fill the upcoming Academic Director position(s). • GNC will select a nominee (usually only one per year, unless there is an additional vacancy) from those eligible and qualified, and recommend that nominee to the Board for appointment as a Director. • The Board Profile and GNC may take the nominee’s medical faculty into account when assessing diversity attributes. • If an incumbent Academic Director is seeking re-election, GNC will also take into consideration the incumbent Academic Director’s performance on the Board in determining their qualification to be a candidate in the election. • The Academic Advisory Committee will cease to exist. 	<p>Sections 4.1-4.3 (in Article 4 – Academic Directors) – Transitional and New</p>

PROPOSED CHANGES	SECTION NUMBERS
5. Composition and Mandate of Board Committees (GNC, EC, FAC) and Selection of Board Officers	
<p>A. Governance and Nominating Committee (GNC)</p> <ul style="list-style-type: none"> Rename Governance Committee to Governance and Nominating Committee (effective upon the Board’s approval of the revised By-laws). <p>After a transition period:</p> <p>Composition of GNC:</p> <ul style="list-style-type: none"> Minimum of 5 persons, including the following: <ul style="list-style-type: none"> Board Vice-Chair (Vice-President) – serves as chair of GNC 2 Elected Directors and/or Academic Directors (i.e. physicians) who are not on the Executive Committee (to be elected) 2 Public Directors who are not on the Executive Committee (to be elected) The Board Chair (President) will not be on GNC. The Past President will not automatically be on GNC but may be nominated for election to GNC if they are still a Director on the Board. The Past-President cannot be on both GNC and the Executive Committee. GNC may engage experts in governance and/or professional regulation as advisors, particularly for competency/skills/diversity-based selection of Directors (Elected and Academic), Chair and Vice-Chair positions and Executive Committee positions. <p>Election of GNC Members (other than Board Vice-Chair):</p> <ul style="list-style-type: none"> The Executive Committee will review the competencies, skills, and diversity attributes of Directors interested in standing for election to GNC based on the Board Profile and mandate of GNC. GNC may also identify and solicit candidates, who will also be subject to the review process. Based on its review, the Executive Committee will forward nominees for GNC positions to the Board for election. Nominations from the floor will not be permitted for these positions. The Board will hold an election for the GNC positions (other than Board Vice-Chair) annually. <p>Mandate of GNC:</p> <ul style="list-style-type: none"> GNC’s mandate is expanded for GNC to conduct competency/skills/diversity -based selections of candidates for elections to the Board, for Academic Directors, for Chair and Vice-Chair positions and for Executive Committee positions. 	<p>Section 9.3 (Governance and Nominating Committee) – Transitional and New</p> <p>Sections 8.2.1, 8.2.2 and 8.2.4 (Executive Committee) – Transitional and New</p> <p>Article 5 (Officers) – Transitional and New</p> <p>Section 9.2.1 (Finance and Audit Committee) – Transitional and New</p>

B. Executive Committee (EC)

After a transition period:

Composition of EC:

- Board Chair (President) – **serves as chair of EC**
 - Board Vice-Chair (Vice-President)
 - 4 other Directors who are not on GNC (Executive Member Representatives)
- EC must have a minimum of 3 Elected Directors and/or Academic Directors (i.e. physicians). (This is a change from a minimum of 2 physician Directors required under current By-laws.)
 - EC must have a minimum of 2 Public Directors.
 - The Past President will not automatically be on EC but may be appointed to EC (as one of the 4 Executive Member Representatives) if they are still a Director on the Board. The Past-President cannot be on both GNC and EC.

Appointment of EC Members (other than Board Chair and Vice-Chair):

- GNC will review the competencies, skills and diversity attributes of Directors interested in serving on EC based on the Board Profile and mandate of EC. GNC may also identify and solicit candidates, who will also be subject to the review process.
- Based on its review, GNC will recommend nominees to the Board for appointment to EC. Executive Member Representatives will no longer be elected.

Election of Board Chair and Board Vice-Chair:

- GNC will review the competencies, skills and diversity attributes of Directors interested in standing for election as Board Chair and Board Vice-Chair. GNC may also identify and solicit candidates, who will also be subject to the review process.
- The established convention that the Board Vice-Chair progresses to the Board Chair position is not altered by the by-law amendments and can continue.
- Based on its review, GNC will forward nominees for Board Chair and Board Vice-Chair to the Board for election.
- Nominations from the floor will not be permitted for these positions.
- The Board will hold an annual election for the Board Chair and Board Vice-Chair positions, as required by the Medicine Act.

Mandate of EC:

- EC's mandate is expanded for EC to conduct competency/skills/diversity -based selections of candidates for elections to GNC.

Board Officers (Chair/ Vice-Chair)

- The roles of EC, Chair and Vice-Chair have been clarified (effective upon the Board's approval of the revised By-laws).

- Current By-laws provide that EC is to assist the Chair in discharge of Chair’s duties. Added “as may be requested by the Chair from time to time”.
- Similarly, the Vice-Chair is to discharge the duties of the Chair if the Chair is unavailable. Added “or unable to act”.
- Added that the Vice-Chair shall also perform the other duties requested from time to time by the Chair.

C. Finance and Audit Committee

- The current By-laws do not set out the composition of the FAC. The FAC Terms of Reference provide for 7-9 people, including the Chair and Vice-Chair, with 2-3 Public Directors; it does not require all FAC members to be Directors.

After a transition period:

Composition of FAC:

- Minimum of 5 persons, including the following:
 - Board Chair (President)
 - 4 other Directors
- FAC must have a minimum of 2 Elected Directors and/or Academic Directors (i.e. physicians).
- FAC must have a minimum of 2 Public Directors.
- The number of members on FAC shall be determined by the Board annually to meet the needs of FAC.
- The Board Vice-Chair (Vice-President) will not sit on FAC.
- GNC will review and select nominees for FAC, with input from FAC as to its needs, as is its practice with other committees such as ICRC.
- FAC members are appointed to the Board.
- FAC may invite the auditors (or other experts as needed) to attend FAC meetings.

PROPOSED CHANGES	SECTION NUMBERS
6. Eligibility Criteria for Board Directors and Committee Members	
<ul style="list-style-type: none"> • Eligibility criteria are threshold requirements that a Registrant must satisfy to be eligible to stand for election as an Elected Director, be appointed as an Academic Director or be appointed to a committee. They are <u>mandatory</u>. GNC, supported by CPSO staff, will review eligibility. • Eligibility criteria are separate and distinct from the competencies, skills and diversity attributes that will be listed in the Board Profile. Registrants are expected to have some, but not all, of the competencies, skills and diversity attributes to be qualified to be a Director or committee member, and this will be determined by GNC using its judgment and discretion. • See the revised by-laws (section numbers in right column) to review the eligibility criteria. • As discussed at the September Council meeting, some of the eligibility criteria are new and some of the currently existing eligibility criteria have been revised. • The amended or new eligibility criteria will be effective upon the Board’s approval of the revised By-laws (except for the criterion regarding practice location or residence in Ontario for provincial-wide elections) and will apply to Board elections and committee appointments made in 2024. • Physician assistants are not eligible to be Directors under the By-laws; the By-laws permit the Board, at its discretion, to appoint physician assistants to committees. 	<p>Section 2.2 (Eligibility Criteria - Directors)</p> <p>Section 7.3 (Eligibility of Committee Members)</p>

PROPOSED CHANGES	SECTION NUMBERS
7. Grounds for Disqualification of Board Directors and Committee Members	
<p>Disqualification Grounds:</p> <ul style="list-style-type: none"> • The grounds for disqualifying Board Directors and committee members have been divided into two categories: <ul style="list-style-type: none"> a) Grounds that would <u>automatically</u> result in disqualification. b) Grounds where the Board may exercise its discretion to disqualify the Director/committee member. • As with the eligibility criteria, some of the disqualification grounds are new and some of the currently existing eligibility criteria have been revised. • See the revised by-laws (section numbers in right column) to review the disqualification grounds. • The amended or new disqualification grounds will be effective upon the Board’s approval of the revised By-laws (except for the ground that will apply to practice location or residence in Ontario for provincial-wide elections). These will begin to apply to Directors and committee members in 2024. • Note that if a Director is disqualified from the Board or a committee member is disqualified from a committee, they will not be eligible in the future for election or appointment to the Board except if they were disqualified due to a discipline referral or criminal charges and no finding is subsequently made against them. • Public Directors: The disqualification grounds and process do not apply to public members (whether as Directors or committee members). <ul style="list-style-type: none"> ▪ Revised By-laws expressly state that the College may report to the Ministry of Health if disqualification grounds occur re Public Director (as Director or committee member) and ask that the Public Director’s appointment to the Board be revoked. This reflects the College’s usual practice in these circumstances. <p>Process for Disqualification:</p> <ul style="list-style-type: none"> • Reporting: The By-laws require Directors and committee members to report to the Registrar when disqualification grounds occur. <ul style="list-style-type: none"> ▪ The Registrar is to report the matter to the Executive Committee. • Automatic Disqualification: If a ground for automatic disqualification occurs, the Director or committee member (other than Public Directors) will be automatically disqualified as of the time the College learns of it. The Director or committee member will be advised, as well as the chair of the applicable committee. 	<p>Section 2.3 (Disqualification Criteria - Directors)</p> <p>Section 7.5 (Disqualification Grounds for Committee Members)</p> <p>Section 2.4 (Disqualification Process - Directors)</p> <p>Sections 7.5.3-7.5.11 (Disqualification Process – Committees)</p> <p>Section 7.5.12 (Public Directors on committees)</p>

<ul style="list-style-type: none">• Discretionary Disqualification of Directors: If a ground for discretionary disqualification occurs regarding a Director (other than a Public Director), the following disqualification process will apply (similar to current By-law with necessary amendments):<ul style="list-style-type: none">▪ If the Executive Committee learns that a Director may meet one of the discretionary disqualification criteria, the Executive Committee determines if it warrants the Board’s consideration.▪ The Director is advised and given an opportunity to respond before the Executive Committee makes a decision to refer it to the Board.▪ If the Executive Committee refers the matter to the Board, the Director in question may make written or oral submissions to the Board at the meeting.▪ Disqualification requires approval of a 2/3 majority of Directors present at the Board meeting.▪ Note that when a Director is disqualified from the Board (whether automatically or by decision of the Board), the member ceases to be both a Director and a member of any committees.• Discretionary Disqualification of Committee Members: If a ground for discretionary disqualification occurs regarding a committee member (other than a Public Director), the disqualification process will be similar to that for Directors, except that the disqualification only requires approval of 50% of the Directors present at the Board meeting as is the case in the current By-laws.	
---	--

PROPOSED CHANGES	SECTION NUMBERS
8. Board Meetings	
Special Board Meetings <ul style="list-style-type: none"> • Special meetings of the Board may be called by any 4 members of the Executive Committee. • This is in addition to the options in the current By-laws, which provide that special meetings of the Board may be called by the Board Chair or any 12 Council members. • This will be effective upon the Board’s approval of the revised By-laws. 	Section 6.1.1(d) (Board Meetings)

PROPOSED CHANGES	SECTION NUMBERS
9. Other Revisions to By-laws: Process Improvements; Clarifications	
<p>Highlighted below are some other revisions made to the By-laws as part of the refresh project. Drafting improvements without substantive change in content, and grammatical and typographical corrections, have not been specified here.</p> <p>These changes will be effective upon the Board’s approval of the revised By-laws.</p> <p>Meetings</p> <ul style="list-style-type: none"> • Notice of Meetings: The statements in the current By-laws that no formal notice is required for a Board or committee meeting have been removed. The By-laws (including the current By-laws) do provide for notice of Board meetings to be given and this practice will continue. In keeping with committee practice, notice of regular committee meetings will be provided through a periodic committee meeting schedule. Notice for additional meetings will be provided as far in advance of the meeting as possible. • Member Topics (Board meetings): The By-laws no longer provide for Directors to raise topics for informal discussion at the Board meeting to avoid disruption to the flow of the agenda and meeting. The revised By-laws ask Directors to raise questions or topics for informal discussion by submitting the questions or topics to the Chair as far in advance of the meeting as possible. This also permits the Chair and College staff to be prepared to answer the questions or speak to the topics for a more meaningful discussion. • Voting (Board meetings): The option for 2 Directors to require Directors to stand when voting (on a motion) has been removed as this practice is not used. It will still be in the Chair’s discretion to do so if appropriate in the circumstances. Votes will continue to be indicated by a show of hands (except where a secret ballot is required). • Meeting minutes: Simplified how minutes of Board and committee meetings are to be accepted: <ul style="list-style-type: none"> ▪ Acceptance of the minutes at a subsequent Board or committee meeting (other than a meeting of a panel of a committee) is (subject to corrections) conclusive proof that they accurately reflect the proceedings of the meeting. 	Section 6.2 (Board Meeting Process) Section 7.7 (Committee Meetings) Rules of Order (Schedule 1)

<ul style="list-style-type: none"> ▪ The minutes of a meeting of a panel of a committee (other than a hearing) is to be signed by the presiding and recording officers of the meeting as conclusive proof that they accurately reflect the proceedings and deliberations of the committee panel. It is not feasible to bring the minutes back to the same panel. ▪ Who can approve minutes? As this question is often asked, it has been expressly clarified in the By-laws that a Director or committee member who was absent from a prior meeting is not prevented from participating in the approval of the minutes for that meeting. Practically, the Director or committee member may choose to abstain if they prefer. • Meeting Security: By-laws now expressly reflect that Board and committee meetings may be held by telephonic or electronic means if the presiding officer is satisfied that the proceedings may proceed with adequate security and if applicable, confidentiality. • Rules of Order: The Rules of Order for Board meetings have been updated and clarified. We have determined that it is not necessary to refer to an external source for questions of procedure not addressed in the By-laws or Rules of Order schedule. The rules of order are thorough, and Legal will assist the Chair in addressing unique questions of procedure if they arise. • Terms of Reference: The By-laws expressly state that committees may establish terms of reference and rules of procedure. 	
<p>Committee Appointments</p> <ul style="list-style-type: none"> • Vice-Chairs: The By-laws now expressly state that the Board shall appoint a vice-chair of each committee, where desired. This aligns with the current practice. <ul style="list-style-type: none"> ▪ However, the By-laws do not require that each committee have a vice-chair. Some committees are reviewing their needs in this regard. This provides flexibility to appoint or not appoint a vice-chair for a committee as needed or desired. • Competency-Based Selection: The By-laws now provide an express process for competency/skills/diversity-based selection of members for committees (other than EC and GNC). <ul style="list-style-type: none"> ▪ GNC will identify the skills, expertise and diversity needed or desired for each committee when filling upcoming positions. GNC will consider input provided by committees as to their annual needs as is currently the practice. ▪ GNC will review the competencies, skills and diversity attributes of Registrants and other persons interested in serving on a committee (who have first met threshold eligibility requirements - See 6. Eligibility Criteria). GNC may also identify and solicit candidates, who will also be subject to the review process. ▪ GNC will propose eligible and qualified nominees for committee members, chairs and vice-chairs to the Board for appointment. • Rescission: The By-laws provide the Board more flexibility than the current by-laws to rescind a committee member’s appointment (other than on GNC or EC) prior to its expiry at any time upon recommendation from the GNC. <ul style="list-style-type: none"> ▪ Note that rescission is distinct from disqualification (see 6. Eligibility Criteria and 7. Disqualification). Rescission of an appointment does not of itself make the person ineligible for the Board or future committee appointments. • Exceptional Circumstances: The revised By-laws somewhat broaden the application of the exceptional circumstances clause, providing that the Board may approve the extension or re-appointment of a committee member who will have exceeded the term limits if the 	<p>Section 7.1.1 (Committee Composition)</p> <p>Section 7.2 (Appointment to Committees)</p> <p>Section 7.4 (Rescission)</p> <p>Section 7.6.8 (Exceptional Circumstances)</p>

<p>Board determines <u>it is necessary to do so due to exceptional circumstances</u>. The current By-law limits the application to <u>exceptional circumstances necessary in order to ensure that the composition and quorum requirements can be met or that the committee can function properly and in a stable manner</u>.</p> <ul style="list-style-type: none"> ▪ The amended By-laws provide that a person may only be appointed under the Exceptional Circumstances clause for <u>one year at a time</u>, and <u>not to exceed two years in total</u>. This reflects the position and practice the Governance Committee has taken when applying this clause. 	
<p>Conflicts of Interest</p> <ul style="list-style-type: none"> • The definition of conflict of interest has been revised. It now refers to a relationship or affiliation, in addition to a personal or financial interest, that affects or may affect a Director’s or committee member’s judgment or ability to discharge their duties and responsibilities to the College, the Board or a committee. • Obligations regarding conflicts of interest and the process for addressing a conflict in Board or committee matters have been clarified. 	Section 10.1 (Conflict of Interest)
<p>Indemnification</p> <ul style="list-style-type: none"> • The Indemnification provision has been updated to align with current insurance coverage (confirmed by CPSO’s insurance provider) and for clarification. 	Section 13.1 (Indemnification)
<p>Business Practices</p> <p>Borrowing:</p> <ul style="list-style-type: none"> • The increase in the borrowing limit to \$250,000 (approved by Council earlier in the Dec meeting) is reflected in the revised By-laws. <p>Signing Authority and Expense Approval:</p> <ul style="list-style-type: none"> • The By-laws grant signing authority to specific staff positions (Registrar, Chief Operating Officer, the Corporate Controller and Corporate Accountant). • The By-laws permit the Registrar and the Chief Operating Officer to delegate signing authority when needed subject to specified parameters. • Provisions relating to authorization of budgeted and unbudgeted expenses have been simplified and streamlined. • The current By-laws contain a provision that prohibit an unbudgeted “significant expenditure” from being made if the Finance and Audit Committee has not had a chance to consider the implications of the expenditure and to provide a revised budget to the Executive Committee. This provision has been amended to change “significant expenditure”, which is vague, to \$250,000, which aligns with the highest level of expense approval for signing authority. 	Article 14 (Business Practices)

<p>Fees and Charges</p> <ul style="list-style-type: none"> • The application and annual fees and other fee / charges provisions from the Fees and Remuneration By-law have been incorporated into the main By-law document, with changes to terminology and language for consistency with the rest of the By-law. • The new physician assistant fees have been included, as approved by the Board at the Dec. 2023 meeting. • The interest rate has been stated as an annual (18% per annum) basis instead of as a monthly rate (1.5% per month), which is consistent with Canadian law on charging interest. 	<p>Part 8 (Articles 17-20) (Fees and Charges)</p>
<p>Board and Committee Remuneration</p> <ul style="list-style-type: none"> • The Board and committee remuneration provisions from the Fees and Remuneration By-law have been incorporated into the main By-law document, with changes to terminology and language for consistency with the rest of the By-law. • The hourly rate of remuneration will no longer be set out in the By-laws. Instead, the By-laws refer to the amount authorized in the budget approved by the Board. • The details of the travel and other expenses for which Directors and committee members will be reimbursed are now set out in a Board policy. 	<p>Article 12 (Remuneration)</p>
<p>Declared Emergency</p> <ul style="list-style-type: none"> • The Declared Emergency By-law provisions have been incorporated into the main By-law document, with changes to terminology and language for consistency with the rest of the By-law. • The one substantive change regards the filling of vacancies on the Executive Committee. During an emergency, vacancies in Physician and Public Director positions on EC (other than Chair and Vice-Chair), will be filled with Directors based on their seniority on the Board and will exclude members of the GNC. <ul style="list-style-type: none"> ▪ The current Declared Emergency By-law provides for these vacancies to be filled first by a member of the Governance Committee if available or willing to take on the EC position. 	<p>Article 11 (Emergencies)</p>
<p>By-laws and Amendments</p> <ul style="list-style-type: none"> • Technical amendments have been made to the manner in which by-laws may be made, amended and revoked, to simplify the process. • Clarifies when a by-law, amendment or revocation comes into effect and expressly allows for them to come into effect at a future time as may be specified in the motion. 	<p>Section 15.1 (Making and Amending By-Laws)</p>



BY-LAWS
of
COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

**By-law No. 167 - Enacted [DATE]
Last Amended - XXX**

TABLE OF CONTENTS

PART 1. GENERAL 1

ARTICLE 1 DEFINITIONS AND INTERPRETATIONS 1

1.1 DEFINITIONS.....1

1.2 INTERPRETATION.....3

PART 2. THE BOARD 4

ARTICLE 2 BOARD COMPOSITION, ELIGIBILITY AND DISQUALIFICATION 4

2.1 COMPOSITION4

2.2 ELIGIBILITY CRITERIA.....4

2.3 DISQUALIFICATION CRITERIA7

2.4 DISQUALIFICATION OF ELECTED DIRECTORS AND ACADEMIC DIRECTORS10

2.5 PUBLIC DIRECTORS11

ARTICLE 3 ELECTIONS AND ELECTED DIRECTORS..... 11

3.1 ELECTORAL DISTRICTS, AND NUMBER OF REGISTRANTS TO BE ELECTED AND ELECTION DATES11

3.2 TERM OF OFFICE.....12

3.3 NOTICE OF ELECTION, NOMINATIONS AND NOMINATION PROCEDURE13

3.4 ACCLAMATION OR ELECTION14

3.5 REGISTRAR’S ELECTORAL DUTIES15

3.6 ELIGIBILITY TO VOTE AND BALLOTS16

3.7 NUMBER OF VOTES TO BE CAST16

3.8 VOTING RESULTS AND TIE VOTES16

3.9 RECOUNTS17

3.10 FILLING OF VACANCIES17

ARTICLE 4 ACADEMIC DIRECTORS..... 17

4.1 ACADEMIC ADVISORY COMMITTEE17

4.2 APPOINTMENTS.....18

4.3 SELECTION OF COUNCILLORS18

4.4 DISQUALIFICATION OF ACADEMIC DIRECTORS18

ARTICLE 5 OFFICERS 20

5.1 OFFICERS.....20

5.2 BOARD OFFICERS21

5.3 VACANCIES IN BOARD OFFICER POSITIONS.....21

ARTICLE 6 MEETINGS OF THE BOARD 22

6.1 BOARD MEETINGS.....22

6.2 MEETING PROCESS23

PART 3. COMMITTEES..... 26

ARTICLE 7 APPOINTMENTS AND PROCEDURE 26

7.1 COMMITTEE COMPOSITION.....26

7.2 APPOINTMENT TO COMMITTEES26

7.3 ELIGIBILITY OF COMMITTEE MEMBERS.....27

7.4 RESCISSION OF COMMITTEE APPOINTMENT28

7.5	DISQUALIFICATION OF MEMBERS FROM COMMITTEES.....	28
7.6	COMMITTEE MEMBER TERMS.....	31
7.7	COMMITTEE MEETINGS.....	32
ARTICLE 8 STATUTORY COMMITTEES.....		33
8.1	STATUTORY COMMITTEES.....	33
8.2	EXECUTIVE COMMITTEE.....	33
8.3	EXECUTIVE DELEGATION.....	36
8.4	REGISTRATION COMMITTEE.....	37
8.5	INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE.....	37
8.6	FITNESS TO PRACTISE COMMITTEE.....	37
8.7	PATIENT RELATIONS COMMITTEE.....	37
8.8	QUALITY ASSURANCE COMMITTEE.....	37
8.9	DISCIPLINE COMMITTEE (TRIBUNAL).....	37
8.10	SUMMONSES.....	38
ARTICLE 9 STANDING COMMITTEES.....		38
9.1	ESTABLISHMENT.....	38
9.2	FINANCE AND AUDIT COMMITTEE.....	38
9.3	GOVERNANCE AND NOMINATING COMMITTEE.....	39
9.4	PREMISES INSPECTION COMMITTEE.....	42
PART 4. CONFLICT OF INTEREST.....		43
ARTICLE 10 CONFLICT OF INTEREST.....		43
10.1	DEFINITION OF CONFLICT OF INTEREST.....	43
PART 5. DECLARED EMERGENCY.....		44
ARTICLE 11 EMERGENCIES.....		44
11.1	DECLARING AN EMERGENCY.....	44
11.2	EMERGENCY MEASURES AND LIMITATIONS.....	44
11.3	CEASING EMERGENCY.....	46
PART 6. – REMUNERATION AND INDEMNIFICATION.....		46
ARTICLE 12 REMUNERATION.....		46
12.1	BOARD AND COMMITTEE REMUNERATION.....	46
12.2	CHAIR REMUNERATION.....	47
ARTICLE 13 INDEMNIFICATION.....		47
13.1	INDEMNIFICATION.....	47
PART 7 – BUSINESS AND ORGANIZATIONAL MATTERS.....		48
ARTICLE 14 BUSINESS PRACTICES.....		48
14.1	DELEGATION.....	48
14.2	FISCAL YEAR.....	48
14.3	BANKING.....	48
14.4	INVESTMENT.....	48
14.5	BORROWING.....	49

14.6	SIGNING OF CONTRACTS AND OTHER DOCUMENTS AND APPROVAL OF EXPENDITURES	49
14.7	AUDIT	51
ARTICLE 15	BY-LAWS	52
15.1	MAKING AND AMENDING BY-LAWS.....	52
ARTICLE 16	NOT-FOR-PROFIT STATUS	52
16.1	NOT FOR PROFIT STATUS	52
PART 8 – FEES AND CHARGES		52
ARTICLE 17	APPLICATION FEES.....	52
17.1	APPLICATION FEES.....	52
ARTICLE 18	ANNUAL FEES	53
18.1	ANNUAL FEES.....	53
ARTICLE 19	COMMITTEE AND PROGRAM FEES.....	54
19.1	COMMITTEE AND PROGRAM FEES	54
ARTICLE 20	PENALTY FEES AND INTEREST ON UNPAID FEES	56
20.1	PENALTY FEES AND INTEREST ON UNPAID FEES	56
20.2	FEES FOR NON-NEGOTIABLE PAYMENT	56
20.3	FAILURE TO PROVIDE INFORMATION.....	56
20.4	OTHER FEES AND MISCELLANEOUS PROVISIONS.....	56
PART 9 – REGISTER AND REGISTRANT MATTERS.....		57
ARTICLE 21	REGISTRANT NAMES AND ADDRESSES	57
ARTICLE 22	ADDITIONAL REGISTER CONTENT	57
ARTICLE 23	PUBLIC INFORMATION.....	57
ARTICLE 24	LIABILITY PROTECTION	57
ARTICLE 25	NOTIFICATION REQUIRED BY REGISTRANTS	57
ARTICLE 26	EMERITUS STATUS.....	57
26.1	EMERITUS STATUS	57
26.2	EXPIRY AND RENEWAL OF EMERITUS STATUS.....	58
SCHEDULE 1 TO BY-LAW NO. 167	RULES OF ORDER OF THE BOARD	1
SCHEDULE 2 TO BY-LAW NO. 167	TABLE OF AMENDMENTS	3

BY-LAW NO. 167

PART 1. GENERAL

ARTICLE 1 DEFINITIONS AND INTERPRETATIONS

1.1 Definitions

1.1.1 In this By-law and all other By-laws, unless otherwise defined:

- (a) **“Academic Directors”** means Registrants, other than physician assistants, who are members of a faculty of medicine of a university in Ontario and who are selected and appointed to the Board as contemplated by Section 2.1.1(c), and **“Academic Director”** means any one of them;
- (b) **“Act”** means the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18, and the regulations thereunder, as amended from time to time;
- (c) **“Annual Financial Meeting”** has the meaning set out in Section 6.1.1(b);
- (d) **“Annual Organizational Meeting”** has the meaning set out in Section 6.1.1(a);
- (e) **“Auditor(s)”** means the person(s) appointed in accordance with Section 6.1.4(b);
- (f) **“Board”** means the board of directors of the College, and each reference to the Board shall be deemed to be a reference to the Council of the College as specified in the Code and the Medicine Act, and any other legislation or policy where the context requires.
- (g) **“Board Profile”** means the profile or matrix of skills, expertise and diversity attributes desired for Directors and committee members, as approved by the Board from time to time.
- (h) **“Business Address”** means a Registrant’s principal place of practice reported by the Registrant to the College, as may be posted on the Register;
- (i) **“By-law”** or **“By-laws”** means the By-laws of the College, as the same may be amended from time to time;
- (j) **“Chair”** means the chair of the Board elected pursuant to Section 5.1, and each reference to the Chair shall be deemed to be a reference to the President of the College as specified in the Code and the Medicine Act, and any other legislation or policy where the context requires;
- (k) **“chair”** means the chair of a committee;
- (l) **“Code”** means the *Health Professions Procedural Code* in Schedule 2 of the Act, as amended from time to time;
- (m) **“College”** means the College of Physicians and Surgeons of Ontario;

- (n) “**committee**” means any committee of the College, whether established by or under the Code, the regulations or the By-laws;
- (o) “**Conflict of Interest**” has the meaning set out in Section 10.1.1;
- (p) “**Controlled Drugs and Substances Act**” means the *Controlled Drugs and Substances Act*, S.C. 1996, c. 19, and the regulations thereunder, as amended from time to time;
- (q) “**Criminal Code**” means the *Criminal Code*, R.S.C. 1985, c. C-46, and the regulations thereunder, as amended from time to time;
- (r) “**Delegated Signatory**” has the meaning set out in Section 14.6.2;
- (s) “**Directors**” means the persons elected or appointed to be members of the Board and includes, the Elected Directors, the Public Directors and the Academic Directors, and “**Director**” means any one of them;
- (t) “**Elected Directors**” means Registrants, other than physician assistants, who are elected to the Board as contemplated by Section 2.2.1(a), and “**Elected Director**” means any one of them;
- (u) “**Executive Committee**” means the Executive Committee as set out in Section 8.2.1;
- (v) “**Executive Member Representatives**” has the meaning set out in Section 8.2.1(c), and “**Executive Member Representative**” means any one of them;
- (w) “**Health Insurance Act**” means the *Health Insurance Act*, R.S.O. 1990, c. H.6, and the regulations thereunder, as amended from time to time;
- (x) “**Hourly Rate**” has the meaning set out in Section 12.1.3;
- (y) “**ICRC**” has the meaning set out in Section 8.5.1;
- (z) “**Indemnified Party**” has the meaning set out in Section 13.1.1;
- (aa) “**Medicine Act**” means the *Medicine Act*, 1991, S.O. 1991, c.30, and the regulations thereunder, as amended from time to time;
- (bb) “**Mental Health Act**” means the *Mental Health Act*, R.S.O., 1990, c. M.7, and the regulations thereunder, as amended from time to time;
- (cc) “**Obligations**” has the meaning set out in Section 14.6.6.
- (dd) “**Ontario Physicians and Surgeons Discipline Tribunal**” and “**OPSDT**” have the meanings set out under Section 8.9.1;
- (ee) “**Physician Director**” means a Director who is a Registrant, other than a physician assistant, and unless stated otherwise, includes an Elected Director or an Academic Director;

- (ff) “**Public Directors**” has the meaning set out in Section 2.1.1(b), and “**Public Director**” means any one of them;
- (gg) “**Register**” means the register of the College;
- (hh) “**Registrant**” means a member of the College, and each reference to a Registrant shall be deemed to be a reference to a member of the College as specified in the Code and the Medicine Act, and any other legislation or policy where the context requires;
- (ii) “**Registrar**” means the Registrar of the College;
- (jj) “**Relative**” with respect to another person, means a person who is related to that other person as immediate or extended family, or a variation thereof, or who is a member of the household of that other person, and includes a spouse, child, grandchild, parent, grandparent, sibling, aunt, uncle, nephew, niece, cousin or a spouse of any of the foregoing;
- (kk) “**Signing Officers**” has the meaning set out in Section 14.6.1, and “**Signing Officer**” means any one of them;
- (ll) “**SCERP**” means a specified continuing education or remediation program;
- (mm) “**Subject Committee Member**” has the meaning set out in Section 7.5.7;
- (nn) “**Subject Director**” has the meaning set out in Section 7.5.7;
- (oo) “**Substitute Decisions Act**” means the *Substitute Decisions Act, 1992*, S.O. 1992, c.30, and the regulations thereunder, as amended from time to time;
- (pp) “**Vice-Chair**” means the vice-chair of the Board elected pursuant to Section 5.1, and each reference to the Vice-Chair shall be deemed to be a reference to the Vice-President of the College as specified in the Code and the Medicine Act, and any other legislation or policy where the context requires; and
- (qq) “**vice-chair**” means the vice-chair of a Committee.

1.2 Interpretation

- 1.2.1 All terms defined in the Act, the Code and the Medicine Act have the same meaning in this By-law and all other By-laws, unless stated otherwise.
- 1.2.2 References containing terms such as “includes” and “including”, whether or not used with the words “without limitation” or “but not limited to”, shall not be deemed limited by the specific enumeration of items but shall, in all cases, be deemed to be without limitation and construed and interpreted to mean “includes without limitation” and “including without limitation”.
- 1.2.3 All monetary references in the By-laws are to Canadian Dollars, unless stated otherwise.

- 1.2.4 References in the By-laws to a statute, regulation or by-law, or a section or provision thereof, shall be deemed to extend and apply to any amendment or re-enactment of such statute, regulation or by-law, or section or provision thereof.
- 1.2.5 The division of this By-law into Parts, Articles and Sections and the insertion of headings are for convenience of reference only and shall not affect the construction or interpretation hereof.

PART 2. THE BOARD

ARTICLE 2 BOARD COMPOSITION, ELIGIBILITY AND DISQUALIFICATION

2.1 Composition

- 2.1.1 In accordance with the Medicine Act, the Board shall be composed of:
- (a) at least 15 and no more than 16 persons who are Registrants elected in accordance with the by-laws;
 - (b) at least 13 and no more than 15 persons appointed by the Lieutenant Governor in Council who are not,
 - (i) Registrants;
 - (ii) members of a College as defined in the Act; or
 - (iii) members of a Council as defined in the Act; (the “**Public Directors**”); and
 - (c) three persons selected, in accordance with a by-law made under section 12.1 of the Medicine Act, from among Registrants who are members of a faculty of medicine of a university in Ontario, and appointed by the Board.

2.2 Eligibility Criteria

- 2.2.1 To be eligible to be elected to the Board as an Elected Director or selected and appointed to the Board as an Academic Director, a Registrant, on the date of the election or appointment, as the case may be:
- (a) in the case of eligibility to be an Elected Director, is engaged in the practice of medicine in the electoral district for which the Registrant is nominated or, if the Registrant is not engaged in the practice of medicine, is resident in the electoral district for which the Registrant is nominated;

Amendment Not in Force

On a date to be determined by the Board, this Section 2.2.1 is amended by striking out the above clause (a) of Section 2.2.1 and substituting it with the following clause:

(a) in the case of eligibility to be an Elected Director, has their Business Address (if any) in Ontario and resides in Ontario;

- (b) in the case of eligibility to be an Academic Director, is a member of a faculty of medicine of a university in Ontario;
- (c) is not in default of payment of any fee payable to the College;
- (d) is not, and has not been within one year before the date of the election or appointment, as the case may be, a director or officer of the Ontario Medical Association, the Canadian Medical Protective Association, the Canadian Medical Association, the Coalition of Family Physicians and Specialists of Ontario or the Ontario Specialists Association;
- (e) does not hold, and has not held within one year before the date of the election or appointment, as the case may be:
 - (i) an employment position or any position of responsibility with any organization whose mandate conflicts with the mandate of the College; or
 - (ii) a position with any organization which would cause the Registrant, if elected or appointed as a Director, to have a Conflict of Interest, including by virtue of having competing fiduciary obligations to both the College and the other organization;
- (f) is not, and has not been within five years before the date of the election or appointment, as the case may be, an employee of the College (whether on contract or permanent, and whether on a full-time or part-time basis);
- (g) has completed and filed with the Registrar, by the deadline set by the Registrar, a Conflict of Interest declaration form specified by the College;
- (h) prior to the deadline specified by the Registrar, in the case of an election, or prior to appointment, as the case may be, the Registrant has completed the orientation program specified by the College relating to the business and governance of the College and the duties, obligations and expectations of the Board and committee members;
- (i) is not a Relative of an employee of the College or another Director;
- (j) is not, and has never been, a party to civil litigation or arbitration adverse in interest against the College, the Board, a committee, a Director or a College officer, employee or agent, provided that the litigation or arbitration against a College employee or agent relates to the College or their role as an employee or agent of the College;
- (k) subject to Section 2.2.4, has never been disqualified from the Board or from one or more committees;

- (l) subject to Section 2.2.4, has never resigned from the Board or from one or more committees where there are reasonable grounds to believe that the resignation is related to a proposed disqualification of the Registrant from the Board or one or more committees;
- (m) holds a certificate of registration that has never been revoked or suspended, other than an administrative suspension more than six years before the date of the election or appointment, as the case may be;
- (n) holds a certificate of registration that is not subject to a term, condition or limitation other than one prescribed by a regulation made under the Act or the Medicine Act or imposed by the Registration Committee pursuant to a College registration policy;
- (o) has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Ontario Physicians and Surgeons Discipline Tribunal or found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee, unless the notation of such finding has been removed from the Register pursuant to section 23(11) of the Code;
- (p) is not the subject of any disciplinary or incapacity proceeding;
- (q) is not subject to an outstanding interim order by the ICRC under the Code;
- (r) has not been required by the ICRC to complete a SCERP within five years before the date of the election or appointment, as the case may be;
- (s) has not been required to appear before a panel of the ICRC to be cautioned within five years before the date of the election or appointment, as the case may be;
- (t) has no findings of guilt (unless a pardon was granted or a record suspension was ordered in respect of the findings) or outstanding charges made against the Registrant under the Health Insurance Act, the Criminal Code or the Controlled Drugs and Substances Act or under any comparable legislation or criminal laws of another jurisdiction;
- (u) is in compliance with all continuing professional development required by the Medicine Act;
- (v) is not an undischarged bankrupt;
- (w) is not a person who has been found to be incapable of managing property under the Substitute Decisions Act or under the Mental Health Act; and
- (x) is not a person who has been declared incapable by any court in Canada or elsewhere.

2.2.2 A Registrant is not eligible for election to the Board who, if elected, would be unable to serve completely the three-year term prescribed by Section 3.2.1 by reason of:

- (a) the nine-consecutive-year term limit prescribed by subsection 5(2) of the Code; or
- (b) the total nine-year term limit prescribed by Section 3.2.2.

2.2.3 A Registrant is not eligible to be an Academic Director if the total of the following equals or exceeds nine years:

- (a) the number of years of the proposed appointment;
- (b) the number of years the Registrant was an Elected Director (if any); and
- (c) the number of years the Registrant attended Board meetings as an academic representative in a non-voting capacity (if any).

2.2.4 A Registrant who has been disqualified from the Board or from one or more committees, or has resigned from the Board or from one or more committees where there are reasonable grounds to believe that the resignation is related to a proposed disqualification of the member from the Board or from one or more committees, for disqualification criteria prescribed in Section 2.3.1(k) or Section 2.3.1(o), is not ineligible under Section 2.2.1(k) or Section 2.2.1(l) to be elected to the Board as an Elected Director or selected and appointed to the Board as an Academic Director if on the date of the election or appointment, as the case may be:

- (a) in the case of disqualification under Section 2.3.1(k), the disciplinary or incapacity proceeding, as the case may be, has been finally completed, and the Registrant was not found in such proceeding to have committed an act of professional misconduct or to be incompetent by a panel of the Ontario Physicians and Surgeons Discipline Tribunal or to be an incapacitated Registrant by a panel of the Fitness to Practise Committee; or
- (b) in the case of disqualification under Section 2.3.1(o), all of the charges have been disposed of such that the Registrant was not found guilty of any of the charges.

For greater certainty, this Section 2.2.4 does not affect the eligibility of a Registrant to be elected to the Board as an Elected Director or selected and appointed to the Board as an Academic Director under any other eligibility criteria prescribed in Section 2.2.

2.3 Disqualification Criteria

2.3.1 An Elected Director or Academic Director is automatically disqualified from sitting on the Board if the Director:

- (a) in the case of an Elected Director, ceases to either practise medicine or reside in the electoral district for which the Registrant was elected;

Amendment Not in Force

On a date to be determined by the Board, this Section 2.3.1 is amended by striking out the above clause (a) of Section 2.3.1 and substituting it with the following clause:

(a) in the case of an Elected Director, ceases to have their Business Address (if any) in Ontario or ceases to reside in Ontario;

- (b) in the case of an Academic Director, ceases to be a member of a faculty of medicine of a university in Ontario;
- (c) becomes a director or officer of the Ontario Medical Association, the Canadian Medical Protective Association, the Canadian Medical Association, the Coalition of Family Physicians and Specialists of Ontario, or the Ontario Specialists Association;
- (d) becomes an employee of the College;
- (e) becomes a Relative of an employee of the College or another Director;
- (f) becomes a party to civil litigation or arbitration adverse in interest against the College, the Board, a committee, a Director or a College officer, employee or agent, provided that the litigation or arbitration against a College employee or agent relates to the College or their role as an employee or agent of the College;
- (g) has had their certificate of registration revoked or suspended, including an administrative suspension;
- (h) ceases to hold a certificate of registration that is not subject to a term, condition or limitation other than one prescribed in any regulation made under the Act or the Medicine Act or imposed by the Registration Committee pursuant to a College registration policy;
- (i) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Ontario Physicians and Surgeons Discipline Tribunal;
- (j) is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee;
- (k) becomes the subject of any disciplinary or incapacity proceeding;
- (l) becomes subject to an interim order by the ICRC under the Code;
- (m) is required by the ICRC to complete a SCERP;
- (n) is required to appear before a panel of the ICRC to be cautioned;

- (o) is charged with an offence under the Health Insurance Act, the Criminal Code or the Controlled Drugs and Substances Act or under any comparable legislation or criminal laws of another jurisdiction;
- (p) is found guilty of an offence under the Health Insurance Act, the Criminal Code or the Controlled Drugs and Substances Act or under any comparable legislation or criminal laws of another jurisdiction;
- (q) is not in compliance with all continuing professional development required by the Medicine Act;
- (r) becomes an undischarged bankrupt;
- (s) is found to be incapable of managing property under the Substitute Decisions Act or under the Mental Health Act; or
- (t) is declared incapable by any court in Canada or elsewhere.

2.3.2 An Elected Director or Academic Director may be disqualified from sitting on the Board if the Director:

- (a) fails to attend three consecutive meetings of the Board;
- (b) fails to attend three consecutive meetings of a committee of which the Elected Director or Academic Director is a member or all or part of a hearing for which the Elected Director or Academic has been selected;
- (c) is in default of payment of any fee payable to the College for more than 30 days;
- (d) fails, in the opinion of the Board, to discharge their duties to the College, including having acted in a Conflict of Interest or otherwise in breach of a By-law, the Act or the College's governance policies;
- (e) except as provided in Section 2.3.1(c):
 - (i) becomes an employee or holds any position of responsibility with any organization whose mandate conflicts with the mandate of the College; or
 - (ii) holds a position with any organization which would cause the Director to have a Conflict of Interest, including by virtue of having competing fiduciary obligations to both the College and the other organization; or
- (f) did not satisfy one or more of the criteria for eligibility prescribed in Section 2.2.1 at the date of the election or appointment, and the Director did not disclose same to the College or the Director was untruthful or misled the College about same.

2.4 Disqualification of Elected Directors and Academic Directors

- 2.4.1 A Director shall immediately notify the Registrar in writing if any of the criteria for disqualification prescribed in Section 2.3.1 or Section 2.3.2 arise regarding that Director.
- 2.4.2 A Director shall advise the Registrar in writing if such Director believes that another Director meets one or more of the criteria for disqualification prescribed in Section 2.3.1 or Section 2.3.2.
- 2.4.3 If the Registrar receives information in writing that suggests an Elected Director or Academic Director meets any of the criteria for disqualification prescribed in Section 2.3.1 or Section 2.3.2, the Registrar shall report the matter to the Executive Committee.
- 2.4.4 If the Executive Committee receives information that suggests an Elected Director or Academic Director meets any of the criteria for disqualification prescribed in Section 2.3.1, the Executive Committee shall notify such Director and the Board in writing that such Director has been disqualified from the Board.
- 2.4.5 If the Executive Committee believes that an Elected Director or Academic Director meets any of the criteria for disqualification prescribed in Section 2.3.2, the Executive Committee shall notify such Director (the “**Subject Director**”) of the nature of the concern and provide the Subject Director a reasonable opportunity to respond to the concern before making a decision to refer the matter to the Board.
- 2.4.6 If the Executive Committee decides that the matter warrants the Board’s consideration, the Executive Committee shall place the matter on the agenda of the Board’s next meeting, or the Chair shall call a special Board meeting for the purpose of determining whether the Subject Director meets any of the criteria for disqualification prescribed in Section 2.3.2. The Registrar shall advise the Subject Director of the date of the meeting and that the Subject Director may make written or oral submissions to the Board at the meeting.
- 2.4.7 Disqualification of an Elected Director or Academic Director pursuant to the disqualification criteria prescribed in Section 2.3.2 requires a motion passed by at least a two-thirds majority of the votes cast at the Board meeting by the Directors in attendance. The Subject Director shall not be present during the discussion following submissions, if any, or during the vote, and shall not vote on the motion. The Board shall not count the Subject Director for the purpose of establishing quorum or calculating votes.
- 2.4.8 If an Elected Director or Academic Director is disqualified from sitting on the Board, whether automatically pursuant to Section 2.3.1 or by decision of the Board as provided in Section 2.4.7, the disqualified Director thereupon ceases to be a Director, the Registrant’s seat becomes vacant, and the vacancy shall be filled in the manner described in Section 3.10, in the case of an Elected Director, or Section 4.4.1, in the case of an Academic Director.

Amendment Not in Force

On a date to be determined by the Board, this Section 2.4.8 is amended by striking out the reference to “Section 4.4.1” and replacing it with “Section 4.3.1”.

- 2.4.9 A disqualified Elected Director or Academic Director ceases to be a member of any committees.

2.5 Public Directors

- 2.5.1 If any of the criteria for disqualification prescribed in Section 2.3.1 or Section 2.3.2 occur with respect to a Public Director, the College may report this to the Ministry of Health and may request that such Public Director’s appointment to the Board be revoked.

ARTICLE 3 ELECTIONS AND ELECTED DIRECTORS

3.1 Electoral Districts, and Number of Registrants to be Elected and Election Dates

- 3.1.1 The following electoral districts are established for the purpose of elections:
- (a) Electoral district 1, composed of the counties of Essex, Kent and Lambton.
 - (b) Electoral district 2, composed of the counties of Elgin, Huron, Middlesex, Oxford and Perth.
 - (c) Electoral district 3, composed of the counties of Bruce, Dufferin, Grey, Wellington and the Regional Municipality of Waterloo.
 - (d) Electoral district 4, composed of the County of Brant and the regional municipalities of Haldimand-Norfolk, Halton, Hamilton-Wentworth and Niagara.
 - (e) Electoral district 5, composed of the County of Simcoe, The District Municipality of Muskoka and the regional municipalities of Durham, Peel and York.
 - (f) Electoral district 6, composed of the counties of Frontenac, Haliburton, Hastings, Leeds and Grenville, Lennox and Addington, Northumberland, Peterborough, Prince Edward and Victoria.
 - (g) Electoral district 7, composed of the counties of Dundas, Glengarry, Lanark, Prescott, Renfrew, Russell and Stormont, and The Regional Municipality of Ottawa-Carleton.
 - (h) Electoral district 8, composed of the territorial districts of Algoma, Cochrane, Manitoulin, Nipissing, Parry Sound, Sudbury and Timiskaming.
 - (i) Electoral district 9, composed of the territorial districts of Kenora, Rainy River and Thunder Bay.

- (j) Electoral district 10, composed of the City of Toronto.
- 3.1.2 Except for electoral districts 4, 5, 7 and 10, one Registrant is to be elected as an Elected Director for each electoral district.
- 3.1.3 Two Registrants are to be elected as Elected Directors for each of electoral districts 4, 5 and 7 and four Registrants are to be elected as Elected Directors for electoral district 10.
- 3.1.4 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.
- 3.1.5 The Board shall set the date for each regular election and each by-election of Registrants to the Board.

Amendment Not in Force

On a date to be determined by the Board, this Section 3.1 is deleted and replaced by the following Section 3.1:

3.1 Election

- 3.1.1 A regular election shall be held each year to elect Registrants to the Board as Elected Directors for the number of Elected Directors whose terms are to expire at the Annual Organizational Meeting that year plus the number of vacancies (if any) in Elected Director positions at the time of the election to be filled under Section 3.10.1(a).
- 3.1.2 The Board shall set the date for each regular election and each by-election of Registrants to the Board.

3.2 Term of Office

- 3.2.1 The term of office of an Elected Director elected in a regular election is three years, starting at the first Annual Organizational Meeting held after the election and expiring at the Annual Organizational Meeting held after the regular election three years later.
- 3.2.2 A Registrant may not be a Director for more than a total of nine years, whether consecutively or non-consecutively. For greater certainty, following the maximum term of nine years as a Director, a Registrant may not stand for election as an Elected Director or be appointed as an Academic Director.

- 3.2.3 For greater certainty, the term of office for an Elected Director who was elected pursuant to an election held under the electoral district system, shall expire on the date of expiry of the term that the Elected Director was serving at the time the district was eliminated.

3.3 Notice of Election, Nominations and Nomination Procedure

- 3.3.1 No later than 60 days before the date of an election, the Registrar shall notify every Registrant who is eligible to vote of the date, time and place of the election and of the nomination procedure.
- 3.3.2 The nomination of a candidate for election as an Elected Director shall be in writing and shall be given to the Registrar at least 49 days before the date of the election.

<p>Amendment Not in Force</p> <p>On a date to be determined by the Board, this Section 3.3 is deleted and replaced by the following Section 3.3:</p> <p>3.3 Notice of Election and Election Applications</p> <ul style="list-style-type: none">3.3.1 No later than 120 days before the date of each regular election, the Governance and Nominating Committee shall review the skills, expertise and diversity of incumbent Directors against the Board Profile and identify the skills, expertise and diversity based on the Board Profile that are needed or desired for the Board when filling upcoming positions for Elected Directors.3.3.2 No later than 90 days prior to the date of an election, the Registrar shall notify every Registrant of the date, time and place of the election and the application procedure for seeking to be a candidate for election as an Elected Director, including the deadline by which applications must be received by the Registrar. The deadline by which applications must be received by the Registrar shall be no later than 70 days prior to the date of an election.3.3.3 The Governance and Nominating Committee may also identify and solicit candidates for election to the Board.3.3.4 Registrants seeking to be a candidate for election as an Elected Director (including those identified and solicited by the Governance and Nominating Committee) shall complete and submit an application in the form required by the Governance and Nomination Committee no later than the deadline specified by the Registrar.3.3.5 The Registrar shall forward all applications received by the deadline to the chair of the Governance and Nominating Committee for consideration.3.3.6 The Governance and Nominating Committee shall review all applications received by the deadline to verify that each candidate satisfies the

eligibility criteria prescribed in Section 2.2.

- 3.3.7 The Governance and Nominating Committee shall review all applications received by the deadline to assess whether each candidate has skills, expertise and diversity that are within the Board Profile and identified by the Governance and Nominating Committee as needed or desired for the Board pursuant to Section 3.3.1. If an incumbent Director is seeking re-election, the Governance and Nominating Committee shall also take into consideration the incumbent Director's performance as a Director in determining if the incumbent Director is qualified to be a candidate in the election. To support the Governance and Nominating Committee in its deliberations, the Governance and Nominating Committee may interview short-listed candidates.
- 3.3.8 No later than 45 days prior to the date of the election, the Governance and Nominating Committee shall approve, and provide to the Registrar, a slate of nominees for election as Elected Directors comprised of candidates who (a) satisfy the eligibility criteria prescribed in Section 2.2, and (b) have skills, expertise and diversity that were identified by the Governance and Nominating Committee as needed or desired for the Board pursuant to Section 3.3.1. No later than 40 days prior to the date of the election, the Registrar shall inform all Registrants who submitted an application whether they are on the approved slate of nominees for the upcoming election or have not been nominated for the upcoming election.
- 3.3.9 No later than 35 days prior to the date of the election, a candidate who was not approved by the Governance and Nominating Committee to be on the slate of nominees for election may dispute the decision of the Governance and Nominating Committee by submitting to the Registrar a written notice of dispute that sets out the basis and particulars of the dispute. In the event of a dispute, the Executive Committee, excluding those individuals who are on the Governance and Nominating Committee, shall review the candidate's eligibility and qualifications, decide if the candidate is eligible and qualified to stand for the upcoming election, and if the candidate is determined to be eligible and qualified, add the candidate to the slate of nominees for the election. The Executive Committee shall inform the candidate of their decision and reasons. The Executive Committee's decision shall be final and not subject to challenge.

3.4 Acclamation or Election

- 3.4.1 If the number of nominees for an electoral district is less than or equal to the number of Elected Director positions available for the electoral district, the Registrar shall declare the nominees to be elected as Elected Directors by acclamation.
- 3.4.2 If the number of nominees for an electoral district is greater than the number of Elected Director positions available for the electoral district, the Registrar shall administer an election process for Registrants to vote on the nominees for election as Elected Directors.

Amendment Not in Force

On a date to be determined by the Board, this Section 3.4 is deleted and replaced by the following Section 3.4:

3.4 Acclamation or Election

- 3.4.1 If the number of nominees on the slate is less than or equal to the number of Elected Director positions available for the election, the Registrar shall declare the nominees to be elected as Elected Directors by acclamation.
- 3.4.2 If the number of nominees on the slate is less than the number of Elected Director positions available for election, the Registrar shall hold a by-election to fill the remaining Elected Director positions.
- 3.4.3 If the number of nominees on the slate is greater than the number of Elected Director positions available for the election, the Registrar shall administer an election process for Registrants to vote on the nominees for election as Elected Directors.

3.5 Registrar's Electoral Duties

- 3.5.1 The Registrar shall supervise and administer the election process and may, for the purpose of carrying out that duty, subject to any other applicable provision in the By-laws:
 - (a) appoint one or more returning officers and scrutineers;
 - (b) establish a deadline for the receiving of ballots;
 - (c) establish procedures for the opening, counting and verification of ballots;
 - (d) establish reliable and secure voting processes, subject to Section 3.5.2;
 - (e) provide for the notification to Registrants of the results of the elections; and
 - (f) provide for the destruction of ballots or records of ballots following an election.
- 3.5.2 Voting by electronic access to ballots may be used if the Registrar is satisfied that the proceedings and voting may proceed with adequate security and confidentiality and if the votes may be verified as having been made by the Registrants.
- 3.5.3 If there is an interruption of electronic service provided for or by the College or mail during a nomination or election, the Registrar shall extend the holding of nominations and the election for such minimum period of time as the Registrar considers necessary to compensate for the interruption.

Amendment Not in Force

On a date to be determined by the Board, this Section 3.5.3 is deleted and replaced by the following Section 3.5.3:

3.5.3 If there is an interruption of electronic service provided for or by the College or mail during an election, the Registrar shall extend the holding of the election for such minimum period of time as the Registrar considers necessary to compensate for the interruption.

3.6 Eligibility to Vote and Ballots

- 3.6.1 A Registrant is eligible to vote in an election being held for an electoral district if, on the 45th day prior to the date fixed for the election, the Registrant principally practises in such electoral district, or if the Registrant is not engaged in the practice of medicine, the Registrant principally resides in such electoral district.
- 3.6.2 No later than 21 days before the date of an election, the Registrar shall send to every Registrant eligible to vote in an electoral district in which an election is to take place a list of nominees in the electoral district, a ballot or electronic access to a ballot and an explanation of the voting procedure as set out in the By-laws.

Amendment Not in Force

On a date to be determined by the Board, this Section 3.6 is deleted and replaced by the following Section 3.6:

3.6 Eligibility to Vote and Ballots

- 3.6.1 A Registrant is eligible to vote in an election if, on the 45th day prior to the date of the election, the Registrant's Business Address is in Ontario, or if the Registrant is not engaged in the practice of medicine, the Registrant resides in Ontario.
- 3.6.2 No later than 21 days before the date of an election, the Registrar shall send to every Registrant eligible to vote a list of nominees, a ballot or electronic access to a ballot and an explanation of the voting procedure as set out in the By-laws or as determined by the Registrar.

3.7 Number of Votes to be Cast

- 3.7.1 A Registrant may cast as many votes on a ballot in an election of Registrants to the Board as there are Registrants to be elected to the Board.
- 3.7.2 A Registrant shall not cast more than one vote for any one nominee.

3.8 Voting Results and Tie Votes

- 3.8.1 The nominees with the highest number of votes shall be declared elected in accordance with the number of positions open for election.

- 3.8.2 If there is a tie between two or more nominees and it is necessary to break the tie to determine who will be the successful nominee(s), the Registrar shall break the tie by lot.

3.9 Recounts

- 3.9.1 A nominee may require a recount by giving a written request to the Registrar no more than three business days after the date of an election and paying a fee of \$500.
- 3.9.2 The Registrar shall hold the recount no more than 30 days after receiving the request.

3.10 Filling of Vacancies

- 3.10.1 If the seat of an Elected Director becomes vacant, the Board may:
- (a) leave the seat vacant until the next election, subject to Section 3.10.2;
 - (b) appoint as an Elected Director the nominee (if any) who had the most votes of all the unsuccessful nominees in the last election of Directors, subject to such nominee satisfying the eligibility criteria prescribed in Section 2.2 and consenting to act as an Elected Director. Should consent not be provided or the eligibility criteria not be satisfied, then the Board may appoint the nominee with the next highest number of votes subject to such nominee satisfying the eligibility criteria prescribed in Section 2.2 and such nominee's consent; or
 - (c) direct the Registrar to hold a by-election.
- 3.10.2 If the number of remaining Elected Directors is less than the minimum number required by law, the Board shall take action under Section 3.10.1(b) or Section 3.10.1(c) to fill the number of vacant seats needed so that the number of Elected Directors is not less than the minimum number required by law.
- 3.10.3 The term of office of an Elected Director appointed under Section 3.10.1(b) or elected in a by-election expires when the term of the former Elected Director, whose vacancy has been filled, would have expired and shall count towards calculation of the new Elected Director's maximum years as a Director as set out in Section 3.2.
- 3.10.4 By-elections shall be held in a manner consistent with, and be subject to the same criteria as, regular elections held under the By-laws, subject to changes to time limits and deadlines and any other necessary modifications, as determined by the Registrar.

ARTICLE 4 ACADEMIC DIRECTORS

4.1 Academic Advisory Committee

- 4.1.1 An Academic Advisory Committee shall be established and shall be composed of Registrants appointed under this Section 4.1.

- 4.1.2 Before the meeting of the Board when the term of office of newly elected Directors starts, the dean of each faculty of medicine of a university in Ontario may appoint one Registrant to the Academic Advisory Committee.
- 4.1.3 A Registrant is eligible for appointment to the Academic Advisory Committee if, on the date of the appointment, the Registrant satisfies the eligibility criteria prescribed in Section 2.2 for an Academic Director, even if the Registrant will not be an Academic Director.

4.2 Appointments

- 4.2.1 A Registrant shall be appointed to the Academic Advisory Committee for a term of three years, from the first meeting of the Board after the Registrant's appointment when Elected Directors take office until the third such meeting or until such earlier time as specified in the appointment, except that the term of office for a Registrant appointed to the Academic Advisory Committee prior to the 2019 Annual Governance Meeting (for greater certainty, the annual general meeting as it was called in 2019) of the Board shall be one year.

4.3 Selection of Councillors

- 4.3.1 Three Registrants of the Academic Advisory Committee shall be selected as Academic Directors in accordance with Section 4.3.2.
- 4.3.2 At a meeting of the Board before the meeting when the term of office of newly Elected Directors starts, the Board shall vote by a show of hands to select as Academic Directors three Registrants of the Academic Advisory Committee for the following Board year, starting upon the adjournment of the next Annual Organizational Meeting until the following Annual Organizational Meeting.
- 4.3.3 For purposes of Section 3.2.2, the period of time a Registrant was appointed to the Academic Advisory Committee shall be counted as part of the calculation of the nine-year total, regardless of whether the Registrant was selected as an Academic Director pursuant to Section 4.3.2 for all or part of that time.

4.4 Disqualification of Academic Directors

- 4.4.1 If an Academic Director is disqualified from sitting on the Board under Section 2.4, the Board shall select a replacement from among the members of the Academic Advisory Committee who are not disqualified from sitting on the Board and are not Directors.

Amendment Not in Force

On a date to be determined by the Board, this Article 4 is deleted and replaced by the following Article 4:

ARTICLE 4 ACADEMIC DIRECTORS

4.1 Selection of Academic Directors

- 4.1.1 Subject to the eligibility criteria prescribed in Section 2.2, the Academic Directors shall be selected in accordance with Section 4.1.
- 4.1.2 In addition to the review contemplated under Section 3.1.1, the Governance and Nominating Committee shall identify the skills, expertise and diversity that are needed or desired when filling upcoming positions for Academic Directors.
- 4.1.3 At the direction of the Governance and Nominating Committee, the Registrar shall invite the dean of each faculty of medicine of a university in Ontario to propose one or more Registrants who are members of the faculty to be considered as candidates for selection and appointment as an Academic Director. All candidates shall complete and submit an application in the form required by the Governance and Nominating Committee no later than the deadline specified by the Registrar.
- 4.1.4 The Registrar shall forward all applications received by the deadline to the chair of the Governance and Nominating Committee for consideration.
- 4.1.5 The Governance and Nominating Committee shall review all applications received by the deadline to verify that each candidate satisfies the eligibility criteria prescribed in Section 2.2.
- 4.1.6 The Governance and Nominating Committee shall review all applications received by the deadline to assess whether each candidate has skills, expertise and diversity that are within the Board Profile and identified by the Governance and Nominating Committee as needed or desired for the Board pursuant to Section 4.1.2. If an incumbent Academic Director is seeking re-appointment, the Governance and Nominating Committee shall also take into consideration the incumbent Director's performance as a Director in determining if the incumbent Director is qualified to be re-appointed as an Academic Director. To support the Governance and Nominating Committee in its deliberations, the Governance and Nominating Committee may interview short-listed candidates.
- 4.1.7 The Governance and Nominating Committee shall propose nominees for appointment as Academic Directors for the number of Academic Directors whose terms are to expire at the Annual Organizational Meeting that year plus the number of vacancies (if any) in Academic Director positions at the time of proposing the nominees. The Governance and Nominating Committee shall only propose nominees who satisfy the eligibility criteria prescribed in Section 2.2, and (b) have skills, expertise and diversity that were identified by the Governance and Nominating Committee as needed or desired for the Board pursuant to Section 4.1.2.
- 4.1.8 At a meeting of the Board prior to the Annual Organizational Meeting for that year, the Board shall consider a motion to select and appoint the nominees proposed by the Governance and Nominating Committee as Academic Directors, starting upon the adjournment of the Annual Organizational Meeting for the year until the third Annual Organizational Meeting thereafter, or until such earlier time as specified in the appointment.

4.2 Term of Office of Academic Directors

4.2.1 Academic Directors shall hold office for a term of three years or such shorter period of time as specified in the appointment.

4.3 Disqualification of Academic Directors

4.3.1 If an Academic Director is disqualified from sitting on the Board under Section 2.4, a Registrant who is a member of a faculty of medicine of a university in Ontario shall be selected to fill the vacancy in accordance with Section 4.1.

ARTICLE 5 OFFICERS

5.1 Officers

5.1.1 The Board shall annually elect a Chair and Vice-Chair to hold office starting upon the adjournment of the next Annual Organizational Meeting (or if elected at an Annual Organizational Meeting, starting upon the adjournment of such meeting) until the next Annual Organizational Meeting and, if an election is not so held, the Chair and Vice-Chair shall continue in office until their successors are elected. The procedure for election of the Chair and Vice-Chair shall be in accordance with Section 6.2.10.

Amendment Not in Force

On a date to be determined by the Board, this section 5.1 is amended by adding the following section 5.1.2:

5.1.2 The candidates for Chair and Vice-Chair positions shall be determined as follows:

- (a) at the direction of the Governance and Nominating Committee, the Registrar shall invite all Directors to submit an expression of interest if interested to serve as the Vice-Chair or Chair;
- (b) the Governance and Nominating Committee may also identify and solicit candidates to submit expressions of interest for election to be Vice-Chair and Chair;
- (c) the Registrar shall specify the deadline by which expressions of interest must be received by the Registrar. The Registrar shall forward all expressions of interest received by the deadline to the chair of the Governance and Nominating Committee for consideration;
- (d) the Governance and Nominating Committee shall identify the skills, expertise and diversity based on the Board Profile that are needed or desired when filling upcoming positions for Chair and Vice-Chair positions.
- (e) the Governance and Nominating Committee shall review all expressions of interest received by the deadline to assess whether each candidate has skills, expertise and diversity identified by the Governance and

Nominating Committee as needed or desired for Chair and Vice-Chair positions pursuant to Section 5.1.2(d). To support the Governance and Nominating Committee in its deliberations, the Governance and Nominating Committee may interview short-listed candidates; and

- (f) the Governance and Nominating Committee shall propose nominees for each of the Chair and Vice-Chair positions who have skills, expertise and diversity that were identified by the Governance and Nominating Committee as needed or desired for the Chair and Vice-Chair positions pursuant to Section 5.1.2(d), and submit the proposed nominees to the Board for election.

5.2 Board Officers

- 5.2.1 The Chair is the chief officer of the College, and the other members of the Executive Committee shall assist the Chair in the discharge of the Chair's duties as may be requested by the Chair from time to time.
- 5.2.2 The Vice-Chair is the deputy chief officer of the College and shall discharge the duties of the Chair if the Chair is unavailable or unable to act. The Vice-Chair shall also perform the other duties requested from time to time by the Chair.

5.3 Vacancies in Board Officer Positions

- 5.3.1 The office of the Chair or Vice-Chair becomes vacant if the holder of the office dies, resigns, is disqualified from the Board or a committee, otherwise stops being a Director, is removed from office by a vote of the Board at a special meeting called for that purpose or, in the case of the Vice-Chair, in accordance with Section 5.3.2(b). A vacancy in the office of the Chair shall be filled in accordance with Section 5.3.2 or Section 5.3.4, as the case may be. A vacancy in the office of the Vice-Chair shall be filled in accordance with Section 5.3.3 or Section 5.3.4, as the case may be.
- 5.3.2 If the office of the Chair becomes vacant:
 - (a) the Vice-Chair becomes the Chair for the unexpired term of the office; and
 - (b) the office of the Vice-Chair thereby becomes vacant.
- 5.3.3 If the office of the Vice-Chair becomes vacant, the Board shall fill any vacancy in the office of the Vice-Chair at a special meeting which the Chair shall call for that purpose as soon as practicable after the vacancy occurs.
- 5.3.4 If the offices of the Chair and the Vice-Chair become vacant concurrently:
 - (a) the longest-serving member of the Executive Committee who is:
 - (i) a Registrant if the Chair was a Registrant; or
 - (ii) a Public Director if the Chair was a Public Director, becomes the Chair *pro tempore* until the Board fills the vacancies; and

- (b) the Board shall fill both vacancies at a special meeting which the Chair *pro tempore* shall call for that purpose as soon as practicable after the vacancies occur.

ARTICLE 6 MEETINGS OF THE BOARD

6.1 Board Meetings

6.1.1 The Board shall hold:

- (a) an annual organizational meeting, which shall be called by the Chair between November 1st and December 14th of each year (the “**Annual Organizational Meeting**”);
- (b) an annual financial meeting, which shall be called by the Chair between March 1st and June 30th of each year (the “**Annual Financial Meeting**”);
- (c) regular meetings other than the Annual Organizational Meeting and the Annual Financial Meeting, which shall be called by the Chair from time to time; and
- (d) special meetings, which may be called by the Chair, any four members of the Executive Committee or by any 12 Directors, in each case by depositing with the Registrar a written requisition for the meeting containing the matter or matters for decision at the meeting. On receipt of a requisition, the meeting shall be called in accordance with Section 6.2.1.

6.1.2 A regular meeting of the Board includes an Annual Organizational Meeting and an Annual Financial Meeting.

6.1.3 The Board shall, at the Annual Organizational Meeting, approve a budget authorizing expenditures for the benefit of the College during the following fiscal year.

6.1.4 At each Annual Financial Meeting, the Board shall do the following:

- (a) consider and, if thought fit, approve the financial statements for the preceding fiscal year and the Auditor’s report; and
- (b) appoint one or more Auditors who are duly licensed under the *Public Accounting Act, 2004*, S.O. 2004, c. 8 to hold office until the next Annual Financial Meeting and, if an appointment is not so made, the Auditor in office shall continue until a successor is appointed.

6.1.5 The Board shall fill any temporary vacancy in the office of the Auditor but, while such vacancy continues, the surviving or continuing Auditor, if any, shall continue as the Auditor.

6.1.6 The Registrar shall give notice of every appointment and reappointment of an Auditor to the Auditor in writing promptly after the appointment or reappointment is made, together with a copy of the By-laws.

6.2 Meeting Process

6.2.1 Meetings of the Board shall take place in Ontario at a place, date and time designated by the Chair, the four members of the Executive Committee or the 12 Directors calling the meeting but, if a place, date or time is not designated or is incompatible with the By-laws, the Registrar shall select a place, date and time compatible with the By-laws which is as close as the Registrar can reasonably select to the place, date and time designated by the person(s) calling the meeting.

6.2.2 The Registrar shall cause each Director to be notified in writing of the place, date and time of a Board meeting, by sending such notification at least:

- (a) 14 days before a regular meeting; and
- (b) five days before a special meeting;

The Registrar is responsible for including in or with the notification of a special meeting the matter or matters for decision contained in the requisition of the meeting deposited with the Registrar.

6.2.3 The Board 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 Director at the preceding Board meeting; or
 - (iv) if a vote is held at the meeting and at least a two-thirds majority of the votes cast by the Directors in attendance at the meeting agree to consider such motion; and
- (c) at any meeting, routine and procedural motions in accordance with the rules of order.

6.2.4 The Chair is responsible for the organization of an agenda for each Board meeting, which shall be distributed to the Directors as long a time before the meeting as is practical. Each agenda for a Board meeting shall include an anticipated time for the consideration of each item on the agenda.

6.2.5 If a Director wishes to ask questions of the Executive Committee, or raise topics for informal discussion, that are relevant to the affairs of the College at the Board meeting, the Director shall submit such questions or topics to the Chair as far in

advance of the Board meeting as is practical, and where possible, prior to the Chair distributing an agenda for such Board meeting.

- 6.2.6 The Chair or the Chair's appointee for the purpose shall be the presiding officer for meetings of the Board. Unless otherwise required by law or in the By-laws, the presiding officer may vote on any motion or in any election which properly comes before the Board unless the presiding officer has a Conflict of Interest in connection with such motion or election.
- 6.2.7 Unless otherwise required by law or in the By-laws, a majority of Directors constitutes a quorum.
- 6.2.8 Unless otherwise required by law or in the By-laws, every motion which properly comes before the Board shall be decided by a simple majority of the votes cast at the meeting by the Directors in attendance, and if there is an equality of votes on a motion, the motion shall be deemed to have been defeated.
- 6.2.9 Unless otherwise required or permitted by the By-laws, every vote at a Board meeting shall be by a show of hands. The presiding officer shall declare the result of every vote, and the presiding officer's declaration is final.
- 6.2.10 The procedure for election of the Chair, Vice-Chair, the Executive Member Representatives and members of the Governance and Nominating Committee shall be as follows:
- (a) if there is only one nominee for an office or position, the presiding officer shall declare the nominee elected by acclamation; or
 - (b) if there are two or more nominees for an office or position:
 - (i) prior to the first vote, each of these nominees shall be given an opportunity to speak to the Board for a maximum of two minutes about the nominee's candidacy for the office or position;
 - (ii) such office or position shall be selected by voting by secret ballot, using generally accepted democratic procedures;
 - (iii) the nominee who receives a majority of the votes cast for such office or position shall be declared the successful nominee;
 - (iv) if no nominee receives a majority of the votes cast, the nominee who receives the lowest number of votes shall be deleted from the nomination (subject to Section 6.2.10(b)(v), and another vote by secret ballot shall be taken. This procedure shall be followed until one nominee receives a majority of the votes cast;
 - (v) if a tie vote occurs between two or more nominees having the lowest number of votes and no nominee receives a majority of the votes cast:
 - (A) if there is only one nominee other than the tied nominees, a vote by secret ballot shall be taken to determine which of the tied

nominees shall be deleted from the nomination. If the nominees again receive an equal number of votes, the presiding officer shall break the tie by lot; or

- (B) if there are two or more nominees other than the tied nominees, all of the tied nominees shall be deleted from the nomination; and
- (vi) if the nominees that remain have an equal number of votes, each of these nominees shall be given an opportunity to speak to the Board for a maximum of two minutes about the nominee's candidacy for the office or position, and then another vote by secret ballot shall be taken. If the nominees again receive an equal number of votes, the presiding officer shall break the tie by lot.

Amendment Not in Force

On a date to be determined by the Board, section 6.2.10 is amended by striking out the reference to “, the Executive Member Representatives”.

- 6.2.11 The Board may, at the discretion of the presiding officer, use an electronic voting system for votes to be held by ballot (including secret ballot) or by a show of hands. If an electronic voting system is used for a vote by ballot, references in the By-laws shall be deemed to be references to an electronic ballot.
- 6.2.12 The Registrar is responsible for the recording of the proceedings of each Board meeting. The written record of the proceedings of a Board meeting when accepted at a subsequent Board meeting, subject to any corrections made at such subsequent meeting, is conclusive proof that the written record accurately reflects the proceedings of the Board meeting. A Director's absence from the meeting for which the record of proceedings are being approved does not prevent the Director from participating in the correction or approval of the record.
- 6.2.13 Whether or not a quorum is present, the presiding officer may adjourn any properly called Board meeting and reconvene the meeting at any time and from time to time. If a quorum is present at any reconvened meeting, any matter may be considered and transacted at the reconvened meeting which could have been transacted at the original meeting which was adjourned.
- 6.2.14 A meeting of the Board may, in the discretion of the presiding officer, be held in any manner, including by telephonic or electronic means, that allows all the persons participating to communicate with each other simultaneously and instantaneously. The meeting may only be held by telephonic or electronic means if the presiding officer is satisfied that the proceedings may proceed with adequate security and if applicable, confidentiality.
- 6.2.15 The rules of order prescribed in Schedule 1 to this By-law are the rules of order for meetings of the Board.

PART 3. COMMITTEES

ARTICLE 7 APPOINTMENTS AND PROCEDURE

7.1 Committee Composition

- 7.1.1 Unless otherwise required by law or in the By-laws:
- (a) the Board shall appoint the members of each committee and a chair and if desired, a vice-chair of each committee;
 - (b) the Board shall establish the powers and duties of each committee; and
 - (c) each committee shall be composed of such Registrants and others as the Board may appoint.
- 7.1.2 The Board and the Executive Committee may establish special committees, and may appoint the members and a chair and vice-chair to, and establish the powers and duties of, any such special committee. The members of a special committee shall be composed of such Registrants and others as the Board may appoint.

7.2 Appointment to Committees

- 7.2.1 The Governance and Nominating Committee shall identify the skills, expertise and diversity that are needed or desired for each committee when filling upcoming positions on committees.
- 7.2.2 The Governance and Nominating Committee shall review expressions of interest received by Registrants or other persons interested in serving as a committee member, chair or vice-chair (other than for the Governance and Nominating Committee and the Executive Committee) and any other candidates identified by the Governance and Nominating Committee to (a) verify that each candidate satisfies the eligibility criteria prescribed in Section 7.3, and (b) assess whether each candidate has skills, expertise and diversity that will meet the needs of the applicable committee as identified by the Governance and Nominating Committee pursuant to Section 7.2.1. To support the Governance and Nominating Committee in its deliberations, the Governance and Nominating Committee may interview short-listed candidates.
- 7.2.3 The Governance and Nominating Committee shall propose nominees for committee members, chairs and vice-chairs to be submitted to the Board for appointment as needed for each committee (other than for the Governance and Nominating Committee and the Executive Committee), but no less than annually. The Governance and Nominating Committee shall only propose nominees who (a) satisfy the eligibility criteria prescribed in Section 7.3, and (b) have skills, expertise and diversity that will meet the needs of the applicable committee as identified by the Governance and Nominating Committee pursuant to Section 7.2.1.
- 7.2.4 The Board may appoint to a committee a person who is not a Registrant or a Director.

7.2.5 This Section 7.2 does not apply to filling positions on the Governance and Nominating Committee or the Executive Committee.

7.3 Eligibility of Committee Members

7.3.1 To be eligible to be appointed to a committee, a Registrant or other person (other than a Public Director), on the date of the appointment:

- (a) in the case of a Registrant, has their Business Address (if any) in Ontario and resides in Ontario;
- (b) in the case of a Registrant, is not in default of payment of any fees payable to the College;
- (c) in the case of a Registrant, is not a director or officer of the Ontario Medical Association, the Canadian Medical Protective Association, the Canadian Medical Association, the Coalition of Family Physicians and Specialists of Ontario or the Ontario Specialists Association;
- (d) is not an employee of the College;
- (e) is not a Relative of an employee of the College;
- (f) is not, and has never been, a party to civil litigation or arbitration adverse in interest against the College, the Board, a committee, a Director or a College officer, employee or agent, provided that the litigation or arbitration against a College employee or agent relates to the College or their role as an employee or agent of the College;
- (g) in the case of a Registrant, holds a certificate of registration that has never been revoked or suspended, other than an administrative suspension more than six years before the date of the appointment;
- (h) in the case of a Registrant, holds a certificate of registration that is not subject to a term, condition or limitation other than one prescribed by a regulation made under the Act or the Medicine Act or imposed by the Registration Committee pursuant to a College registration policy;
- (i) in the case of a Registrant, has not been found to have committed an act of professional misconduct or to be incompetent by a panel of the Ontario Physicians and Surgeons Discipline Tribunal or found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee, unless the notation of such finding has been removed from the Register pursuant to section 23(11) of the Code;
- (j) in the case of a Registrant, is not the subject of any disciplinary or incapacity proceeding;
- (k) in the case of a Registrant, is not subject to an outstanding interim order by the ICRC under the Code;

- (l) in the case of a Registrant, has not been required by the ICRC to complete a SCERP within five years before the date of the appointment;
- (m) in the case of a Registrant, has not been required to appear before a panel of the ICRC to be cautioned within five years before the date of the appointment;
- (n) has no findings of guilt (unless a pardon was granted or a record suspension was ordered in respect of the findings) or outstanding charges made against the Registrant under the Health Insurance Act, the Criminal Code or the Controlled Drugs and Substances Act or under any comparable legislation or criminal laws of another jurisdiction;
- (o) in the case of a Registrant, is in compliance with all continuing professional development required by the Medicine Act;
- (p) is not an undischarged bankrupt;
- (q) is not a person who has been found to be incapable of managing property under the Substitute Decisions Act or under the Mental Health Act;
- (r) is not a person who has been declared incapable by any court in Canada or elsewhere; and
- (s) is not ineligible for such appointment under Section 7.6.6 or Section 7.6.7.

7.4 Rescission of Committee Appointment

7.4.1 The Board may rescind the appointment of a committee member prior to the expiry of the appointment at any time upon recommendation from the Governance and Nominating Committee. This Section 7.4.1 does not apply to members of the Governance and Nominating Committee, the Executive Committee, or individuals who are committee members by virtue of the office they hold.

7.5 Disqualification of Members from Committees

7.5.1 A committee member (other than a Public Director) is automatically disqualified from sitting on the committee if the committee member:

- (a) in the case of a Registrant, ceases to have their Business Address (if any) in Ontario or ceases to reside in Ontario;
- (b) becomes a director or officer of the Ontario Medical Association, the Canadian Medical Protective Association, the Canadian Medical Association, the Coalition of Family Physicians and Specialists of Ontario or the Ontario Specialists Association;
- (c) becomes an employee of the College;
- (d) becomes a Relative of an employee of the College;

- (e) becomes a party to civil litigation or arbitration adverse in interest against the College, the Board, a committee, a Director or a College officer, employee or agent, provided that the litigation or arbitration against a College employee or agent relates to the College or their role as an employee or agent of the College;
- (f) in the case of a Registrant, has had their certificate of registration revoked or suspended, including an administrative suspension;
- (g) in the case of a Registrant, ceases to hold a certificate of registration that is not subject to a term, condition or limitation other than one prescribed in any regulation made under the Act or the Medicine Act or imposed by the Registration Committee pursuant to a College registration policy;
- (h) in the case of a Registrant, is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Ontario Physicians and Surgeons Discipline Tribunal;
- (i) in the case of a Registrant, is found to be an incapacitated Registrant by a panel of the Fitness to Practise Committee;
- (j) in the case of a Registrant, becomes the subject of any disciplinary or incapacity proceeding;
- (k) in the case of a Registrant, becomes subject to an interim order by the ICRC under the Code;
- (l) in the case of a Registrant, is required by the ICRC to complete a SCERP;
- (m) in the case of a Registrant, is required to appear before a panel of the ICRC to be cautioned;
- (n) is charged with an offence under the Health Insurance Act, the Criminal Code or the Controlled Drugs and Substances Act or under any comparable legislation or criminal laws of another jurisdiction;
- (o) is found guilty of an offence under the Health Insurance Act, the Criminal Code or the Controlled Drugs and Substances Act or under any comparable legislation or criminal laws of another jurisdiction;
- (p) in the case of a Registrant, is not in compliance with all continuing professional development required by the Medicine Act;
- (q) becomes an undischarged bankrupt;
- (r) is found to be incapable of managing property under the Substitute Decisions Act or under the Mental Health Act; or
- (s) is declared incapable by any court in Canada or elsewhere.

- 7.5.2 A committee member (other than a Public Director) may be disqualified from sitting on the committee if the committee member:
- (a) fails to attend three consecutive meetings of the committee;
 - (b) fails to attend all or part of a hearing for which the committee member has been selected;
 - (c) in the case of a Registrant, is in default of payment of any fee payable to the College for more than 30 days;
 - (d) fails, in the opinion of the Board, to discharge the committee member's duties to the College, including having acted in a Conflict of Interest or otherwise in breach of a College By-law, the Act, or the College's governance policies; or
 - (e) did not satisfy one or more of the criteria for eligibility prescribed in Section 7.3 at the date of appointment to the committee, and the committee member did not disclose same to the College or the committee member was untruthful or misled the College about same.
- 7.5.3 A committee member (including a Public Director) shall immediately notify the Registrar in writing if any of the criteria for disqualification prescribed in Section 7.5.1 or Section 7.5.2 arise regarding that committee member.
- 7.5.4 The chair or vice-chair of a committee shall advise the Registrar in writing if they believe that a committee member (including a Public Director) meets one or more of the criteria for disqualification prescribed in Section 7.5.1 or Section 7.5.2.
- 7.5.5 If the Registrar receives information in writing that suggests a committee member (other than a Public Director) meets any of the criteria for disqualification prescribed in Section 7.5.1 or Section 7.5.2, the Registrar shall report the matter to the Executive Committee.
- 7.5.6 If the Executive Committee receives information pursuant to Section 7.5.5 that suggests a committee member (other than a Public Director) meets any of the criteria for disqualification prescribed in Section 7.5.1, the Executive Committee shall notify such committee member and the chair of the applicable committee that such committee member has been disqualified from the committee.
- 7.5.7 If the Executive Committee believes that a committee member (other than a Public Director) meets any of the criteria for disqualification prescribed in Section 7.5.2, the Executive Committee shall notify such committee member (the “**Subject Committee Member**”) of the nature of the concern and provide the Subject Committee Member a reasonable opportunity to respond to the concern before making a decision to refer the matter to the Board.
- 7.5.8 If the Executive Committee decides that the matter warrants the Board's consideration, the Executive Committee shall place the matter on the agenda of the Board's next meeting, or the Chair shall call a special Board meeting for the purpose of determining whether the Subject Committee Member meets any of the criteria for disqualification prescribed in Section 7.5.2. The Registrar shall advise

the Subject Committee Member of the date of the meeting and that the Subject Committee Member may make written or oral submissions to the Board at the meeting.

- 7.5.9 Disqualification of a committee member (other than a Public Director) pursuant to the disqualification criteria prescribed in Section 7.5.2 shall be decided by a simple majority of the votes cast at the meeting by the Directors in attendance.
- 7.5.10 A committee member who is disqualified ceases to be a member of the committee.
- 7.5.11 A Director who is disqualified from sitting on the Board is thereby disqualified from sitting on each committee of which the Director is a member.
- 7.5.12 If any of the criteria for disqualification prescribed in Section 7.5.1 or Section 7.5.2 occur with respect to a member of a committee who is a Public Director, the College may report this to the Ministry of Health and may request that the Public Director's appointment to the Board be revoked.

7.6 Committee Member Terms

- 7.6.1 The term of office of a committee member starts when the committee member is appointed or at such later time as the Board specifies in the appointment.
- 7.6.2 Except as provided in Section 7.6.3, the term of office of a committee member automatically expires at the third Annual Organizational Meeting of the Board which occurs after the appointment or at such earlier time as the Board specifies in the appointment.
- 7.6.3 The term of office of each member of the Governance and Nominating Committee and the Executive Committee automatically expires at the Annual Organizational Meeting of the Board which occurs next after the appointment.
- 7.6.4 If one or more vacancies occur in the membership of a committee, the committee members remaining in office constitute the committee so long as their number is not fewer than the quorum prescribed by law or in the By-laws.
- 7.6.5 The Executive Committee may and, if necessary for a committee to achieve its quorum shall, make appointments to fill any vacancies which occur in the membership of a committee.
- 7.6.6 Subject to Section 7.6.8, a person is not eligible for appointment to a committee if a person has been a member of such committee for a total of nine years or more, whether consecutively or non-consecutively.
- 7.6.7 Subject to Section 7.6.8:
 - (a) a Registrant is not eligible for appointment to a committee if the Registrant has been a Director or a member of any one or more committees for a total of 18 years or more, whether consecutively or non-consecutively; and

- (b) a person who is not a Registrant is not eligible for appointment to a committee if the person has been a member of any one or more committees for a total of 18 years or more, whether consecutively or non-consecutively.

For greater certainty, for purposes of calculating the 18-year total in Section 7.6.7, any period of time spent on the Board and/or one or more committees concurrently counts as one period of time, and is not counted separately for the Board and each committee.

- 7.6.8 **Exceptional Circumstances.** Despite Sections 7.3.1(s), 7.6.6 and 7.6.7, the Board, if it determines it is necessary to do so due to exceptional circumstances, may appoint a person to a committee for additional one-year terms, but not to exceed two years in total.

7.7 Committee Meetings

- 7.7.1 Section 7.7 does not apply to a proceeding of a committee or a panel of a committee that is held for the purpose of conducting a hearing.
- 7.7.2 All committee meetings shall be conducted in accordance with the By-laws and the terms of reference, if any, established by the applicable committee.
- 7.7.3 Each committee shall meet from time to time at the direction of the Board or the Executive Committee or the call of the chair of the committee at a place in Ontario, and the date and time are to be designated by the chair of the committee.
- 7.7.4 Committee members shall be provided with notice of all regular meetings through a periodic committee meeting schedule provided to each committee member. Notice shall be provided to committee members for any additional committee meetings as far in advance of the meeting as is practical.
- 7.7.5 Unless otherwise required by law or in the By-laws, a majority of the members of a committee constitutes a quorum.
- 7.7.6 The chair of a committee or the chair's appointee for the purpose shall be the presiding officer for meetings of the committee or panel as appropriate.
- 7.7.7 Every question or motion which comes before a committee may be decided by a majority of the votes cast at the meeting and, if there is an equality of votes on a question or motion, the question or motion shall be deemed to have been defeated.
- 7.7.8 A meeting of a committee or of a panel of a committee that is held for any purpose other than conducting a hearing may, in the discretion of the chair of the committee, be held in any manner, including by telephonic or electronic means, that allows all the persons participating to communicate with each other simultaneously and instantaneously. The meeting may only be held by telephonic or electronic means if the presiding officer is satisfied that the proceedings may proceed with adequate security and confidentiality.
- 7.7.9 The presiding officer is responsible for the recording of the deliberations at every meeting of a committee and meeting of a panel of a committee. The presiding

officer may vote on any question or motion which comes before the committee unless the presiding officer has a Conflict of Interest in connection with such question or motion.

- 7.7.10 The written record of the proceedings and deliberations at a committee meeting (other than a meeting of a panel of a committee) when accepted at a subsequent committee meeting, subject to any corrections made at such subsequent meeting, is conclusive proof that the written record accurately reflects the proceedings and deliberations at the committee meeting. A committee member's absence from the meeting for which the record of proceedings are being approved does not prevent the committee member from participating in their correction or approval.
- 7.7.11 The written record of the proceedings and deliberations of a meeting of a panel of a committee for any purposes other than conducting a hearing, when signed by the persons purporting to be the presiding and recording officers thereof, is conclusive proof that the written record accurately reflects the proceedings and deliberations of the panel of the committee.

ARTICLE 8 STATUTORY COMMITTEES

8.1 Statutory Committees

8.1.1 The Code provides that the College shall have the following committees:

- (a) Executive Committee;
- (b) Registration Committee;
- (c) Inquiries, Complaints and Reports Committee;
- (d) Discipline Committee;
- (e) Fitness to Practise Committee;
- (f) Quality Assurance Committee; and
- (g) Patient Relations Committee.

8.1.2 Subject to the Code and the By-laws, statutory committees, standing committees and any special committees may establish their own terms of reference and rules of procedures.

8.2 Executive Committee

8.2.1 The Executive Committee shall be composed of the following six members:

- (a) the Chair and the Vice-Chair;
- (b) the past Chair, subject to Section 8.2.1(c); and

- (c) three, or if the past Chair is unwilling or unable to serve on the Executive Committee, four Directors (each, an **“Executive Member Representative”**).

A minimum of two members of the Executive Committee (regardless of their position on the Executive Committee) shall be Physician Directors. A minimum of two members of the Executive Committee (regardless of their position on the Executive Committee) shall be Public Directors.

Amendment Not in Force

On a date to be determined by the Board, this Section 8.2.1 is deleted and replaced with the following Section 8.2.1:

8.2.1 The Executive Committee shall be composed of the following six members:

- (a) the Chair;
- (b) the Vice-Chair; and
- (c) four Directors (each, an **“Executive Member Representative”**).

A minimum of three members of the Executive Committee (regardless of their position on the Executive Committee) shall be Physician Directors. A minimum of two members of the Executive Committee (regardless of their position on the Executive Committee) shall be Public Directors.

8.2.2 The Board shall annually appoint the Executive Member Representatives to the Executive Committee. The nominees for the Executive Member Representatives shall be determined in accordance with the following:

- (a) if one or both of the Chair-elect and the past Chair-to-be are not Physician Directors, or the then current Chair is unwilling or unable to serve on the Executive Committee as the past Chair in the following year, the Board shall hold an election of nominees for the remaining number of Physician Directors required in order to have a minimum of two Physician Directors on the Executive Committee, as prescribed by Section 8.2.1;
- (b) if one or both of the Chair-elect and the past Chair-to-be are not Public Directors, or the then current Chair is unwilling or unable to serve on the Executive Committee as the past Chair in the following year, the Board shall hold an election of nominees for the remaining number of Public Directors required in order to have a minimum of two Public Directors on the Executive Committee, as prescribed by Section 8.2.1;
- (c) the Board shall then hold an election of nominees for the number of unfilled Executive Member Representative positions. The nominees for this election may be Physician Directors and/or Public Directors;
- (d) all of the elections contemplated under this Section 8.2.2 shall be in accordance with the procedure set out in Section 6.2.10; and

- (e) following such elections, the Board shall consider a motion to appoint the successful nominees to serve as the Executive Member Representatives starting upon the adjournment of the next Annual Organizational Meeting (or if appointed at an Annual Organizational Meeting, starting upon the adjournment of such meeting) until the following Annual Organizational Meeting.

Amendment Not in Force

On a date to be determined by the Board, this Section 8.2.2 is deleted and replaced with the following Section 8.2.2:

- 8.2.2 The Board shall annually appoint the Executive Member Representatives to the Executive Committee starting upon the adjournment of the next Annual Organizational Meeting (or if appointed at an Annual Organizational Meeting, starting upon the adjournment of such meeting) until the following Annual Organizational Meeting. The nominees for the Executive Member Representatives shall be determined by the Governance and Nominating Committee in accordance with the following:
- (a) at the direction of the Governance and Nominating Committee, the Registrar shall invite all Directors to submit an expression of interest if interested to serve as an Executive Member Representative;
 - (b) the Governance and Nominating Committee may also identify and solicit Directors to submit expressions of interest to serve as an Executive Member Representative;
 - (c) the Registrar shall specify the deadline by which expressions of interest must be received by the Registrar. The Registrar shall forward all expressions of interest received by the deadline to the chair of the Governance and Nominating Committee for consideration;
 - (d) the Governance and Nominating Committee shall identify the skills, expertise and diversity based on the Board Profile that are needed or desired when filling upcoming positions Executive Member Representative positions;
 - (e) the Governance and Nominating Committee shall review all expressions of interest received by the deadline to assess whether each candidate has skills, expertise and diversity identified by the Governance and Nominating Committee as needed or desired for the Executive Committee pursuant to Section 8.2.2(d). To support the Governance and Nominating Committee in its deliberations, the Governance and Nominating Committee may interview short-listed candidates; and
 - (f) the Governance and Nominating Committee shall propose nominees for each Executive Member Representative positions who have skills, expertise and diversity that were identified by the Governance and Nominating Committee as needed or desired for the Executive Committee

pursuant to Section 8.2.2(d), and submit the proposed nominees to the Board for appointment.

- 8.2.3 The Chair is the chair of the Executive Committee. The Vice-Chair is the vice-chair of the Executive Committee.
- 8.2.4 In addition to the duties of the Executive Committee set out in section 12(1) of the Code and Section 8.3.1, the Executive Committee shall:
- (a) review the performance of the Registrar and shall set the compensation of the Registrar; and
 - (b) oversee and assist College staff with the development and delivery of major communications, government relations, and outreach initiatives to the profession, the public and other stakeholders, consistent with the College's strategic plan.

Amendment Not in Force

On a date to determined by the Board, Section 8.2.4 is amended by adding the following as Section 8.2.4(c):

- (c) engage in a process, in accordance with Section 9.3.3, to identify and approve nominations for the positions (other than the Vice-Chair) on the Governance and Nominating Committee and submit the nominations to the Board for election.

- 8.2.5 In order to fulfill its duties under Section 8.2.4(a), the Executive Committee shall:
- (a) consult with the Board in respect of the performance of the Registrar and with respect to setting performance objectives in accordance with a process approved from time to time by the Board;
 - (b) ensure that the appointment and re-appointment of the Registrar are approved by the Board; and
 - (c) approve a written agreement setting out the terms of employment of the Registrar.

8.3 Executive Delegation

- 8.3.1 Unless otherwise required by law or in the By-laws, the Executive Committee may exercise all the powers and duties of the Board with respect to any matter that, in the opinion of the Executive Committee, requires attention between meetings of the Board.
- 8.3.2 The Executive Committee shall not exercise the powers or duties of the Board under Sections 6.1.4(b), 6.1.5 and 14.5.1.

8.4 Registration Committee

8.4.1 The Registration Committee shall be composed of Registrants and Public Directors. The number of members on the Registration Committee shall be determined by the Board annually to meet the needs of the Registration Committee.

8.5 Inquiries, Complaints and Reports Committee

8.5.1 The Inquiries, Complaints and Reports Committee (“**ICRC**”) shall be composed of Registrants and Public Directors. The number of members on the ICRC shall be determined by the Board annually to meet the needs of the ICRC.

8.6 Fitness to Practise Committee

8.6.1 The Fitness to Practise Committee shall be composed of Registrants, Public Directors and individuals with previous experience as adjudicators. The number of members on the Fitness to Practise Committee shall be determined by the Board annually to meet the needs of the Fitness to Practise Committee.

8.7 Patient Relations Committee

8.7.1 The Patient Relations Committee shall be composed of the following:

- (a) no fewer than two and no more than four Registrants who are not currently Directors or current members of other committees; and
- (b) one or two members of the public who are not Registrants and who are not currently Public Directors.

8.8 Quality Assurance Committee

8.8.1 The Quality Assurance Committee shall be composed of Registrants and may, but need not, include Public Directors. The number of members on the Quality Assurance Committee shall be determined by the Board annually to meet the needs of the Quality Assurance Committee.

8.8.2 A panel of three members of the Quality Assurance Committee appointed by the chair of the Quality Assurance Committee is a quorum and may discharge the duties and exercise the authority of the Quality Assurance Committee.

8.9 Discipline Committee (Tribunal)

8.9.1 The Discipline Committee shall be known as the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) in English and Tribunal de discipline des Médecins et chirurgiens de l’Ontario (TDMCO) in French, and each reference to the Ontario Physicians and Surgeons Discipline Tribunal or the Tribunal de discipline des Médecins et chirurgiens de l’Ontario, whether orally or in writing, shall be deemed to be a reference to the Discipline Committee of the College as specified in the Code and the Medicine Act, and any other legislation or policy where the context requires. For ease of reference, the Ontario Physicians and Surgeons Discipline

Tribunal is referred to in this General By-law by its English name or acronym, and all references to the English name or acronym shall be deemed to equally refer to or apply to its French name or acronym, respectively.

- 8.9.2 The Ontario Physicians and Surgeons Discipline Tribunal shall be composed of Physician Directors, Public Directors and individuals with previous experience as adjudicators, and may, but need not include, Registrants who are not Directors. The number of members on the Ontario Physicians and Surgeons Discipline Tribunal shall be determined by the Board annually to meet the needs of the Ontario Physicians and Surgeons Discipline Tribunal.

8.10 Summonses

- 8.10.1 Any member of the OPSDT or Fitness to Practise Committee may sign summonses issued under subsection 12(1) of the *Statutory Powers Procedure Act*.

ARTICLE 9 STANDING COMMITTEES

9.1 Establishment

- 9.1.1 The following committees are the standing committees:

- (a) Finance and Audit Committee;
- (b) Governance and Nominating Committee; and
- (c) Premises Inspection Committee.

9.2 Finance and Audit Committee

- 9.2.1 The Finance and Audit Committee shall be composed of Registrants and Public Directors, in accordance with the terms of reference of the Finance and Audit Committee.

Amendment Not in Force

On a date to determined by the Board, this Section 9.2.1 is deleted and replaced with the following as Section 9.2.1:

- 9.2.1 The Finance and Audit Committee shall be composed of a minimum of five members, including the following:

- (a) the Chair; and
- (b) four Directors.

A minimum of two members of the Finance and Audit Committee (regardless of their position on the Finance and Audit Committee) shall be Physician Directors. A minimum of two members of the Finance and Audit Committee (regardless of their position on the Finance and Audit Committee) shall be Public Directors. The number of members on the

Finance and Audit Committee shall be determined by the Board annually to meet the needs of the Finance and Audit Committee.

9.2.2 The Finance and Audit Committee shall review and report to the Board regarding the financial affairs and position of the College.

9.2.3 In order to fulfil its duty under Section 9.2.2, the Finance and Audit Committee shall:

- (a) meet with the Auditor each year:
 - (i) before the audit to review the timing and extent of the audit and to bring to the attention of the Auditor any matters to which it considers the Auditor should pay attention; and
 - (ii) as shortly before the Annual Financial Meeting as practical in order to review and discuss with the Auditor the financial statements, the Auditor's report and the management letter;
- (b) review the draft budget before it is presented to the Executive Committee, and report to the Executive Committee and the Board arising from its review of:
 - (i) the assumptions in the draft budget;
 - (ii) the steps taken to maximize efficiency and minimize cost in relation to the quality of goods and level of service; and
 - (iii) any other issue which the Finance and Audit Committee considers may affect the financial affairs and position of the College; and
- (c) review from time to time:
 - (i) the expenditures of the College in relation to the budget;
 - (ii) the performance and administration of the College's pension plans;
 - (iii) the investment strategies and performance of the College's non-pension investments; and
 - (iv) the security of the College's assets generally.

9.3 Governance and Nominating Committee

9.3.1 The Governance and Nominating Committee shall be composed of the following persons:

- (a) the Chair, the Vice-Chair, and a past Chair;
- (b) one Physician Director who is not a member of the Executive Committee; and

(c) two Public Directors who are not members of the Executive Committee.

9.3.2 A past Chair shall chair the Governance and Nominating Committee.

9.3.3 The Governance and Nominating Committee shall:

- (a) monitor the governance process adopted by the Board and report annually to the Board on the extent to which the governance process is being followed;
- (b) consider and, if considered advisable, recommend to the Board changes to the governance process;
- (c) ensure nominations for the office of the Chair and the Vice-Chair;
- (d) identify and approve nominations for committee members, chairs and vice-chairs, other than for the Executive Committee, and submit the nominations to the Board for appointment; and
- (e) make recommendations to the Board regarding any other officers, officials or other people acting on behalf of the College.

Amendment Not in Force

On a date to be determined by the Board, this Section 9.3 is deleted and replaced with the following Section 9.3:

9.3 Governance and Nominating Committee

- 9.3.1 The Governance and Nominating Committee shall be composed of a minimum of five persons, including the following:
 - (a) the Vice-Chair;
 - (b) two Physician Directors who are not members of the Executive Committee; and
 - (c) two Public Directors who are not members of the Executive Committee.
- 9.3.2 The Governance and Nominating Committee may engage consultants with expertise relating to corporate governance, professional regulation or any other area of expertise as the Governance and Nominating Committee deems appropriate to advise the Governance and Nominating Committee with performing its mandate.
- 9.3.3 The nominees for the positions (other than the Vice-Chair) on the Governance and Nominating Committee shall be determined by the Executive Committee in accordance with the following:

- (a) at the direction of the Executive Committee, the Registrar shall invite all Directors to submit an expression of interest if interested to serve on the Governance and Nominating Committee;
- (b) the Executive Committee may also identify and solicit Directors to submit expressions of interest to serve on the Governance and Nominating Committee;
- (c) the Registrar shall specify the deadline by which expressions of interest must be received by the Registrar. The Registrar shall forward all expressions of interest received by the deadline to the Chair for consideration;
- (d) the Executive Committee shall identify the skills, expertise and diversity based on the Board Profile that are needed or desired when filling upcoming positions on the Governance and Nominating Committee;
- (e) the Executive Committee shall review all expressions of interest received by the deadline to assess whether each candidate has skills, expertise and diversity identified by the Executive Committee as needed or desired for the Governance and Nominating Committee pursuant to Section 9.3.2(d). To support the Executive Committee in its deliberations, the Executive Committee may interview short-listed candidates; and
- (f) the Executive Committee shall propose nominees for the positions on the Governance and Nominating Committee (other than the Vice-Chair) who have skills, expertise and diversity that were identified by the Executive Committee as needed or desired for the Governance and Nominating Committee pursuant to Section 9.3.2(d) and submit the proposed nominees to the Board for election.

9.3.4 The Board shall annually appoint to the Governance and Nominating Committee the Vice-Chair and the members elected by the Board pursuant to Section 9.3.3 starting upon the adjournment of the next Annual Organizational Meeting (or if appointed at an Annual Organizational Meeting, starting upon the adjournment of such meeting) until the following Annual Organizational Meeting.

9.3.5 The Vice-Chair shall chair the Governance and Nominating Committee.

9.3.6 The Governance and Nominating Committee shall:

- (a) monitor the governance process adopted by the Board and report annually to the Board on the extent to which the governance process is being followed;
- (b) consider and, if considered advisable, recommend to the Board changes to the governance process;
- (c) annually assess the Board profile of skills, expertise and diversity of incumbent Directors and identify the skills, expertise and diversity that are

desired when filling vacancies on the Board, in the offices of the Chair and Vice-Chair and in the Executive Member Representative positions;

- (d) engage in a process, in accordance with Section 3.3, to approve a slate of nominees and submit the slate of nominees to the Board for election as Elected Directors;
- (e) engage in a process, in accordance with Section 4.1, to propose nominees for Academic Directors and submit the nominations to the Board for appointment;
- (f) engage in a process, in accordance with Section 5.1.2, to propose nominees for each of the Chair and Vice-Chair positions and submit the nominations to the Board for election;
- (g) engage in a process, in accordance with Section 8.2.2, to propose nominees for the Executive Member Representative positions and submit the nominations to the Board for appointment;
- (h) engage in a process, in accordance with Section 7.2, to identify and propose nominees for committee members, chairs and vice-chairs, and submit the nominations to the Board for appointment; and
- (i) make recommendations to the Board regarding any other officers, officials or other people acting on behalf of the College.

9.3.7 The procedure for election of the members of the Governance and Nominating Committee shall be in accordance with Section 6.2.10.

9.4 Premises Inspection Committee

- 9.4.1 The Premises Inspection Committee shall be composed of Registrants and may, but need not, include Public Directors. The number of members on the Premises Inspection Committee shall be determined by the Board annually to meet the needs of the Out-of-Hospital Premises Inspection Program.
- 9.4.2 The Premises Inspection Committee shall administer and govern the College's premises inspection program in accordance with Part XI of Ontario Regulation 114/94, and its duties shall include, but not be limited to:
 - (a) ensuring appropriate individuals are appointed to perform inspections or re-inspections as authorized by Ontario Regulation 114/94;
 - (b) ensuring adequate inspections and re-inspections are undertaken and completed in a timely way using appropriate tools and mechanisms;
 - (c) reviewing premises inspection reports and other material referred to in Ontario Regulation 114/94 and determining whether premises pass, pass with conditions or fail an inspection;
 - (d) specifying the conditions that shall attach to each "pass with conditions";

- (e) delivering written reports as prescribed under Ontario Regulation 114/94; and
- (f) establishing or approving costs of inspections and re-inspections and ensuring the Registrant or Registrants performing the procedures on the premises are invoiced for those costs.

9.4.3 A panel of three members of the Premises Inspection Committee appointed by the chair of the Premises Inspection Committee is a quorum, and may discharge the duties and exercise the authority of the Premises Inspection Committee.

PART 4. CONFLICT OF INTEREST

ARTICLE 10 CONFLICT OF INTEREST

10.1 Definition of Conflict of Interest

- 10.1.1 A Conflict of Interest means any real or perceived, actual or potential, direct or indirect situation in which a Director or committee member has a personal or financial interest, a relationship or affiliation that affects, or a reasonable person would conclude that such interest, relationship or affiliation may affect, the Director's or committee member's judgment or ability to discharge their duties and responsibilities to the College, the Board or a committee, as the case may be.
- 10.1.2 If a Director or committee member has a Conflict of Interest, the Director or committee member shall:
 - (a) disclose the conflict;
 - (b) not participate in the discussion of the matter;
 - (c) absent themselves from that portion of the meeting when the Board or committee, as the case may be, is discussing the matter; and
 - (d) not vote on the matter, attempt to influence the vote or decision on the matter, or do anything that might reasonably be perceived as an attempt to influence other Directors or committee members, as the case may be, or the vote or the decision relating to the matter.
- 10.1.3 Without limiting the generality of Section 10.1.2, a Director who has or may have a Conflict of Interest in connection with Board business shall consult with the Registrar and disclose the Conflict of Interest at the earliest opportunity, and in any case before the Board considers the matter to which the Conflict of Interest relates. If there is any doubt as to whether a Conflict of Interest exists, the Director shall declare it to the Board and accept the Board's decision as to whether a Conflict of Interest exists.
- 10.1.4 Without limiting the generality of Section 10.1.2, a member of a committee who has or may have a Conflict of Interest in connection with a matter before the committee shall consult with the appropriate committee support representative, or in the case of an adjudicative committee (including, for greater certainty, OPSDT and the Fitness to Practise Committee), with the OPSDT Office. The committee member

shall disclose the Conflict of Interest at the earliest opportunity, and in any case before the committee considers the matter to which the Conflict of Interest relates. The committee member shall accept the direction of the chair of the committee as to whether there is a Conflict of Interest and any steps the chair takes or requires to resolve the Conflict of Interest. If the chair of a committee has or may have a Conflict of Interest, the chair shall accept the direction of the Executive Committee as to whether there is a Conflict of Interest and any steps the Executive Committee takes or requires to resolve the Conflict of Interest.

- 10.1.5 Declarations of Conflict of Interest shall be recorded in the written record of proceedings of the applicable meeting.
- 10.1.6 All Directors and committee members shall comply with the Conflicts of Interest Policy of the College and the Impartiality in Decision Making Policy of the College.

PART 5. DECLARED EMERGENCY

ARTICLE 11 EMERGENCIES

11.1 Declaring an Emergency

- 11.1.1 A declared emergency shall occur in any of the following circumstances:
 - (a) the Executive Committee has, by a motion decided by a simple majority vote of the votes cast at the meeting by the members of the Executive Committee in attendance, declared there to be an emergency; or
 - (b) the Registrar has declared there to be an emergency provided that the Registrar may only do so if there has been a declared emergency under the *Emergency Management and Civil Protection Act*, R.S.O. 1990, c. E.9 anywhere in the Province of Ontario and the Executive Committee is unable to meet within 24 hours of such declaration.

11.2 Emergency Measures and Limitations

- 11.2.1 The following provisions shall apply only in the event of a declared emergency:
 - (a) the Registrar or the Executive Committee shall give immediate notice to every Director that a declared emergency exists;
 - (b) three members of the Executive Committee, at least one of which shall be a Physician Director and at least one of which shall be a Public Director, shall constitute a quorum, and this Section 11.2.1(b) also applies for the purpose of the Executive Committee declaring an emergency;
 - (c) in the event that during the declared emergency there shall be one or more vacancies on the Executive Committee, each such vacancy shall be deemed to be filled by a Director in the following order:
 - (i) if the vacancy is the Chair position, the Vice-Chair shall become the Chair;

- (ii) if the vacancy is the Vice-Chair position, the member of the Executive Committee (other than the Chair or past Chair, if on the Executive Committee) who has been on the Board the longest shall become the Vice-Chair;
 - (iii) except as set out in Sections 11.2.1(c)(i) and (ii), fill each Public Director vacancy with a Public Director (other than a Public Director who is appointed to the Governance and Nominating Committee) based on their seniority on the Board (for greater certainty, length of term);
 - (iv) except as set out in Sections 11.2.1(c)(i) and (ii), fill each Physician Director vacancy with a Physician Director (other than a Physician Director who is appointed to the Governance and Nominating Committee) based on their seniority on the Board (for greater certainty, length of term); and
 - (v) subject to the quorum requirements in Section 11.2.1(b), if a vacancy on the Executive Committee is not able to be filled in accordance with Sections 11.2.1(c)(iii) or (iv), such vacancy may be filled by either a Public Director or a Physician Director, despite Section 8.2.1;
- (d) a position on the Executive Committee may be declared vacant by the other members of the Executive Committee if the Director holding that position on the Executive Committee is considered by the other members of the Executive Committee to be unable to participate in Executive Committee meetings due to a circumstance connected to the declared emergency;
 - (e) in the event that an election of Directors is not able to be held, the term of office of the elected Directors shall continue despite Section 3.2 until the first regular meeting of the Board held after the election;
 - (f) despite Section 6.2.2 and Section 6.2.3, a Board meeting may be called by the Chair or Registrar at any time on such notice as is sufficient for a quorum to be present, and such meeting may consider and deal with any matter that the Board agrees to consider by a simple majority of votes cast by the Directors in attendance at the meeting; and
 - (g) the Executive Committee may vary the application of any provision(s) of the By-laws as it determines is necessary to facilitate the proper functioning or operation of the College, the Executive Committee or the Board, or their ability to fulfill their mandate, without the need to amend the By-laws, provided that such variation is not contrary to law and the affected By-laws shall be applied as enacted once the declared emergency is over.
- 11.2.2 The Executive Committee and the Registrar shall exercise the powers granted to them under this Article 11 only when, and to the extent, necessary in the circumstances.
- 11.2.3 In the event of a conflict between this Article 11 and any other provisions of the By-laws, the provisions of this Article 11 shall prevail.

11.3 Ceasing Emergency

- 11.3.1 The declared emergency is not intended to continue indefinitely and should be declared over, as provided in Section 11.3.2, when there is no longer a reasonable basis or rationale for keeping the declared emergency in place. Without limiting the generality of the foregoing, the Executive Committee or the Board should consider ceasing the declared emergency if one or more of the following applies:
- (a) if the emergency declared under the By-laws is related to, or affected by, an emergency declared under the *Emergency Management and Civil Protection Act*, R.S.O. 1990, c. E.9 anywhere in the Province of Ontario, the emergency declared under such Act is terminated; or
 - (b) the circumstances leading to the declaration of emergency under the By-laws no longer exist or apply, or are not significantly impeding or negatively affecting, and are not expected to significantly impede or negatively affect, the proper functioning or operation of the College, the Executive Committee or the Board, or their ability to fulfill their mandates.
- 11.3.2 A declared emergency shall cease when the Executive Committee or the Board declares, by a motion decided by a simple majority vote of the votes cast at the meeting by the members of the Executive Committee or the Directors of the Board, as the case may be, in attendance (including the presiding officer of the meeting), that the emergency is over or the powers set out in this Article 11 are no longer needed.

PART 6. – REMUNERATION AND INDEMNIFICATION

ARTICLE 12 REMUNERATION

12.1 Board and Committee Remuneration

- 12.1.1 In Section 12.1, "**committee**" includes, in addition to committees (as defined in Section 1.1.1), a special committee, task force or other similar body established by the Board or the Executive Committee by resolution.
- 12.1.2 Nothing in Article 12 applies to a Public Director or to an employee of the College.
- 12.1.3 Except as provided in Section 12.2, Physician Directors and members of a committee shall be remunerated for attendance at, and preparation for, meetings to transact College business, at the hourly rate authorized in the budget approved by the Board for the fiscal year for which such remuneration is payable (the "**Hourly Rate**").
- 12.1.4 Physician Directors and members of a committee shall be remunerated for time spent travelling to or from home, or both, in connection with the conduct of Board or committee business at the Hourly Rate.
- 12.1.5 Physician Directors and members of a committee shall be reimbursed for expenses they incur in the conduct of the Board's or committee's business in accordance with

the Board and Committee Member Expense Reimbursement Policy as approved by the Board from time to time.

- 12.1.6 No person shall be paid under Section 12.1 or Section 12.2 except in accordance with properly submitted vouchers or receipts.

12.2 Chair Remuneration

- 12.2.1 For all College business conducted by the Chair that is part of or related to the role of the Chair (for greater certainty, including external stakeholder meetings coordinated by the College), Section 12.1.3 does not apply and the College shall pay the Chair a stipend in the annual amount authorized in the budget approved by the Board for the fiscal year for which such stipend is payable, or if the Chair is unable or unwilling to serve any part of the term as Chair, a pro rata amount for the time served.
- 12.2.2 The Chair shall be remunerated at the Hourly Rate for College business conducted by the Chair that is not part of or related to the role of the Chair, including, but not limited to:
- (a) attendance at and preparation for meetings of, and work resulting from, College advisory or working groups or committees other than the Executive Committee, the Governance and Nominating Committee and the Finance and Audit Committee; and
 - (b) authorized optional activities.
- 12.2.3 For greater certainty, Section 12.1.4 applies to the Chair, and amounts payable under Section 12.1.4 are not included in the stipend contemplated in Section 12.2.1 or in the remuneration payable to the Chair under Section 12.2.2.

ARTICLE 13 INDEMNIFICATION

13.1 Indemnification

- 13.1.1 Every Director, committee member, employee of the College and their heirs, executors and administrators (each, an "**Indemnified Party**"), and estate and effects, shall from time to time and at all times be indemnified and saved harmless by the College from and against:
- (a) all liabilities, costs, charges and expenses whatsoever that an Indemnified Party sustains or incurs in or about any action, suit or proceeding that is brought, commenced or prosecuted against the Indemnified Party for or in respect of any act, omission, deed, matter or thing whatsoever made, done or permitted by the Indemnified Party in or about the execution or intended execution of the duties of the Indemnified Party's office with the College; and
 - (b) all other liabilities, costs, charges and expenses that the Indemnified Party sustains or incurs in or about or in relation to the Indemnified Party's office with the College or the affairs of the College,

except such liabilities, costs, charges or expenses as are occasioned by the Indemnified Party's intentional neglect or default, or dishonest, fraudulent, criminal or malicious acts or deeds.

- 13.1.2 Without limiting the generality of Section 13.1.1, if an employee (including a lawyer who is an employee) of the College is named in civil litigation or, in the case of a lawyer, in a law society proceeding, and the subject matter relates to the employee's employment by the College, the College shall pay for the employee's legal representation in the proceedings and any appeal, and shall pay any sum of money the employee or the employee's estate becomes liable to pay in connection with the matter but, if the court finds that the employee has been intentionally negligent dishonest, fraudulent, malicious or committed a criminal offence, the College shall not be liable for such payment.

PART 7 – BUSINESS AND ORGANIZATIONAL MATTERS

ARTICLE 14 BUSINESS PRACTICES

14.1 Delegation

- 14.1.1 The Registrar may delegate any of the Registrar's powers or duties to other officers, agents, or employees of the College, subject to Section 14.6.2.

14.2 Fiscal Year

- 14.2.1 The fiscal year of the College shall be the calendar year, 01 January to 31 December inclusive.

14.3 Banking

- 14.3.1 The Executive Committee shall appoint one or more banks chartered under the *Bank Act*, S.C. 1991, c. 46 for the use of the College.
- 14.3.2 All money belonging to the College shall be deposited in the name of the College with one or more of the banks appointed in accordance with Section 14.3.1.

14.4 Investment

- 14.4.1 Funds of the College that are not immediately required may be invested by an investment dealer selected by, and acting in accordance with criteria or parameters given by, the Finance and Audit Committee, only in the following:
- (a) bonds, debentures or other evidences of indebtedness of, or guaranteed by, the Government of Canada;
 - (b) deposit receipts, deposit notes, certificates of deposit, acceptances and other similar instruments issued or endorsed by a bank listed in Schedule I to the *Bank Act*, S.C. 1991, c. 46; or
 - (c) investment-grade money market funds previously approved for the purpose by the Finance and Audit Committee.

- 14.4.2 The Executive Committee may by resolution approve the investment or reinvestment of funds of the College that are not immediately required in any investment which the Executive Committee considers advisable, and two Signing Officers shall implement the decision.

14.5 Borrowing

- 14.5.1 The Board may by resolution:

- (a) borrow money on the credit of the College, except that a Board resolution is not required for the College to borrow amounts not exceeding \$250,000 in total;
- (b) limit or increase the amount or amounts to be borrowed; and
- (c) secure any present or future borrowing, or any debt, obligation, or liability of the College, by charging, mortgaging, hypothecating or pledging all or any of the real or personal property of the College, whether present or future.

- 14.5.2 The Board or the Executive Committee may by resolution borrow money on behalf of the College for periods of six months or less secured only by investments of the College of the type set out in Section 14.4.1.

- 14.5.3 Two Signing Officers shall sign documents to implement a decision made under Section 14.5.1 or Section 14.5.2.

14.6 Signing of Contracts and Other Documents and Approval of Expenditures

- 14.6.1 The signing officers of the College shall be any of the following (the “**Signing Officers**”): the Registrar, the Chief Operating Officer, the Corporate Controller and the Corporate Accountant.

- 14.6.2 If Signing Officers are not reasonably available, the Registrar or the Chief Operating Officer may delegate signing authority for one or more contracts, agreements, instruments and other similar or related documents, and for authorizations for Obligations, to any College staff person who is an officer (including a deputy or associate Registrar) or director (each, a “**Delegated Signatory**”), such delegation to be in writing and saved in College systems. Despite the foregoing, the Registrar and the Chief Operating Officer may not delegate signing authority for any documents or authorizations contemplated in Section 14.5.3, Section 14.6.7, Section 14.6.10.

- 14.6.3 Contracts, agreements, instruments and other similar or related documents are subject to review by the College Legal Office in accordance with the internal College Agreement and Contract Management Policy.

- 14.6.4 Except as otherwise provided in the By-laws, contracts, agreements, instruments and any other documents requiring signature by the College shall be signed by a Signing Officer or a Delegated Signatory.

- 14.6.5 Goods may be purchased or leased, and services may be obtained, for the benefit of the College in accordance with the By-laws.
- 14.6.6 **Budgeted Expenses:** Contracts, agreements, instruments and any other documents requiring signature by the College, and any other authorization, for expenditures or expenses (for greater certainty, whether for procurement of goods and services or for a non-procurement purpose) (collectively, “**Obligations**”) included or authorized in a budget approved by the Board shall be signed or authorized by a Signing Officer or Delegated Signatory.
- 14.6.7 **Non-Budgeted Expense:** Contracts, agreements, instruments and any other documents requiring signature by the College, and any other authorization, for Obligations not included or authorized in a budget approved by the Board shall be signed or authorized by:
- (a) a Signing Officer if the total Obligations are equal to or less than \$100,000;
 - (b) two of the Registrar, the Chief Operating Officer or the Corporate Controller if the total Obligations are greater than \$100,000 but not greater than \$250,000;
 - (c) subject to Section 14.6.8, one of the Registrar, the Chief Operating Officer or the Corporate Controller and one of the Chair or Vice-Chair if the total Obligations are greater than \$250,000;
 - (d) in the case of Obligations that are for legal services, legal advice or representation for the benefit of the College, the Chief Legal Officer (or their delegate) with the concurrence of the Registrar and one of the Chair or Vice-Chair after conferral with the Finance and Audit Committee; or
 - (e) the Executive Committee or the Board, by resolution.
- 14.6.8 Unless the Board or the Executive Committee directs otherwise by resolution, no Obligation greater than \$250,000 that is not authorized in a budget approved by the Board may be made or committed to, and no contract, agreement, instrument or other document relating to such an Obligation may be entered into, without providing an opportunity for the Finance and Audit Committee to consider the implications of the unbudgeted expenditure and provide a revised budget to the Executive Committee.
- 14.6.9 The Board may appoint any persons on behalf of the College to sign documents generally or to sign specific documents.
- 14.6.10 Two Signing Officers shall sign each cheque or authorize each electronic transfer of funds. A Signing Officer shall not sign a cheque or authorize an electronic transfer of funds payable to such Signing Officer.
- 14.6.11 Despite Section 14.6.4:
- (a) an offer of employment or an agreement for employment with the College (other than for the Registrar), which employment position is authorized by

the College budget, shall be signed by the director of the department in which the employee is to be working, the manager responsible for hiring the employee, the director or manager of Human Resources, the Chief Operating Officer or the Registrar; and

- (b) an offer of employment to or an agreement for employment with the College for the Registrar shall be signed on behalf of the College by one of the Chair or the Vice-Chair.

14.7 Audit

- 14.7.1 The Auditor shall make such examinations as will enable the Auditor to report to the Board as required by law and under this Section 14.7.
- 14.7.2 The Auditor has a right of access at all reasonable times to all records, documents, books and accounts of the College and is entitled to require from Directors, officers and employees of the College such information as in the Auditor's opinion is necessary to enable the Auditor to report as required by law or under this Section 14.7.
- 14.7.3 The Auditor is entitled to attend any meeting of the Board and to be heard at any such meeting that the Auditor attends on any part of the business of the meeting that concerns the Auditor as Auditor.
- 14.7.4 The Auditor shall report:
 - (a) in person to the Finance and Audit Committee on the financial statements and related matters as soon as possible after the financial statements are prepared and as far in advance of the Annual Financial Meeting as possible; and
 - (b) to the Board at each Annual Financial Meeting on the financial statements, which shall be submitted to each Annual Financial Meeting, and the Auditor shall state in the report whether, in the Auditor's opinion, the financial statements present fairly, in all material respects, the financial position of the College and the results of its operations for the period under audit in accordance with generally accepted accounting principles.
- 14.7.5 As soon as practical after each Annual Financial Meeting, the College shall, in a publication sent to the Registrants of the College generally, publish the financial statements submitted to such meeting, together with a report from the Auditor on those financial statements indicating whether, in the Auditor's opinion, the financial statements present fairly, in all material respects, the financial position of the College and the results of its operations for the period under audit in accordance with generally accepted accounting principles, and comparing the information in the statement with that of the preceding fiscal year.
- 14.7.6 For the purposes of Sections 14.7.3 and 14.7.4, the Registrar is responsible to send notices of every meeting of the Board to the Auditor.

ARTICLE 15 BY-LAWS

15.1 Making and Amending By-laws

- 15.1.1 By-laws of the College may be made, revoked or amended in the manner contemplated in, and subject to the provisions of, the Code and this By-law.
- 15.1.2 A By-law may be made, revoked or amended by a simple majority of the votes cast at the meeting by the Directors in attendance, except that a By-law may not be made, revoked or amended pursuant to a motion at a regular meeting of the Board pursuant to Section 6.2.3(b)(iv).
- 15.1.3 Subject to the Code, a By-law or an amendment to or a revocation of a By-law passed by the Board has full force and effect from the time the motion was passed, or from such future time as may be specified in the motion.
- 15.1.4 All By-laws, including every amendment and revocation of a By-law, shall be maintained in the College records in the order in which they were passed.

ARTICLE 16 NOT-FOR-PROFIT STATUS

16.1 Not for Profit Status

- 16.1.1 No part of the College's income shall be payable to, or otherwise available for the personal benefit of, any Registrant, provided that this restriction shall not prevent a Registrant from receiving reasonable remuneration, including fees, wages, honoraria and expense reimbursement, for any services provided by such Registrant to or for the benefit of the College.
- 16.1.2 It is further specifically provided that in the event of dissolution or winding up of the College, all of the College's remaining assets after payment of the College's liabilities shall be distributed or disposed of to other not-for-profit or charitable organizations in the province of Ontario which carry on work and activities similar to those of the College and approved by the College.

PART 8 – FEES AND CHARGES

ARTICLE 17 APPLICATION FEES

17.1 Application Fees

- 17.1.1 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 18.1.2(a);
 - (b) for a certificate of registration authorizing supervised practice of a short duration, 20% of the annual fee specified in Section 18.1.2(a);

- (c) for a certificate of registration authorizing temporary independent practice, 25% of the annual fee specified in Section 18.1.2(a);
- (d) for a certificate of registration authorizing practice as a physician assistant, \$300;
- (e) for any other certificate of registration, 60% of the annual fee specified in Section 18.1.2(a);
- (f) for an application for reinstatement of a certificate of registration, 60% of the annual fee specified in Section 18.1.2(a);
- (g) for a certificate of authorization, \$400;
- (h) for an application to the Registration Committee for an order directing the Registrar to modify or remove terms, conditions or limitations imposed on the Registrant's certificate of registration by the Registration Committee, 25% of the annual fee specified in Section 18.1.2(a); and
- (i) 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; 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 Section 17.1.1(a), (b), (c), (d) or (e).

17.1.2 Application fees are due at the time the application is submitted. Application fees are not refundable, either in whole or in part

ARTICLE 18 ANNUAL FEES

18.1 Annual Fees

18.1.1 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.

18.1.2 Annual fees as of June 1, 2018, are as follows:

- (a) \$1,725 for a holder 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, a certificate of registration authorizing temporary independent practice, or a certificate of registration authorizing practice as a physician assistant;

- (b) for a holder of a certificate of registration authorizing postgraduate education applying to renew the holder's certificate of registration, 20% of the annual fee set out in Section 18.1.2(a);
 - (c) for a holder of a certificate of registration authorizing practice as a physician assistant, \$425; and
 - (d) despite Sections 18.1.2(a), (b) and (c), where the holder of a certificate of registration will be taking parental leave for a period of four months or longer during the membership year for which the annual fee applies because the holder is pregnant, has recently given birth or will be caring for their newborn or newly adopted child, the annual fee for such membership year is 50% of the annual fee applicable to the holder of the certificate of registration as set out in Sections 18.1.2(a), (b) and (c), so long as the holder applies to the College for this parental leave reduced annual fee prior to the close of the annual renewal period for such membership year. If an application for the parental leave reduced annual fee is received after the close of such annual renewal period, the parental leave reduced annual fee will be applied to the following membership year. The parental leave reduced annual fee is not available for holders of a certificate of registration authorizing supervised practice of a short duration. This Section 18.1.2(d) only applies to annual fees for membership years commencing on or after June 1, 2020.
- 18.1.3 The annual fee for a holder of a certificate of authorization, as of January 1, 2017, is \$175.
- 18.1.4 In addition to the amounts set out in Section 18.1.2, any outstanding balance owing to the College in respect of any decision made by a committee, and any fees payable under this By-law will be added to and included in the annual fees.
- 18.1.5 The due dates for the payment of annual fees are as follows:
- (a) if the College is issuing a certificate of registration or authorization, before the College issues the certificate;
 - (b) if the College is renewing a certificate of registration, other than a certificate of registration authorizing postgraduate education, on June 1 of each year;
 - (c) if the College is renewing a certificate of registration authorizing postgraduate education on an application for renewal, before the expiry of the previous certificate; and
 - (d) if the College is renewing a certificate of authorization, on the anniversary of the certificate's date of issue.

ARTICLE 19 COMMITTEE AND PROGRAM FEES

19.1 Committee and Program Fees

- 19.1.1 The College may charge a Registrant, a health profession corporation or other person a fee in connection with decisions or activities that the College or a College

committee are required or authorized to make or do with respect to a Registrant, health profession corporation or other person. Such fees may include an administrative component relating to the decision or activity.

19.1.2 Committee and program fees include, but are not limited to, the following:

- (a) costs of a hearing or other items ordered by the Ontario Physicians and Surgeons Discipline Tribunal;
- (b) for the College's quality assurance program, the costs to the College of completing an assessment and re-assessment authorized by Ontario Regulation 114/94 under the Medicine Act, including but not limited to costs relating to assessors, the review of assessment reports, preparation of written reports, monitoring compliance with conditions, and any administration fee charged by the College;
- (c) for physician education and remediation programs:
 - (i) for individual education or remediation programs, the fee charged by the supervisor, monitor, preceptor or trainer, in addition to any administration fee charged by the College; and
 - (ii) for programs given by a university or other education institution, the fee charged by the institution;
- (d) for monitoring, supervision or assessment pursuant to a decision of the Registration Committee, the fee charged by the monitor, supervisor or assessor in addition to any administration fee charged by the College;
- (e) for the College's premises inspection program, the costs to the College of completing an inspection as authorized by Ontario Regulation 114/94 under the Medicine Act, including but not limited to costs relating to inspectors, the review of premises inspection reports, preparation of written reports, monitoring compliance with conditions, and any administration fee charged by the College;
- (f) fees relating to activities, including but not limited to programs and assessments, referred to in undertakings entered into by a Registrant with the College;
- (g) fees relating to orders and directions of committees; and
- (h) costs to the College of completing an inspection or assessment as authorized by the *Independent Health Facilities Act*, including but not limited to costs relating to inspectors and assessors, Facility Review Panels, preparation of assessments and written reports, monitoring compliance with conditions, and any administration fee charged by the College.

19.1.3 The College may require a Registrant, applicant, health profession corporation or other person to pay a committee or program fee, including an annual fee, that is not set out in Section 19.1.2, in which case the College shall provide the Registrant,

applicant, health profession corporation or other person with an invoice setting out the fee.

ARTICLE 20 PENALTY FEES AND INTEREST ON UNPAID FEES

20.1 Penalty Fees and Interest on Unpaid Fees

- 20.1.1 A Registrant who fails to pay an annual fee on or before the day on which the fee is due, other than a fee for a certificate of registration authorizing postgraduate education or a fee for a certificate of authorization, shall pay the College, in addition to the annual fee, a penalty fee of 25% of the applicable annual fee set out in Section 18.1.2.
- 20.1.2 A Registrant, health profession corporation or other person who fails to pay a committee or program fee on or before the day on which the fee is due shall pay the College, in addition to the applicable committee or program fee, a penalty fee of 25% of the applicable committee or program fee.
- 20.1.3 The College may charge interest at a rate of 18% per annum on any fee, including a penalty fee, that is unpaid as of the applicable due date, and the College shall consider the accrued interest on any unpaid fee as part of the fee itself.

20.2 Fees for Non-negotiable Payment

- 20.2.1 A Registrant shall pay the College a fee of \$50 where a financial institution returns a Registrant's cheque as non-negotiable, or the Registrant's payment by credit card to the College is not accepted by the Registrant's credit card provider.

20.3 Failure to Provide Information

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

20.4 Other Fees and Miscellaneous Provisions

- 20.4.1 A person who requests the Registrar to do anything that the Registrar is required or authorized to do by statute, regulation or by-law shall pay either:
 - (a) the prescribed fee; or
 - (b) if there is no prescribed fee, the fee set by the Registrar.
- 20.4.2 The obligation of a Registrant or health profession corporation to pay a fee continues, despite any failure of the College to provide notice of the fee or provide notice of the fee by a certain date, or despite a failure of the Registrant or health profession corporation to receive notice of the fee.
- 20.4.3 The fees set out in the By-laws are exclusive of any applicable taxes.

PART 9 – REGISTER AND REGISTRANT MATTERS

ARTICLE 21 REGISTRANT NAMES AND ADDRESSES

[PLACEHOLDER– PROVISIONS TO BE INCORPORATED AT A LATER DATE]

ARTICLE 22 ADDITIONAL REGISTER CONTENT

[PLACEHOLDER– PROVISIONS TO BE INCORPORATED AT A LATER DATE]

ARTICLE 23 PUBLIC INFORMATION

[PLACEHOLDER– PROVISIONS TO BE INCORPORATED AT A LATER DATE]

ARTICLE 24 LIABILITY PROTECTION

[PLACEHOLDER– PROVISIONS TO BE INCORPORATED AT A LATER DATE]

ARTICLE 25 NOTIFICATION REQUIRED BY REGISTRANTS

[PLACEHOLDER– PROVISIONS TO BE INCORPORATED AT A LATER DATE]

ARTICLE 26 EMERITUS STATUS

26.1 Emeritus Status

26.1.1 The Registrar may grant emeritus status to a former holder of a certificate of registration of any class who applies therefore and who:

- (a) has held a certificate of registration authorizing independent practice, a General licence under Part III of the *Health Disciplines Act* or the equivalent licence under a predecessor of such Act, or some combination of them, continuously for 25 years;
- (b) has not been the subject of a finding of professional misconduct or incompetence that has been entered in the Register;
- (c) at the time of application, is not:
 - (i) in default of payment of any fee payable to the College;
 - (ii) in default of providing to the College any information required by or under an Act or regulation; and
 - (iii) is not the subject of proceedings for professional misconduct or incompetence; and
- (d) is fully retired from the practice of medicine.

26.1.2 The registration committee may grant emeritus status to a former holder of a certificate of registration of any class who applies therefore and complies with Sections 26.1.1(c) and 26.1.1(d).

- 26.1.3 A person with emeritus status may not practise medicine.
- 26.1.4 A Registrant who was designated as a life member under section 43 of Ontario Regulation 577/75 or a predecessor thereof shall be deemed to continue as a person with emeritus status but a life member who continues to meet the requirements of section 43 of Ontario Regulation 577/75 may elect to maintain their life membership.

26.2 Expiry and Renewal of Emeritus Status

- 26.2.1 The Registrar shall provide an application for renewal to each person with emeritus status and each life member at the person's last known address or e-mail address before April 15 in each year, together with notification that the person's emeritus status or life membership will expire unless the completed application for renewal is received by the Registrar by the following May 31.
- 26.2.2 An emeritus status and a life membership expire unless the Registrant's completed application for renewal is received by May 31 of each year.
- 26.2.3 The Registrar shall, and the Registration Committee may, renew the emeritus status of a person whose emeritus status has expired on the same basis as the Registrar or the Registration Committee may grant emeritus status under Section 26.1.
- 26.2.4 A life membership which expires may not be renewed, but a life member whose membership has expired is entitled to emeritus status.

**SCHEDULE 1
TO BY-LAW NO. 167
RULES OF ORDER OF THE BOARD**

General Procedure

1. The presiding officer of the Board meeting shall preserve order and decorum and shall rule on any question of order or procedure. Within their duty to preserve order, the presiding officer may relax these Rules of Order if, in the presiding officer's opinion, strict adherence to the Rules of Order is counterproductive to an orderly meeting of the Council.
2. These Rules of Order shall apply, with necessary modifications, to meetings held by telephonic or electronic means.
3. Each agenda item will be introduced briefly by the presiding officer, or the Director or committee chair affiliated with the motion.
4. The presiding officer may allow discussion of an agenda topic without a motion needing to be made first. A motion may be made after a discussion on the topic. If a motion is made, the rules pertaining to motions shall apply.
5. The Board may decide matters by consensus and may indicate preferences by a straw vote or other informal method but, subject to Section 6.2.3, motions will usually be made if,
 - (a) a decision will commit the College to an action or a public position; or
 - (b) the presiding officer or the Board is of the opinion that the nature of the matter or of the discussion warrants a motion.

Motions

6. All motions shall be in writing, seconded and given to the presiding officer before being considered except that, if a motion has been printed and distributed to the Board before being made, it does not need to be given to the presiding officer before being considered.
7. When a motion that has not been printed and distributed to the Board is given to the presiding officer, the presiding officer shall then read it aloud, and any Director may require it to be read at any time, but not so as to interrupt a Director while speaking.
8. When the motion contains distinct propositions, any Director may require the vote upon each proposition to be taken separately.
9. The presiding officer shall rule a motion out of order if, in their opinion, a motion is contrary to these Rules of Order or the By-laws.

Amendments and other subordinate motions

10. A substantive motion in writing that has been moved, seconded and given to the chair may be amended by a motion to amend. The presiding officer shall rule a motion to amend out of order if it is irrelevant to the main motion or defeats the basic effect of the main motion.
11. When a motion has been moved, seconded and given to the presiding officer, no other motion may be made except a motion to amend the motion, to refer the motion to a

committee, to postpone the motion, either indefinitely or to a specific meeting, to call the question, to adjourn the debate or to adjourn the meeting.

12. When a motion to refer a motion to a committee has been made, it shall be decided before any amendment is decided and, if it is passed, no further debate or discussion is permitted.
13. A motion to amend the main motion shall be disposed of before the main motion is decided and, if there is more than one motion to amend, they shall be decided in the reverse order to which they were made.

Voting

14. When a matter is being voted on no further debate is permitted.
15. No Director shall vote upon any motion in which the Director has a conflict of interest, and the presiding officer shall disallow the vote of any Director on any motion in which the presiding officer believes the Director has a conflict of interest.

Preserving Order

16. If the presiding officer has ruled on a question of order or procedure, a Director who believes the presiding officer's ruling is wrong may appeal the ruling to the Board.
17. The presiding officer shall call upon Directors to speak as nearly as feasible in the order in which they indicate a wish to speak.
18. When any Director wishes to speak, the Director shall so indicate by raising their hand (or the electronic equivalent) and shall address the presiding officer and confine themselves to the matter under discussion.
19. The presiding officer may permit College staff and consultants with expertise in the matter to make presentations and answer specific questions about a matter being discussed.
20. Observers are not permitted to speak at a meeting of the Board unless invited to do so, but in any event, observers may not speak to a motion prior to the Board voting on the motion.
21. If a Director believes that another Director has behaved improperly or that the Board has broken these Rules of Order or the By-laws, the Director may state a point of order. The presiding officer shall promptly rule on the point of order, which is subject to an appeal to the Board. Directors are not permitted to raise a "point of personal privilege" or a "point of privilege".
22. The presiding officer may limit the number of times a Director may speak, limit the length of speeches and impose other restrictions reasonably necessary to finish the agenda of a meeting.
23. Except where inconsistent with the Act, the Medicine Act, the regulations or the By-laws, any questions of procedure at or for any meetings of the Board shall be determined by the chair of such meeting in accordance with these Rules of Order. When a circumstance arises that is not provided for by these Rules of Order or in the By-laws, the presiding officer shall make a ruling, which is subject to an appeal to the Board.

**SCHEDULE 2
TO BY-LAW NO. 167
TABLE OF AMENDMENTS**

BY-LAW	ACTION	DATE
By-law No. 167	Enacted, as amalgamation of: <ul style="list-style-type: none"> • General By-law • Fees and Remuneration By-law (By-law No. 2), and • Declared Emergency By-law (By-law No. 145) 	XXXX
General By-law	Last revision prior to amalgamation into By-law No. 167	December 9, 2022
Fees and Remuneration By-law (By-law No. 2)	Last revision prior to amalgamation into By-law No. 167	December 9, 2022
Declared Emergency By-law (By-law No. 145)	Last revision prior to amalgamation into By-law No. 167	December 10, 2021

Council Motion

Motion Title	For Approval – By-law Amendments
Date of Meeting	December 7, 2023

It is moved by _____, and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario:

1. makes the following By-law No. 167:

By-law No. 167

- (a) Parts 1, 2, 3, 5, 6 and 7 of the General By-law are revoked.
- (b) Sections 52 and 53 and Schedule 1 of the General By-law are revoked.
- (c) The Fees and Remuneration By-law (By-law No. 2) is revoked.
- (d) The Declared Emergency By-law (By-law No. 145) is revoked.

2. makes the following By-law No. 168:

By-law No. 168

- (a) The by-laws set out in Appendix A to this motion are enacted as the By-laws of the College of Physicians and Surgeons of Ontario (By-law No. 168).
3. permits and directs CPSO legal counsel to make minor changes to By-law No. 168 that do not change the meaning or intent of the By-laws as necessary or appropriate on behalf of the Council, and such changes shall have full force and effect without the need to have a motion by the Council approving them.

Council Briefing Note

December 2023

Topic:	Draft for Consultation – <i>Principles of Medical Professionalism: Guiding Values and Duties</i>
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation Meaningful Engagement
Public Interest Rationale:	Accountability: Clarifying the standards of professionalism to which physicians will be held in work with patients, colleagues, and the public.
Main Contacts:	Tanya Terzis, Interim Manager, Policy Mike Fontaine, Policy Analyst
Attachment:	Appendix A: Draft <i>Principles of Medical Professionalism: Guiding Values and Duties</i>

Issue

- CPSO’s *Practice Guide* is currently under review. A newly titled draft *Principles of Medical Professionalism: Guiding Values and Duties* has been developed.
- Council is asked whether the draft can be released for external consultation.

Background

- The *Practice Guide*, CPSO’s key resource on medical professionalism, is intended to provide broad guidance to the profession by articulating what the values and duties of medical professionalism are and how physicians can enact them in their practice.
- The *Practice Guide* was first approved by Council in 2007, but it has not been substantially reviewed since.
- Given the unique nature of the *Practice Guide* and the amount of time since it was revised, there is an opportunity to reimagine its structure and update the guidance it contains.
- Preliminary research was undertaken in accordance with the usual review process,¹ and several engagement activities were carried out early in 2023.²

¹ This included a literature review of scholarship on medical professionalism and a jurisdictional scan of the codes of ethics, codes of conduct, and other similar resources of Canadian and international medical regulatory bodies.

² These engagement activities included: a preliminary consultation which garnered 66 responses, 17 through [written feedback](#) and 49 via the [online survey](#); a facilitated roundtable on medical professionalism which brought together physicians, patients, and caregivers to explore what professionalism means today and to discuss key concepts related to the values of the medical

- The draft *Principles of Medical Professionalism* (**Appendix A**) was developed with direction from the Policy Working Group and was informed by the consultation feedback.

Current Status and Analysis

A. Draft *Principles of Medical Professionalism: Guiding Values and Duties*

- The primary goals of this review have been to:
 - Capture the values of the profession today and clarify the purpose of the resource.
 - Address and adopt professionalism responsibilities and duties not explicitly captured in policy or related to gaps in guidance (e.g., EDI, physician wellbeing).
 - Redesign and reformat this resource with an emphasis on readability.
- An overview of the key elements of the draft resource is set out below.

New Title and Definition of Medical Professionalism

- In response to feedback from stakeholders that the title *The Practice Guide* does not adequately capture what the resource is or how it is intended to be used, the draft has been re-titled *Principles of Medical Professionalism: Guiding Values and Duties*. The new title is intended to highlight the purpose and content of the resource.
- The draft defines “medical professionalism” as “the words and actions of physicians that foster trust and respect with patients, colleagues, and the public.”
 - The term “medical professionalism” is not often explicitly defined in the professionalism guidance (e.g., codes of ethics, codes of conduct) of other MRAs. However, the term “professionalism” and expectations related to this concept are frequently referenced in CPSO policies. As such, a more precise definition of the term is warranted and may be useful in framing these policy expectations.

The Values and Duties of the Medical Profession Today

- Though some of the values and principles set out in the *Practice Guide* may still be relevant today, the practice of medicine has changed considerably since the resource was first developed. The draft sets out new core values and duties intended to reflect the current practice of medicine and the professionals in it.
- The core values of the profession set out in the draft are trust and respect. The draft also sets out four core duties through which physicians uphold the values of the profession:

profession and the duties of physicians; a meeting with Council’s Academic Representatives to gather feedback on how medical professionalism is taught in Ontario’s medical schools; and meetings with CPSO staff in key departments (e.g., I&R, Legal, PAS) to understand how they use (or would like to use) the new professionalism resource.

- Practising with **integrity**
 - Committing to **responsibility**
 - Practising with **humility**
 - Recognising and honouring their **humanity** and the humanity of those they interact with
- From each of these core duties flow more specific professional duties that physicians strive to fulfil in their work. The values and duties set out in the draft are intended to address gaps (e.g., responsibilities pertaining to equity, diversity, and inclusion [EDI]; wellbeing; advocacy; resource stewardship) identified during the consultation. Many of these values and duties align with those set out in similar professionalism resources, including the Canadian Medical Association’s *Code of Ethics and Professionalism*.
 - In assembling this list of duties, we have tried to capture the key responsibilities physicians have to their patients, themselves, and those they work with, while limiting specific expectations for which CPSO already has full policies. The *Practice Guide* is often used to address or cover any gaps in policy, so the duties set out in the draft are often broad and interpersonal in nature; however, verbs and action words are used throughout the draft to highlight that professionalism is manifested in physician actions.

Formal Redesign

- In response to feedback that the *Practice Guide*’s length and “narrative” style contribute to its lack of use by physicians, the draft has been rewritten for conciseness and readability.
- By limiting the length of the “narrative” sections and by using succinct bulleted lists to set out expectations, the draft is over 60% shorter than the *Practice Guide*.
- The lists of expectations also formally align the draft with CPSO policies and with similar professionalism resources, such as the CMA’s *Code of Ethics and Professionalism*, the College of Nurses of Ontario’s *Code of Conduct*, and the Ontario College of Pharmacists’ *Code of Ethics*.

Next Steps

- Pending the Council’s approval, the draft *Principles of Medical Professionalism* will be released for external consultation and engagement. Feedback received as part of these activities will be shared with Council at a future meeting and used to further refine the draft.

Question for Council

1. Does Council approve the draft *Principles of Medical Professionalism: Guiding Values and Duties* for external consultation and engagement?
-

PRINCIPLES OF MEDICAL PROFESSIONALISM: GUIDING VALUES AND DUTIES

About Principles of Medical Professionalism

The *Health Professions Procedural Code* under the *Regulated Health Professions Act, 1991* requires that the College of Physicians and Surgeons of Ontario (CPSO) “develop, establish and maintain standards of professional ethics for [its] members.”

Principles of Medical Professionalism sets out CPSO’s expectations pertaining to professional ethics and articulates the values and duties at the core of medical practice. It is intended to provide broad guidance to CPSO members (the profession) and to inform patients, the public, and others what they can expect from the medical profession.

This resource is meant to guide professional judgment and behaviour by providing an overarching view of the standards the profession holds for itself and the expectations the public has of physicians, both individually and collectively.

Principles of Medical Professionalism and You

Providing quality care requires more than clinical competence; it involves upholding the standards of medical professionalism and, by extension, the social contract. The social contract is an agreement between the profession as a whole and the public it serves: in return for professional autonomy, the profession commits to upholding the values and duties of medical professionalism and to promoting the public good within its domain. *Principles of Medical Professionalism* sets out the ethical tenets of medical professionalism and can help physicians uphold them in their day-to-day practice.

The values and duties described in this resource inform the specific expectations set out in [CPSO policies](#) and work alongside these policies to help physicians deliver quality care for the people of Ontario. Together with CPSO policies, relevant legislation, and case law, *Principles of Medical Professionalism* will be used by CPSO as a benchmark when considering or evaluating physician practice and conduct.

Conflict among the values and duties outlined in this resource may occur, and in such situations, physicians will need to use their best judgment on how to proceed.

What is Medical Professionalism?

In medicine, professionalism consists of the words and actions of physicians that foster trust and respect with patients, colleaguesⁱ, and the public.

ⁱ In *Principles of Medical Professionalism*, the term “colleague” is used to refer to physicians; other health care professionals; hospital or clinic administrative, ancillary, and support staff; medical students, interns, residents; and anyone involved in the provision of health care.

Trust and respect are the core values of the medical profession. In the delivery of competent care, physicians foster trust and respect by:

- Practising with **integrity**
- Committing to **responsibility**
- Practising with **humility**
- Recognising and honouring their **humanity** and the humanity of those they interact with

Practising with Integrity

For physicians, having integrity means practising within the guidelines and standards of the profession. It means making sound clinical and behavioural judgments and acting in good faith for the benefit of patients even in challenging situations.

Physicians demonstrate integrity in their work with patients by:

- Considering each patient's well-being and acting in their best interest
- Committing to providing the best possible quality of care to patients
- Maintaining professional boundaries with patients and persons closely associated with patients
- Avoiding conflicts of interest and safeguarding their professional independence
- Protecting the privacy of patient's personal health information
- Communicating honestly with patients

Physicians demonstrate integrity in their work with colleagues by:

- Working together even when their personal beliefs and/or professional opinions differ
- Raising concerns about a colleague's inappropriate, unprofessional, or otherwise concerning behaviour directly with that colleague (or, if needed, escalating the concerns to the relevant leadership or authority) in a manner that does not compromise their own safety

Physicians demonstrate integrity in their work with the public by:

- Preserving the reputation of the profession
 - Engaging in respectful public debate
 - Putting forward evidence-informed viewpoints
 - Using social media responsibly and in a way that upholds the standards of the profession
- Maintaining the standard of care

Committing to Responsibility

For physicians, committing to responsibility means understanding what is reasonably expected of them and striving to meet those expectations. It also means recognizing the different groups to whom physicians are responsible. Though their primary responsibilities are always to their patients and their patients' best interests, physicians are also collectively responsible to each other, to others involved in health-care delivery, and to the public they serve.

Physicians demonstrate responsibility in their work with patients by:

- Providing safe, competent care
 - Keeping skills and knowledge up to date
 - Recommending treatments and interventions informed by evidence and scientific reasoning
- Advocating for individual patients
 - Facilitating continuity of care by helping patients navigate the health-care system
 - Promoting health equity and working to address the social determinants of health impacting patients
- Communicating effectively with patients and their family members, loved ones, caregivers, or substitute decision-makers
 - Striving to ensure that patients understand the nature and significance of their condition and the treatment options available to them
 - Answering any questions patients have about their condition and/or treatment options

Physicians demonstrate responsibility in their work with colleagues by:

- Promoting open channels for feedback from colleagues and other care providers
- Recognizing and fulfilling their obligations in the context of team-based care
- Modelling respect, appropriate conduct, and healthy collegial relationships in the workplace

Physicians demonstrate responsibility in their work with the public by:

- Embracing social accountability
 - Recognizing and, where possible, addressing community and population health needs
 - Promoting equitable access to health care and social supports
- Practising in a manner that promotes and protects public health
- Recognizing the power and role of respectful, evidence-based physician advocacy
- Fulfilling reporting obligations
- Practising effective resource stewardship

Practising with Humility

For physicians, being humble involves acknowledging the inherent vulnerability of patients and recognizing the power imbalance between physicians and patients. By practising with and showing humility, physicians accept that achieving the best outcomes for patients is an ongoing process nurtured through collaboration and engagement with others.

Physicians can practise with and show humility in their work with patients by:

- Undertaking lifelong learning in clinical knowledge, communication, and leadership (e.g., active listening, de-escalation, and conflict resolution)
- Recognizing when there is a gap in their knowledge (clinical or otherwise) and working to remedy that gap

- Showing cultural humility while working with all patients and their family members, loved ones, caregivers, or substitute decision-makers
 - Learning about and respecting patients' lived experiences, values, and beliefs
- Providing inclusive, culturally appropriate, and safe care
 - Asking patients about their preferences regarding the care they receive
- Enabling and empowering patients to be partners in their care
 - Engaging in shared decision-making and patient-centred care
 - Welcoming and accepting the views of patients and their families, loved ones, caregivers, and substitute decision-makers
 - Encouraging patients to be proactive in maintaining their own health and well-being
- Seeking to understand what an illness *means* for a patient and their families, not just what the illness is

Physicians practise with and show humility in their work with colleagues by:

- Being open and receptive to the views and feedback of colleagues and other providers
- Seeking help and support from colleagues and other providers, when needed
- Supporting and mentoring colleagues
- Managing conflict with colleagues in a productive, dignified, and safe manner
 - Reflecting on one's role in the conflict
- Expressing gratitude for the contributions of colleagues and other care providers

Physicians practise with and show humility in their work with the public by:

- Participating in collaborative, team-based, and patient-centred models of care

Recognizing and Honouring Humanity

By honouring their own humanity and the humanity of others, physicians create the foundations for trusting, respectful, and empathetic relationships.

For physicians, honouring humanity means recognizing the inherent value and dignity of all people, including themselves, and keeping the varied experiences of patients at the centre of health care delivery. It also means acknowledging that physicians and other care providers themselves need care and compassion in order to provide effective and sustainable care. In the practice of medicine, recognizing and honouring humanity means caring for people, not simply treating diseases.

Physicians honour their own humanity by:

- Acknowledging their physical and social needs, vulnerabilities, and limitations
- Demonstrating self-compassion in the face of personal pain and moral injury
- Taking time away from work, when possible
- Recognizing personal impairment or decline
- Asking for help from colleagues and making use of available [wellness resources](#), when necessary

Physicians honour the humanity of their patients by:

- Respecting the autonomy of their patients
- Learning about and employing trauma-informed approaches to care
- Reflecting on their own implicit and unconscious biases
- Fostering welcoming and inclusive spaces for everyone
- Using patients' preferred names, titles, and pronouns
- Recognizing the unique experiences, opportunities, and barriers created by each person's intersecting social identities (i.e., race, ethnicity, gender, sexual orientation, class, and/or religion).
 - Where possible, striving to address the discrimination faced by patients from marginalized and underrepresented populations

Physicians honour the humanity of their colleagues by:

- Recognizing the individual needs and lived experiences of colleagues and other care providers
- Modelling kindness, ethical care, and compassion for colleagues, staff, and other care providers
- Fostering an emotionally and physically safe workplace that is conducive to the delivery of quality health care

Physicians honour the humanity of the public by:

- Bringing an intersectional lens to their daily processes and practices
- Committing to allyship and striving to address discrimination and oppression in health care

Professional Duties and Regulation

Collectively, physicians have been granted the privilege of profession-led regulation. Preserving this privilege requires the profession to maintain an effective and appropriate governance structure and a reliable system of accountability. This means it is not enough for individual physicians to accept regulation; each physician has a professional duty to actively participate in the regulatory process.

Physicians participate in profession-led regulation by:

- Engaging with CPSO, as necessary
- Cooperating with CPSO during investigations, as required by legislation
 - Disclosing information relevant to investigations
- Being open to remediation
- Maintaining familiarity with [CPSO policies](#)
- Participating in quality improvement opportunities when they are offered

Looking Forward

Principles of Medical Professionalism has been developed for Ontario physicians and the Ontario public and articulates what values and duties the medical profession holds for itself. These values and duties are exhibited every day in physicians' offices, clinics, hospitals, and anywhere

health care is delivered across the province. While physicians continue to strive to fulfill these professional duties in their day-to-day practice, they are not expected to take on responsibility for the health system alone. Rather, by practising with these values and duties in mind, physicians, in their daily individual encounters with patients and colleagues, can and will continue to positively contribute to the health of the system, the profession, and the public.

DRAFT

Council Motion

Motion Title	Draft for Consultation - <i>Principles of Medical Professionalism: Guiding Values and Duties</i> (currently, <i>“Practice Guide”</i>)
Date of Meeting	December 8, 2023

It is moved by _____, and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario engage in the consultation process in respect of the draft *“Principles of Medical Professionalism: Guiding Values and Duties”* (currently, *“Practice Guide”*) (a copy of which forms Appendix “ ” to the minutes of this meeting).

Council Briefing Note

December 2023

Topic:	Finance and Audit Committee Recommendations – Budget 2024
Purpose:	For Decision
Main Contact(s):	Dr. Thomas Bertoia (Chair, Finance and Audit Committee) Ms. Nathalie Novak, Chief Operating Officer Mr. Douglas Anderson, Corporate Services Officer Ms. Leslee Frampton, Manager, Finance
Attachments:	Appendix A: SOO 2024 Budget Appendix B: Budget 2024 Expenditures by Department Appendix C: Budget 2024 Expenditures by Account

Issue

The Finance and Audit Committee met on October 24, 2023 and is recommending the following item to Council for approval:

- 2024 Budget

Background

2024 Budget

The College is accountable for \$85M budget, and regularly demonstrates – through detailed reports to the Finance and Audit Committee and Council, fiscal accountability, optimal resource use and delivery of effective and efficient programs. The transformation that the College embarked on several years ago has allowed the College to provide better service and support for all our stakeholders.

Management is pleased to be able to deliver a budget for 2024 that includes revenue of \$84,733,097 and expenses of \$84,721,070 resulting in a projected small surplus of \$12,027 - basically a balanced budget. Management is also recommending that the independent practice membership fee of \$1,725 be maintained for 2024. The fee has remained the same since 2018.

The 2024 budget was developed with the following assumptions:

Revenue

- No increase to the membership fee
- 2% increase in the number of IPL members
- The addition of 151 seats for PG members

Expenses

- 3% COLA applied to salaries and per diems
- 4% step increase applied to salaries

Capital

- \$7.7M in capital additions increases depreciation by \$1.4M

The Finance and Audit Committee approved the following motions:

It was moved by Mr. Payne, seconded by Dr. Preyra, and CARRIED. That the Finance & Audit Committee recommends to Council that the budget for 2024 be approved as presented.

It was moved by Mr. Payne, seconded by Mr. Ghandikota, and CARRIED. That the Finance & Audit Committee recommends to Council that per diem rates be increased by 3% effective January 1, 2024.

It was moved by Mr. Payne, seconded by Dr. Preyra, and CARRIED. That the Finance and Audit Committee is recommends to Council that the membership fee for 2024 remain at \$1,725.

Over the last six years there has been no increase to the Independent Practice Membership fee.

Questions for Council

1. Does Council approve the budget for 2024 as presented?
 2. Does Council approve that the membership fee for 2024 remain at \$1,725?
-

Statement of Operations

College of Physicians and Surgeons of Ontario

	ACTUALS			BUDGET				
	2020 ACTUALS	2021 ACTUALS	2022 ACTUALS	BUDGET 2023	BUDGET 2024	DIFF BETWEEN 2023 AND 2024 BUDGET		% CHANGE BETWEEN 2023 AND 2024 BUDGET
	REVENUE (NET OF CCRC'S)							
MEMBERSHIP FEES								
Independent Practice	64,354,783	65,029,592	66,685,672	68,430,750	69,753,825	1,323,075	1.93%	
Post Graduate	2,322,055	2,413,734	2,195,490	2,365,000	2,332,944	(32,056)	-1.36%	
Penalty Fees	1,026	563,126	991,749	431,250	431,250	-	0.00%	
Credit Card Service Charges	(1,540,401)	(1,628,051)	(1,688,446)	(1,668,196)	(1,825,316)	(157,120)	9.42%	
TOTAL MEMBERSHIP FEES	65,137,462	66,378,401	68,184,466	69,558,804	70,692,703	1,133,899	1.63%	
APPLICATION FEES								
New Independent Practice	2,458,901	2,827,847	2,812,440	2,797,220	3,176,752	379,532	13.57% 2024 Budget based on 2023 forecast	
New Post Graduate Educational	1,254,861	1,318,240	1,471,256	1,422,815	1,614,653	191,838	13.48% 2024 Budget based on 2023 forecast	
IP & SD - Expedited Review Fees	79,824	135,240	147,833	164,333	91,911	(72,422)	-44.07% 2024 Budget based on 2023 forecast	
PG - Expedited Review Fee	67,452	108,828	114,646	121,497	80,314	(41,183)	-33.90%	
Certificates of Professional Conduct	146,740	-	-	-	-	-	0.00%	
Certificates of Incorporation	3,925,495	4,447,325	4,491,875	4,377,050	4,467,752	90,702	2.07%	
TOTAL APPLICATION FEES	7,933,273	8,837,479	9,038,049	8,882,915	9,431,380	548,465	6.17%	
OTHER								
Investment Income	2,740,013	895,820	2,198,164	1,407,500	3,757,755	2,350,255	166.98% Increase in interest rates.	
Miscellaneous Services	19,763	(4,927)	1,467	(857)	(1,242)	(385)	44.92%	
OPSDT Costs Recovered	367,616	674,015	187,690	430,403	500,000	69,597	16.17%	
Court Costs Awarded	15,000	19,000	104,578	35,020	64,000	28,980	82.75%	
Prior Year Items	53,111	104,549	34,000	-	-	-	0.00%	
TOTAL OTHER	3,195,503	1,688,457	2,525,899	1,872,066	4,320,513	2,448,447	130.79%	
HPDT	-	-	-	-	288,500	288,500	100.00% New program in 2023	
TOTAL REVENUE (BEFORE CRCC'S)	76,266,237	76,904,337	79,748,414	80,313,785	84,733,097	4,419,312	5.50%	
EXPENDITURES (NET OF CCRC'S)								
REGISTRAR	(1,380,461)	(1,699,156)	(2,626,194)	(2,923,710)	(3,219,448)	(295,737)	-10.12% COLA & Step increase applied to salaries.	
CHIEF MEDICAL ADVISOR	(3,349,480)	-	-	-	-	-	0.00%	
QUALITY MANAGEMENT	(4,252,194)	(5,799,834)	(6,011,612)	(6,681,071)	(5,876,964)	804,107	12.04% Reduced projected volume of QI Individuals physicians (i.e. Practice Improvement Plan review) in 2024.	
REGISTRATION & MEMBERSHIP SERVICES	(5,078,722)	(5,487,375)	(6,118,379)	(6,363,292)	(7,167,216)	(803,924)	-12.63% Employees transferred in from other departments.	
COMMUNICATIONS & MEDIA	(1,526,751)	(1,916,526)	(2,058,276)	(2,512,415)	(2,218,887)	293,528	11.68% 1 FTE transferred to another department, 2 contract positions reduced.	
TRANSFORMATION OFFICE	(19,471,645)	(26,770,749)	(27,462,252)	(26,868,765)	(29,387,743)	(2,518,978)	-9.38%	
LEGAL OFFICE	(5,450,469)	(5,793,840)	(5,699,399)	(6,503,928)	(7,050,577)	(546,649)	-8.40%	
COMPLAINTS	(17,230,316)	(17,493,263)	(18,839,453)	(21,358,909)	(22,568,277)	(1,209,369)	-5.66%	
OPSDT	(2,797,033)	(3,118,188)	(1,648,091)	(2,351,192)	(1,872,468)	478,725	20.36% Volume of cases has decreased over the past several years, and the new model has reduced the number of hearing days per case.	
GOVERNANCE	(2,051,854)	(2,399,790)	(2,713,972)	(2,666,424)	(2,967,271)	(300,847)	-11.28% New Feedback and Escalation process added and average travel time (and cost) have increased.	
POLICY	(1,377,120)	(1,689,532)	(2,197,448)	(1,918,574)	(2,103,719)	(185,145)	-9.65%	
HPDT	-	-	-	-	(288,500)	(288,500)	-100.00%	
TOTAL EXPENDITURES (BEFORE CCRC'S)	(63,966,045)	(72,168,253)	(75,375,076)	(80,148,281)	(84,721,070)	(4,572,790)	-5.71%	
EXCESS REVENUE OVER EXPENDITURES (BEFORE CCRC'S)	\$12,300,192	\$4,736,084	\$4,373,338	\$165,504	\$12,027	(\$153,478)		

EXPENDITURES BY DEPARTMENT

College of Physicians and Surgeons of Ontario
Cost Centre

	ACTUALS			BUDGET					
	ACTUALS 2020	ACTUALS 2021	ACTUALS 2022	BUDGET 2023	BUDGET 2024	FORECAST FOR 2023	DIFFERENCE TO FORECAST	CHANGE FROM PY BUDGET \$	CHANGE FROM PY BUDGET %
REGISTRAR DIVISION									
Executive Department	(\$1,380,461)	(\$1,699,156)	(\$2,626,194)	(\$2,923,710)	(\$3,219,448)	(\$3,293,071)	\$73,624	(\$295,737)	-10.12%
TOTAL REGISTRAR DIVISION	(\$1,380,461)	(\$1,699,156)	(\$2,626,194)	(\$2,923,710)	(\$3,219,448)	(\$3,293,071)	\$73,624	(\$295,737)	-10.12%
CHIEF MEDICAL ADVISOR DIVISION									
CHIEF MEDICAL ADVISOR	(\$3,349,480)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
TOTAL MEDICAL ADVISOR DIVISION	(\$3,349,480)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
QUALITY MANAGEMENT DIVISION									
Assessor Bi-Annual Meeting	(\$36,573)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Assessor Networks	(\$5,317)	(\$3,181)	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Changing Scope Working Group									0.00%
Education Advisory Group	(\$10,669)	(\$24,628)	(\$6,679)	\$0	\$0	\$0	\$0	\$0	0.00%
Peer Assessment Program	(\$394,098)	(\$1,042,952)	(\$1,282,348)	(\$1,346,249)	(\$1,266,676)	(\$1,885,568)	\$618,892	\$79,573	5.91%
QA/QI Department	(\$2,593,904)	(\$3,845,580)	(\$3,452,980)	(\$3,817,937)	(\$3,720,345)	(\$3,516,042)	(\$204,303)	\$97,591	2.56%
Quality Assurance Committee	(\$170,555)	(\$173,159)	(\$190,793)	(\$346,165)	(\$256,718)	(\$319,148)	\$62,430	\$89,447	25.84%
Quality Management Department	(\$569,595)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Quality Improvement Program	(\$436,554)	(\$692,507)	(\$951,726)	(\$1,125,457)	(\$535,345)	(\$582,217)	\$46,872	\$590,112	52.43%
Assessor Training	(\$34,928)	(\$17,827)	(\$127,086)	(\$45,263)	(\$97,880)	(\$91,381)	(\$6,499)	(\$52,617)	-116.25%
TOTAL QUALITY MANAGEMENT DIVISION	(\$4,252,194)	(\$5,799,834)	(\$6,011,612)	(\$6,681,071)	(\$5,876,964)	(\$6,394,356)	\$517,392	\$804,107	12.04%
REGISTRATION & MEMBERSHIP SERVICES DIVISION									
Annual Membership Survey	(\$207)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Registration & Membership	(\$3,366,171)	(\$5,222,113)	(\$5,485,098)	(\$5,355,748)	(\$6,471,646)	(\$5,294,540)	(\$1,177,106)	(\$1,115,898)	-20.84%
Corporations Department	(\$680,133)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Membership Department	(\$905,235)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Change of Scope/Re-Entry	\$0	\$0	(\$343,966)	(\$684,682)	(\$211,354)	(\$667,594)	\$456,240	\$473,327	69.13%
Registration Committee	(\$126,975)	(\$265,261)	(\$289,315)	(\$322,862)	(\$484,215)	(\$253,495)	(\$230,721)	(\$161,353)	-49.98%
TOTAL REGISTRATION & MEMBERSHIP SERVICES DIVISION	(\$5,078,722)	(\$5,487,375)	(\$6,118,379)	(\$6,363,292)	(\$7,167,216)	(\$6,215,629)	(\$951,587)	(\$803,924)	-12.63%
COMMUNICATIONS & MEDIA DIVISION									
Communications Department	(\$1,524,609)	(\$1,913,568)	(\$2,028,663)	(\$2,425,415)	(\$2,148,887)	(\$2,138,526)	(\$10,361)	\$276,528	11.40%
Outreach Program	(\$2,142)	(\$2,958)	(\$2,047)	(\$17,000)	(\$17,000)	(\$9,000)	(\$8,000)	\$0	0.00%
Equity, Diversity, and Inclusion	\$0	\$0	(\$27,567)	(\$70,000)	(\$53,000)	(\$29,224)	(\$23,776)	\$17,000	24.29%
TOTAL COMMUNICATIONS AND MEDIA DIVISION	(\$1,526,751)	(\$1,916,526)	(\$2,058,276)	(\$2,512,415)	(\$2,218,887)	(\$2,176,750)	(\$42,137)	\$293,528	11.68%
TRANSFORMATION DIVISION									
Enterprise Systems	(\$432,566)	(\$3,492,186)	(\$4,386,801)	(\$3,056,811)	(\$3,471,199)	(\$3,063,632)	(\$407,567)	(\$414,388)	-13.56%
Infrastructure	(\$2,756,544)	(\$3,826,370)	(\$5,157,133)	(\$5,688,185)	(\$7,327,215)	(\$6,923,261)	(\$403,954)	(\$1,639,030)	-28.81%
IT Support	(\$3,373,973)	(\$3,678,410)	(\$4,731,637)	(\$5,018,767)	(\$5,224,360)	(\$4,884,551)	(\$339,808)	(\$205,593)	-4.10%
800 Bay Street	(\$641,952)	(\$754,114)	(\$666,412)	(\$750,000)	(\$750,000)	(\$750,000)	\$0	\$0	0.00%
Facility Services	(\$980,169)	(\$928,491)	(\$1,149,266)	(\$1,033,653)	(\$668,649)	(\$1,142,307)	\$473,657	\$365,004	35.31%
Finance Committee	(\$68,849)	(\$94,575)	(\$85,282)	(\$85,101)	(\$89,017)	(\$104,081)	\$15,064	(\$3,916)	-4.60%
Finance Department	(\$2,071,084)	(\$2,401,642)	(\$1,944,202)	(\$1,991,052)	(\$1,990,548)	(\$2,027,981)	\$37,433	\$504	0.03%
Occupancy	(\$2,292,704)	(\$2,454,060)	(\$2,298,200)	(\$2,603,798)	(\$2,567,647)	(\$2,426,253)	(\$141,393)	\$36,151	1.39%
Continuous Improvement	(\$2,045,465)	(\$2,892,033)	(\$1,302,840)	(\$1,039,580)	(\$1,773,961)	(\$1,151,168)	(\$622,793)	(\$734,381)	-70.64%
Human Resources Department	(\$1,545,880)	(\$1,599,977)	(\$1,568,739)	(\$1,457,881)	(\$1,657,459)	(\$1,537,103)	(\$120,356)	(\$199,578)	-13.69%
Meetings & Events	\$0	\$0	\$0	\$0	(\$382,421)	\$0	(\$382,421)	(\$382,421)	-100.00%
Training & Documentation	(\$504,751)	(\$1,421,326)	(\$1,089,196)	(\$1,148,947)	(\$191,100)	(\$893,704)	\$702,604	\$957,847	83.37%

EXPENDITURES BY DEPARTMENT

College of Physicians and Surgeons of Ontario
Cost Centre

	ACTUALS			BUDGET					
	ACTUALS 2020	ACTUALS 2021	ACTUALS 2022	BUDGET 2023	BUDGET 2024	FORECAST FOR 2023	DIFFERENCE TO FORECAST	CHANGE FROM PY BUDGET \$	CHANGE FROM PY BUDGET %
AD&D Support Projects	(\$11,265)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
AD&D Support Department	(\$1,179,880)	(\$1,688,881)	(\$1,630,054)	(\$1,559,003)	(\$1,891,119)	(\$1,663,916)	(\$227,203)	(\$332,116)	-21.30%
Education Program Development	(\$11,741)	(\$5,049)	(\$1,653)	(\$25,916)	(\$29,452)	(\$12,739)	(\$16,713)	(\$3,536)	-13.64%
Business Services	(\$101,947)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Records Management	(\$1,452,875)	(\$1,533,634)	(\$1,450,837)	(\$1,410,072)	(\$1,373,597)	(\$1,683,542)	\$309,944	\$36,474	2.59%
TOTAL TRANSFORMATION DIVISION	(\$19,471,645)	(\$26,770,749)	(\$27,462,252)	(\$26,868,765)	(\$29,387,743)	(\$28,264,240)	(\$1,123,504)	(\$2,518,978)	-9.38%
LEGAL OFFICE DIVISION									
Legal Services	(\$5,450,469)	(\$5,793,840)	(\$5,699,399)	(\$6,503,928)	(\$7,050,577)	(\$6,226,481)	(\$824,096)	(\$546,649)	-8.40%
TOTAL LEGAL OFFICE DIVISION	(\$5,450,469)	(\$5,793,840)	(\$5,699,399)	(\$6,503,928)	(\$7,050,577)	(\$6,226,481)	(\$824,096)	(\$546,649)	-8.40%
COMPLAINTS DIVISION									
I&R Administration	(\$775,676)	(\$1,784,262)	(\$1,183,700)	(\$1,167,020)	(\$1,209,896)	(\$1,256,373)	\$46,477	(\$42,876)	-3.67%
OHPIP Assessors									0.00%
Incapacity Investigations	(\$6,117)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
PC Investigations	(\$75,729)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Health Assessments	(\$73,047)	(\$27,433)	(\$17,681)	\$0	\$0	\$0	\$0	\$0	0.00%
I&R Assessors	(\$401,529)	(\$250,853)	(\$226,961)	(\$818,471)	(\$670,072)	(\$663,461)	(\$6,611)	\$148,399	18.13%
Registrar's Investigations	(\$102,704)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
I&R Investigations	(\$8,599,546)	(\$8,417,441)	(\$9,881,350)	(\$11,216,375)	(\$13,794,441)	(\$11,318,412)	(\$2,476,029)	(\$2,578,066)	-22.98%
Sexual Impropriety Investigation	(\$96,708)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Peer Opinions (IOs)	(\$122,444)	(\$199,126)	(\$178,397)	\$0	\$0	\$0	\$0	\$0	0.00%
Spec Panel - Family Practice	\$0	(\$112,944)	(\$389,963)	\$0	\$0	\$0	\$0	\$0	0.00%
Spec Panel - Internal Medicine	\$0	(\$45,258)	(\$125,707)	\$0	\$0	\$0	\$0	\$0	0.00%
Spec Panel - Obstetrics	\$0	(\$30,305)	(\$98,318)	\$0	\$0	\$0	\$0	\$0	0.00%
Spec Panel - Mental Health	\$0	(\$93,760)	(\$145,679)	\$0	\$0	\$0	\$0	\$0	0.00%
Business, Leadership, Training	(\$110,426)	(\$97,722)	(\$90,247)	(\$180,806)	(\$195,405)	(\$205,994)	\$10,589	(\$14,599)	-8.07%
Caution Panels	(\$42,793)	(\$32,425)	(\$2,743)	\$0	\$0	\$0	\$0	\$0	0.00%
Gen,Hybrid,Teleconfs,Ad-Hocs	(\$758,346)	(\$804,734)	(\$868,717)	\$0	\$0	\$0	\$0	\$0	0.00%
Spec Panel - Surgical	\$0	(\$137,159)	(\$409,061)	\$0	\$0	\$0	\$0	\$0	0.00%
ICR Committee Support	(\$1,968,114)	(\$1,906,123)	(\$1,984,725)	(\$1,110,388)	(\$793,413)	(\$1,026,477)	\$233,065	\$316,976	28.55%
Member Specific Matters	\$0	\$0	\$0	(\$2,220,286)	(\$2,240,225)	(\$2,275,198)	\$34,974	(\$19,939)	-0.90%
ICRC - Health Inquiry Panels	(\$30,125)	(\$22,522)	(\$23,278)	\$0	\$0	\$0	\$0	\$0	0.00%
ICRC - Specialty Panels	(\$825,539)	(\$553,030)	(\$14,758)	\$0	\$0	\$0	\$0	\$0	0.00%
Compliance Monitoring	(\$1,965,871)	(\$1,867,512)	(\$1,983,713)	(\$3,282,575)	(\$2,139,449)	(\$3,283,802)	\$1,144,353	\$1,143,126	34.82%
Training - Non-Staff	(\$2,632)	(\$11,452)	(\$3,164)	(\$42,090)	(\$42,090)	(\$42,090)	\$0	\$0	0.00%
PPHC	(\$1,272,969)	(\$1,099,203)	(\$1,211,292)	(\$1,320,899)	(\$1,483,288)	(\$1,322,875)	(\$160,413)	(\$162,389)	-12.29%
TOTAL COMPLAINTS DIVISION	(\$17,230,316)	(\$17,493,263)	(\$18,839,453)	(\$21,358,909)	(\$22,568,277)	(\$21,394,683)	(\$1,173,595)	(\$1,209,369)	-5.66%
OPSDT									
Fitness to Practice Committee	(\$204)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
OPSDT - Case Management	(\$190,591)	(\$28,384)	(\$5,910)	(\$80,487)	(\$12,480)	(\$50,325)	\$37,845	\$68,007	84.49%
OPSDT - Hearings	(\$1,851,850)	(\$1,830,238)	(\$625,674)	(\$1,116,074)	(\$765,355)	(\$647,009)	(\$118,346)	\$350,720	31.42%
OPSDT - Policy/Training	(\$184,111)	(\$132,523)	(\$81,158)	(\$163,963)	(\$179,644)	(\$199,621)	\$19,977	(\$15,681)	-9.56%
Tribunal Office	(\$570,276)	(\$1,127,043)	(\$935,349)	(\$990,668)	(\$914,989)	(\$821,500)	(\$93,489)	\$75,680	7.64%
TOTAL OPSDT DIVISION	(\$2,797,033)	(\$3,118,188)	(\$1,648,091)	(\$2,351,192)	(\$1,872,468)	(\$1,718,455)	(\$154,013)	\$478,725	20.36%
GOVERNANCE									
Committee Education	\$0	(\$82,092)	(\$212,732)	(\$314,620)	(\$402,516)	(\$276,302)	(\$126,214)	(\$87,896)	-27.94%

EXPENDITURES BY DEPARTMENT

College of Physicians and Surgeons of Ontario
Cost Centre

	ACTUALS			BUDGET					
	ACTUALS 2020	ACTUALS 2021	ACTUALS 2022	BUDGET 2023	BUDGET 2024	FORECAST FOR 2023	DIFFERENCE TO FORECAST	CHANGE FROM PY BUDGET \$	CHANGE FROM PY BUDGET %
Council	(\$379,781)	(\$406,467)	(\$611,010)	(\$508,938)	(\$638,238)	(\$563,482)	(\$74,756)	(\$129,301)	-25.41%
Council Elections	(\$5,600)	(\$3,340)	(\$3,950)	(\$13,000)	(\$5,500)	(\$6,050)	\$550	\$7,500	57.69%
Executive Committee	(\$51,032)	(\$47,364)	(\$82,452)	(\$131,190)	(\$111,274)	(\$85,490)	(\$25,784)	\$19,916	15.18%
FMRAC	(\$454,528)	(\$454,528)	(\$454,528)	(\$465,000)	(\$480,000)	(\$468,164)	(\$11,836)	(\$15,000)	-3.23%
GOVERNANCE	(\$977,214)	(\$1,281,466)	(\$762,866)	(\$871,871)	(\$949,587)	(\$851,790)	(\$97,798)	(\$77,716)	-8.91%
Strategic Planning Project	(\$5,009)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
Governance Committee	(\$91,493)	(\$71,248)	(\$41,443)	(\$64,656)	(\$41,816)	(\$36,568)	(\$5,248)	\$22,840	35.32%
Government Relations	\$0	(\$100)	\$0	\$0	\$0	\$0	\$0	\$0	0.00%
President's Expenses	(\$87,197)	(\$53,186)	(\$544,991)	(\$297,150)	(\$338,340)	(\$293,496)	(\$44,844)	(\$41,190)	-13.86%
TOTAL GOVERNANCE DIVISION	(\$2,051,854)	(\$2,399,790)	(\$2,713,972)	(\$2,666,424)	(\$2,967,271)	(\$2,581,341)	(\$385,930)	(\$300,847)	-11.28%
POLICY									
Patient Relations Program	(\$327,629)	(\$285,976)	(\$597,820)	(\$113,218)	(\$115,668)	(\$192,487)	\$76,819	(\$2,450)	-2.16%
POLICY	(\$979,751)	(\$1,343,492)	(\$1,542,270)	(\$1,682,537)	(\$1,858,343)	(\$1,636,693)	(\$221,650)	(\$175,806)	-10.45%
Policy Working Group	(\$69,740)	(\$60,064)	(\$57,359)	(\$122,820)	(\$129,709)	(\$43,861)	(\$85,847)	(\$6,889)	-5.61%
TOTAL POLICY DIVISION	(\$1,377,120)	(\$1,689,532)	(\$2,197,448)	(\$1,918,574)	(\$2,103,719)	(\$1,873,041)	(\$230,678)	(\$185,145)	-9.65%
HEALTH PROFESSIONS DISCIPLINE TRIBUNAL	\$0	\$0	\$0	\$0	(\$288,500)	(\$272,281)	(\$16,219)	(\$288,500)	-100.00%
TOTAL EXPENDITURES	(\$63,966,045)	(\$72,168,253)	(\$75,375,076)	(\$80,148,281)	(\$84,721,070)	(\$80,410,327)	(\$4,310,743)	(\$4,572,790)	-5.71%

EXPENDITURES BY ACCOUNT

College of Physicians and Surgeons of Ontario

	ACTUALS			BUDGET					
	ACTUALS	ACTUALS	ACTUALS	BUDGET	BUDGET	FORECAST FOR	DIFFERENCE TO	CHANGE FROM	CHANGE FROM
	2020	2021	2022	2023	2024	2023	FORECAST	PY BUDGET \$	PY BUDGET %
PER DIEMS									
Attendance	(\$1,884,096)	(\$2,208,584)	(\$2,999,718)	(\$3,563,783)	(\$2,915,759)	(\$2,675,041)	(\$240,718)	\$648,024	18.18%
Preparation Time	(\$2,021,977)	(\$2,323,597)	(\$2,478,341)	(\$2,801,187)	(\$2,880,938)	(\$2,713,107)	(\$167,831)	(\$79,751)	-2.85%
HST on Per Diems	(\$278,115)	(\$335,456)	(\$421,491)	(\$373,687)	(\$394,086)	(\$643,117)	\$249,032	(\$20,398)	-5.46%
Decision Writing	(\$601,551)	(\$804,586)	(\$539,336)	(\$832,512)	(\$649,570)	(\$705,920)	\$56,350	\$182,942	21.97%
Travel Time	(\$254,163)	(\$247,730)	(\$432,604)	(\$548,321)	(\$581,159)	(\$784,827)	\$203,668	(\$32,839)	-5.99%
TOTAL PER DIEMS	(\$5,039,903)	(\$5,919,954)	(\$6,871,489)	(\$8,119,490)	(\$7,421,512)	(\$7,522,012)	\$100,500	\$697,978	8.60%
STAFFING COSTS									
Salaries	(\$36,963,166)	(\$39,732,440)	(\$39,535,592)	(\$42,444,768)	(\$44,071,162)	(\$41,548,806)	-2522356.195	(\$1,626,395)	-3.83%
Pension	(\$3,558,382)	(\$3,712,062)	(\$3,966,221)	(\$4,054,919)	(\$4,547,116)	(\$4,304,881)	(\$242,236)	(\$492,198)	-12.14%
Part Time Help	(\$185,003)	(\$397,864)	(\$550,322)	(\$491,872)	(\$428,000)	(\$347,488)	(\$80,512)	\$63,872	12.99%
Professional Fees - Staff	(\$153,466)	(\$142,105)	(\$124,583)	(\$186,270)	(\$191,870)	(\$194,350)	\$2,480	(\$5,600)	-3.01%
Benefits	(\$5,043,510)	(\$4,529,777)	(\$5,376,725)	(\$6,307,851)	(\$7,556,698)	(\$6,293,359)	(\$1,263,339)	(\$1,248,846)	-19.80%
Employee Engagement	(\$223,957)	(\$239,754)	(\$323,461)	(\$271,600)	(\$272,000)	(\$296,166)	\$24,166	(\$400)	-0.15%
Training and Conferences	(\$246,379)	(\$1,050,240)	(\$546,561)	(\$851,998)	(\$1,093,545)	(\$854,119)	(\$239,426)	(\$241,547)	-28.35%
TOTAL STAFFING COSTS	(\$46,373,862)	(\$49,804,241)	(\$50,423,465)	(\$54,609,278)	(\$58,160,391)	(\$53,839,169)	(\$4,321,222)	(\$3,551,114)	-6.50%
PROFESSIONAL/CONSULTING FEES									
Audit Fees	(\$53,901)	(\$77,061)	(\$66,840)	(\$50,000)	(\$60,000)	(\$50,000)	(\$10,000)	(\$10,000)	-20.00%
Recruiting	(\$14,780)	(\$169,530)	(\$200,088)	(\$55,000)	(\$55,000)	(\$85,508)	\$30,508	\$0	0.00%
Placement									0.00%
Consulting Fees	(\$2,103,068)	(\$3,719,762)	(\$3,216,346)	(\$3,346,578)	(\$3,038,359)	(\$3,268,026)	\$229,667	\$308,219	9.21%
Legal Fees	(\$1,471,356)	(\$916,475)	(\$855,482)	(\$485,000)	(\$760,000)	(\$719,719)	(\$40,281)	(\$275,000)	-56.70%
TOTAL PROFESSIONAL/CONSULTING COSTS	(\$3,643,106)	(\$4,882,827)	(\$4,338,757)	(\$3,936,578)	(\$3,913,359)	(\$4,123,253)	\$209,894	\$23,219	0.59%
OTHER COSTS									
Grants	(\$38,244)	(\$74,000)	(\$74,000)	(\$50,000)	(\$50,000)	(\$50,000)	\$0	\$0	0.00%
Members' Dialogue	(\$296,598)	(\$360,445)	(\$360,649)	(\$380,000)	(\$330,000)	(\$215,595)	(\$114,405)	\$50,000	13.16%
Equipment Leasing	(\$89,030)	(\$103,780)	(\$288,845)	(\$240,000)	(\$61,700)	(\$558,207)	\$496,507	\$178,300	74.29%
Printing	(\$2,962)	(\$6,641)	(\$1,376)	(\$1,300)	(\$1,300)	(\$3,864)	\$2,564	\$0	0.00%
Equipment Maintenance	(\$5,378)	(\$33,104)	(\$120,010)	(\$39,570)	(\$57,880)	(\$39,570)	(\$18,310)	(\$18,310)	-46.27%
Software Costs	(\$1,445,372)	(\$2,382,005)	(\$3,361,850)	(\$3,308,680)	(\$4,120,516)	(\$3,749,242)	(\$371,274)	(\$811,836)	-24.54%
Telephone	(\$256,965)	(\$403,943)	(\$368,743)	(\$373,126)	(\$388,000)	(\$375,073)	(\$12,927)	(\$14,874)	-3.99%
Internal Charges	\$454,432	\$618,652	\$1,122,932	\$1,193,704	\$1,348,766	\$1,146,492	\$202,274	\$155,062	-12.99%
Postage	(\$96,248)	(\$85,806)	(\$64,082)	(\$53,181)	(\$51,440)	(\$85,915)	\$34,475	\$1,741	3.27%
Photocopying	(\$218,532)	(\$158,609)	(\$200,123)	(\$227,450)	(\$138,450)	(\$534,309)	\$395,859	\$89,000	39.13%
Bad Debt Expense	(\$106,655)	(\$459,164)	(\$72,866)	(\$2,500)	\$0	(\$290,932)	\$290,932	\$2,500	100.00%
Courier	(\$24,346)	(\$26,200)	(\$25,856)	(\$33,500)	(\$28,600)	(\$13,590)	(\$15,010)	\$4,900	14.63%
Office Supplies	(\$501,879)	(\$114,175)	(\$154,921)	(\$206,040)	(\$196,140)	(\$210,978)	\$14,838	\$9,900	4.80%
Miscellaneous	(\$201,731)	(\$58,623)	(\$87,697)	(\$154,800)	(\$253,013)	(\$69,241)	(\$183,772)	(\$98,213)	-63.44%
Meals	(\$237,426)	(\$134,553)	(\$430,193)	(\$407,246)	(\$629,446)	(\$563,813)	(\$65,633)	(\$222,200)	-54.56%
Publications and Subscriptions	(\$185,454)	(\$164,497)	(\$172,938)	(\$132,097)	(\$173,400)	(\$122,670)	(\$50,730)	(\$41,303)	-31.27%
Accommodations	(\$76,105)	(\$22,714)	(\$121,628)	(\$235,578)	(\$229,497)	(\$188,158)	(\$41,339)	\$6,081	2.58%
Travel Expenses	(\$132,019)	(\$89,141)	(\$328,427)	(\$516,329)	(\$439,872)	(\$444,435)	\$4,563	\$76,457	14.81%
Reporting and Transcripts	(\$263,056)	(\$461,531)	(\$405,166)	(\$641,850)	(\$678,250)	(\$463,779)	(\$214,471)	(\$36,400)	-5.67%

EXPENDITURES BY ACCOUNT

College of Physicians and Surgeons of Ontario

	ACTUALS			BUDGET					
	ACTUALS	ACTUALS	ACTUALS	BUDGET	BUDGET	FORECAST FOR	DIFFERENCE TO	CHANGE FROM	CHANGE FROM
	2020	2021	2022	2023	2024	2023	FORECAST	PY BUDGET \$	PY BUDGET %
Offsite Storage Fees	(\$180,690)	(\$192,813)	(\$213,668)	(\$210,000)	(\$188,000)	(\$258,201)	\$70,201	\$22,000	10.48%
Witness Expenses	(\$8,403)	(\$18,364)	(\$12,633)	(\$40,700)	(\$40,700)	(\$40,000)	(\$700)	\$0	0.00%
Therapy Costs	(\$293,966)	(\$241,476)	(\$567,560)	(\$50,000)	(\$50,000)	(\$143,022)	\$93,022	\$0	0.00%
Courier-Council Elections	\$0	\$0	(\$100)	\$0	(\$1,500)	\$0	(\$1,500)	(\$1,500)	-100.00%
FMRAC Fees	(\$454,528)	(\$454,528)	(\$454,528)	(\$465,000)	(\$480,000)	(\$468,164)	(\$11,836)	(\$15,000)	-3.23%
TOTAL OTHER COSTS	(\$4,661,154)	(\$5,427,462)	(\$6,764,927)	(\$6,575,243)	(\$7,238,938)	(\$7,742,267)	\$503,329	(\$663,695)	-10.09%
OCCUPANCY COSTS									
Building Repairs - Mechanical									0.00%
Building Maint. - Housekeeping									0.00%
Electrical	(\$260,815)	(\$47,326)	(\$132,861)	(\$60,000)	(\$60,000)	(\$60,000)	\$0	\$0	0.00%
Mechanical	(\$146,835)	(\$183,942)	(\$86,193)	(\$155,000)	(\$125,000)	(\$155,000)	\$30,000	\$30,000	19.35%
Plumbing	(\$48,760)	(\$30,638)	(\$57,743)	(\$60,000)	(\$60,000)	(\$60,000)	\$0	\$0	0.00%
Building Consultants	(\$48,091)	(\$59,201)	(\$48,674)	(\$200,000)	(\$100,000)	(\$200,000)	\$100,000	\$100,000	50.00%
Building Maintenance	\$0	(\$1,176)	(\$56,957)	\$0	(\$57,090)	(\$29,752)	(\$27,338)	(\$57,090)	-100.00%
Other Building Costs	(\$144,877)	(\$324,336)	(\$82,101)	(\$100,000)	(\$110,000)	(\$100,000)	(\$10,000)	(\$10,000)	-10.00%
Housekeeping	(\$222,194)	(\$231,745)	(\$225,987)	(\$240,000)	(\$247,800)	(\$240,000)	(\$7,800)	(\$7,800)	-3.25%
Realty Taxes	(\$108,101)	(\$112,793)	(\$116,655)	(\$120,000)	(\$120,000)	(\$120,000)	\$0	\$0	0.00%
Hydro	(\$134,042)	(\$141,720)	(\$146,403)	(\$150,000)	(\$140,000)	(\$150,000)	\$10,000	\$10,000	6.67%
Natural Gas	(\$14,799)	(\$19,215)	(\$31,850)	(\$25,000)	(\$30,000)	(\$25,074)	(\$4,926)	(\$5,000)	-20.00%
Water and Other Utilities	(\$11,095)	(\$6,580)	(\$7,264)	(\$12,000)	(\$10,000)	(\$17,599)	\$7,599	\$2,000	16.67%
Offsite Leasing	(\$641,587)	(\$748,012)	(\$666,412)	(\$750,000)	(\$750,000)	(\$750,000)	\$0	\$0	0.00%
Insurance	(\$592,234)	(\$723,127)	(\$776,044)	(\$725,000)	(\$800,000)	(\$725,000)	(\$75,000)	(\$75,000)	-10.34%
TOTAL OCCUPANCY COSTS	(\$2,373,430)	(\$2,629,810)	(\$2,435,144)	(\$2,597,000)	(\$2,609,890)	(\$2,632,425)	\$22,535	(\$12,890)	-0.50%
DEPRECIATION AND AMORTIZATION									
Depreciation	(\$1,529,317)	(\$1,496,623)	(\$1,467,979)	(\$1,162,548)	(\$1,730,795)	(\$1,403,058)	-327737.62	(\$568,247)	-48.88%
Depreciation - Non Building	(\$345,273)	(\$2,007,336)	(\$3,073,315)	(\$3,148,144)	(\$3,646,185)	(\$3,148,144)	(\$498,041)	(\$498,041)	-15.82%
TOTAL DEPRECIATION AND AMORTIZATION	(\$1,874,590)	(\$3,503,959)	(\$4,541,294)	(\$4,310,692)	(\$5,376,980)	(\$4,551,202)	(\$825,778)	(\$1,066,288)	-24.74%
TOTAL EXPENDITURES	(\$63,966,045)	(\$72,168,253)	(\$75,375,076)	(\$80,148,281)	(\$84,721,070)	(\$80,410,327)	(\$4,310,743)	(\$4,572,790)	-5.71%

Council Motion

Motion Title	For Approval - 2024 Budget
Date of Meeting	December 8, 2023

It is moved by _____, and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario approves the Budget for 2024 (a copy of which forms Appendix " " to the minutes of this meeting) authorizing expenditures for the benefit of the College during the year 2024.

Council Briefing Note

December 2023

Topic:	Draft Policy for Consultation - <i>Professional Behaviour</i>
Purpose:	For Decision
Relevance to Strategic Plan:	Right-Touch Regulation Quality Care
Public Interest Rationale:	Setting and clarifying expectations for physicians' behaviour in the professional context.
Main Contacts:	Tanya Terzis, Interim Policy Manager Courtney Brown, Senior Policy Analyst Kaitlin McWhinney, Junior Policy Analyst
Attachments:	Appendix A: Draft Policy – <i>Professional Behaviour</i> Appendix B: Draft <i>Advice to the Profession: Professional Behaviour</i>

Issue

- CPSO's [Physician Behaviour in the Professional Environment](#) ("*Physician Behaviour*") policy is currently under review. A newly titled draft *Professional Behaviour* policy (**Appendix A**) and companion *Advice to the Profession* document (**Appendix B**) have been developed.
- Council is asked whether the draft policy can be released for external consultation and engagement.

Background

- The *Physician Behaviour* policy was initially approved in November 2007 and last reviewed in May 2016. A preliminary consultation on the policy took place from March to May 2023.¹
- The draft policy was developed based on direction from the Policy Working Group and was informed by the preliminary consultation feedback, internal feedback, review of relevant cases and complaints, and jurisdictional research.

Current Status and Analysis

- This policy serves two functions – to set out expectations for professionalism and to define and prohibit "disruptive" behaviour. The review of this policy aims to ensure the

¹ 282 total responses were received, including from five organizations. The [June 2023 Policy Report](#) contains an overview of the feedback received, and all the feedback can be viewed on the [preliminary consultation webpage](#).

policy continues to fulfill these functions, while also reducing overlap with the draft *Principles of Medical Professionalism: Guiding Values and Duties*, as this document also sets out expectations pertaining to medical professionalism.

Key Changes

- The draft policy has been provisionally retitled *Professional Behaviour* for brevity and clarity. The term used to describe the behaviour the policy prohibits has been reframed as “unprofessional” rather than “disruptive”, to address feedback that the term “disruptive” is not always negative, and disruption is sometimes necessary to effect positive change.
- The scope of the policy has been clarified in a new preamble that defines the “professional context” as encompassing physicians’ in-person and virtual interactions, including on social media. The preamble also indicates that the policy may apply to behaviour outside of this context if it contravenes standards of professionalism set out in the draft *Principles of Medical Professionalism*, and dependent on factors such as the nature and seriousness of the behaviour, the context, and the consequences that result. This change reflects how the policy is currently used by the Inquiries, Complaints and Reports Committee, as the policy has been applied to scenarios outside the professional context, where appropriate.
- The current policy’s structure has largely been retained by setting out high-level, principled expectations for physicians’ behaviour and identifying specific prohibited behaviours. Key revisions were made to reduce overlap and align with the draft *Principles of Medical Professionalism*, including condensing provisions that set out responsibilities to specific groups (such as patients, other health care professionals, and the profession), into one provision that directly refers to duties set out in *Principles of Medical Professionalism*.
- In response to feedback received, or identified gaps in the policy, new expectations have also been added to the draft policy to:
 - require physicians to take appropriate action when staff they have responsibility for behave unprofessionally,
 - require physicians to create an environment that allows for reporting of unprofessional behaviour, and
 - prohibit punishment or retaliation against those who report unprofessional behaviour.
- An *Advice to the Profession* document has been developed to accompany this policy, which addresses the factors that can result in unprofessional behaviour and ways physicians can access support, how to engage in advocacy professionally, and steps that can be taken to address unprofessional behaviour by non-physician staff members.

Next Steps

- Subject to Council's approval, the draft policy will be released for external consultation and engagement. Feedback received will be used to refine the draft and shared with Council at a future meeting.

Question for Council

1. Does Council approve the release of the draft *Professional Behaviour* policy for external consultation and engagement?
-

PROFESSIONAL BEHAVIOUR

Policies of the College of Physicians and Surgeons of Ontario (“CPSO”) 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 CPSO and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate CPSO’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

Professionalism: the words and actions of physicians that foster trust and respect with patients¹, colleagues², and the public.

Unprofessional behaviour: inappropriate words, actions, or inactions by a physician that interfere with (or may interfere with) the physician’s ability to collaborate, the delivery of quality health care, public trust, or the safety or perceived safety of others. Unprofessional behaviour may be demonstrated through a single act or through a pattern of events.

Policy

General

This policy focuses on physicians’ behaviour in the professional context.

“Professional context” is a broad term that refers to any environment where a physician interacts with patients, colleagues, learners, and others in the healthcare workplace (whether in person or virtually). The professional context also includes any situation where a physician is publicly identified as a physician and/or is representing the profession (e.g., public appearances, printed media, and social media).

Although the expectations set out in this policy primarily apply to physicians’ behaviour in the professional context, they may also apply to behaviour that takes place outside of the professional context. Physician behaviour outside of a professional context that contravenes the standards of professionalism³ may be considered unprofessional under this policy

¹ The term “patient” is used to refer to patients and their loved ones, including but not limited to caregivers, family members, friends, and substitute decision-makers.

² The term “colleague” is used to refer to physicians; other health care professionals; hospital or clinic administrative, ancillary, and support staff; medical students, interns, residents; and anyone involved in the provision of health care.

³ See CPSO’s *Principles of Medical Professionalism*.

depending on a number of factors including the nature and seriousness of the behaviour, the context in which it arises, and the consequences that result from it.

1. Physicians **must** uphold the standards of medical professionalism and conduct themselves in a professional manner.
 - a. Physicians **must** act in a respectful and civil manner towards patients, colleagues, and others involved in providing health care.
2. Physicians **must** meet the expectations set out in this policy, other CPSO policies⁴, and applicable legislation⁵, along with the expectations set out in any applicable institutional Codes of Conduct, policies, or by-laws.
3. Physicians **must** meet the expectations for professionalism set out in *Principles of Medical Professionalism*, including:
 - a. considering each patient's well-being and acting in their best interests;
 - b. working respectfully and collaboratively with other members of the health-care team, even when their personal beliefs and/or professional opinions differ; and
 - c. modelling respect, appropriate conduct, and healthy collegial relationships in the workplace.

Advocacy

4. Advocacy for patients and an improved health care system is an important component of the physician's role, and while it may sometimes lead to disagreement or conflict with others, physicians **must** meet the expectation for professional behaviour even in these contexts.⁶

Unprofessional Behaviour

Unprofessional behaviour impacts patient care and outcomes through the negative effects it can have on the physician-patient relationship, teamwork, a safe working environment, communication, public trust, and morale.

5. Physicians **must not** engage in unprofessional behaviours including, but not limited to, the following⁷:
 - a. Rude, profane, disrespectful, insulting, demeaning, threatening, bullying, or abusive language, innuendos, and actions;

⁴ These include [Maintaining Appropriate Boundaries and Preventing Sexual Abuse](#) (regarding sexual abuse and misconduct), [Social Media](#) (regarding avoiding unprofessional behaviour in the context of social media), [Professional Responsibilities in Medical Education](#) (regarding professional behaviour when involved in medical education and working with students or trainees), and [Professional Obligations and Human Rights](#) (regarding discriminatory behaviour).

⁵ For example, the obligations set out in the [Occupational Health and Safety Act](#), R.S.O. 1990, c.0.1.

⁶ For more information on physician advocacy, please see the [Social Media](#) policy and [Advice to the Profession: Social Media](#) document.

⁷ An example of behaviour that is not likely to be considered disruptive behaviour includes constructive criticism offered in good faith with the intention of improving patient care or the health-care system.

- b. Prejudiced or discriminatory behaviour (e.g., racist or sexist comments or actions, microaggressions⁸);
- c. Arguments⁹ or outbursts of anger (including throwing or breaking things);
- d. Use, attempted use, or threat of violence or physical force towards others¹⁰;
- e. Comments or actions that are or may be perceived as harassing or may contribute to a negative working environment (including disrespecting boundaries, repeated unwanted communication, or sexual harassment);
- f. Mocking, shaming, disparaging or censuring others; and
- g. Repeated failure to promptly respond to calls or requests for information or assistance when on call or when expected to be available.

Unprofessional Behaviour by Staff

- 6. Physicians **must** take appropriate action when staff they have responsibility for demonstrate unprofessional behaviour in the workplace.

Reporting Unprofessional Behaviour

- 7. It is important that all staff feel empowered to report unprofessional behaviour and not fear retaliation for doing so. Physicians, especially those in leadership positions in workplaces, **must** contribute to providing a safe and supportive environment that allows staff to report unprofessional behaviour through an easily accessible reporting pathway.
- 8. Physicians **must not** penalize, punish, or retaliate against someone who, in good faith, reports unprofessional behaviour or acts as a witness regarding unprofessional behaviour (for example, through unwarranted dismissal of a reporter or witness; demotion, transfer, or denial of opportunities for advancement).

⁸ Microaggressions are everyday actions or comments that subtly express a stereotype of, or prejudice towards, a marginalized group. A microaggression is a form of discrimination. For more information about and examples of microaggressions, please see CPSO's Equity, Diversity and Inclusion (EDI) [Glossary](#) or EDI [webpage](#).

⁹ Respectful discussions, in which disagreement is expressed, are not arguments.

¹⁰ The policy does not intend to capture circumstances where, for instance, force may be necessary to restrain a patient who poses a threat to themselves or those providing them with care.

ADVICE TO THE PROFESSION: PROFESSIONAL BEHAVIOUR

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.

In order to create an atmosphere of trust, and ensure good outcomes for patients, it is important that physicians maintain professional behaviour in a professional context. The [Professional Behaviour](#) policy sets out CPSO's expectations of physician behaviour and identifies behaviour that is considered unprofessional. This document is intended to provide guidance for how the expectations set out in the *Professional Behaviour* policy can be met.

What are the potential factors associated with unprofessional behaviour, and how can these be addressed?

While there may be a myriad of factors that can contribute to unprofessional behaviour, physicians are always responsible for meeting the expectations set out in the policy and for maintaining professional behaviour.

Physicians are subject to many challenges that can have an impact on their health and behaviour, including mental health concerns, stress, burnout, and moral injury. CPSO strongly supports physicians in seeking help when they are dealing with issues regarding their physical or mental health.

Many physicians are wary of seeking help for burnout or health issues for fear of the impact it may have on their ability to renew or retain their certificate of registration or hospital privileges.

In addition to any resources that may be available through their local setting (university, hospital, or other work environment), physicians are encouraged to contact the Ontario Medical Association's [Physician Health Program \(PHP\)](#) to explore the resources available for obtaining assistance. CPSO recognizes the expertise of the PHP in helping physicians dealing with mental health issues safely return to work.

Physicians can visit the [Physician Wellness](#) page on CPSO's website for more information on programs and resources to support physicians struggling with their physical or mental health. CPSO also encourages physicians to contact their specialty societies if they have a specialty-specific issue regarding wellness.

How can I ensure I remain professional while engaging in advocacy as a physician?

CPSO, as well as the Royal College of Physicians and Surgeons of Canada's [CanMEDS framework](#), recognizes that advocacy is a key component of a physician's role. When engaging in advocacy, physicians will need to always consider the impact of this advocacy on the best interest of patients and the public. Any advocacy that negatively affects a physician's ability to deliver quality care, to collaborate with others, or to maintain a culture of safety in their practice may be considered unprofessional.

For more information on engaging in advocacy using social media specifically, see the [Social Media](#) policy and the companion [Advice to the Profession: Social Media](#).

If someone in the workplace is behaving unprofessionally, what steps can be taken to address their behaviour?

The policy requires physicians to take appropriate action when staff they are responsible for demonstrate unprofessional behaviour in the workplace.

“Appropriate action” will depend on the specific circumstances, including the practice setting and employment relationship, the nature and seriousness of the behaviour, and the consequences that result from it. Physicians will need to use their professional judgment to determine what steps may need to be taken, but these could include addressing the behaviour directly with staff or escalating concerns through appropriate channels, where necessary.

DRAFT

Council Motion

Motion Title	Draft Policy for Consultation - <i>Professional Behaviour</i> (currently titled, " <i>Physician Behaviour in the Professional Environment</i> ")
Date of Meeting	December 8, 2023

It is moved by _____, and seconded by _____, that:

The Council of the College of Physicians and Surgeons of Ontario engage in the consultation process in respect of the draft revised policy, "*Professional Behaviour*" (currently titled, "*Physician Behaviour in the Professional Environment*") (a copy of which forms Appendix " " to the minutes of this meeting).

Council Motion

Motion Title	Motion to Go In-Camera
Date of Meeting	December 8, 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 clauses 7(2)(b), (d) and (e) 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;
- (e) instructions will be given to or opinions received from the solicitors for the College.