

# An era of new expectations



Rocco Gerace, MD  
Registrar

This College exists to serve the public interest. That was the mandate given nearly 150 years ago, when the medical profession was granted permission to self-regulate. And it continues to be the engine that drives all of our activities.

But society has evolved, and there are now different expectations for organizations charged with a duty to protect the public interest. In our case, the public protection work of the regulator must not only be done, it must be seen to be done. Information needs to provide assurance to the public that practitioners are competent and that the public is safe. In other words, we need to demonstrate that the system works in order for the public to trust that the system works.

At our recent Council meeting, we heard from Mr. Steven Lewis, a health policy consultant and adjunct professor of health policy at Simon Fraser University, who said that organizations that refuse to become more transparent do so at their own peril.

A worldwide social movement, prompted by various violations of public trust over the last 20 years, is seeing citizens demand access to information long kept private. And if that information is not provided willingly, it will often be taken forcibly. If organizations are not opening up, people will be prying open, he said.

Over the last year, we have begun the process of reviewing our information-sharing practices. Last December, Council decided to post the results of out-of-hospital premises inspections on our website. This affords patients the opportunity to be fully informed about the site where they will receive care.

We also looked at how accessible we made information that was already technically available to the public. What we found was that while the information was indeed public, it was certainly not accessible. Information about notices of hearing, or reinstatement decisions, for example, was only attainable by request. Council believes we could do a better job of information sharing and, after an extensive external consultation, voted recently to post four identified categories of member-specific information to the College website. This includes information regarding the location of medical records, in certain circumstances; notices of hearing; hearing status of Discipline Committee proceedings; and reinstatement decisions.

Making information that is already public more accessible is just the first step of our transparency initiative. Regulatory colleges deal with intensely sensitive information, such as complaints and medical information. And, in moving forward and deciding what should or should not be disclosed, we need to be careful. The unintended ►►

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consequences and potential risks of making more information available need to be explored. Such risks could include a reduced willingness for practitioners to acknowledge problems, significant delays in process, including the potential to delay important educational interventions.

We must also carefully consider the impact of disclosure on the professional reputations of individual physicians. This is a significant issue and indeed one that physician organizations have already broached with the College. Any analysis considering the posting of information must involve a thorough evaluation of the risks posed to the member inherent in the posting of categories of information.

Ultimately, the question comes down to whether making available a category of information will advance the public interest. And, I don't believe that all regulatory information will do that. The information that a regulator makes available, particularly relating to individual health-care professionals, should only be disclosed because it helps the public make decisions and promotes public trust in the regulator.

In order to guide discussions about making more information publicly available, a small group of health professional regulators, including

this College, has developed eight draft transparency principles. The principles were reviewed by Council at the last meeting. The principles and the rationales are posted on our website at [www.cpsso.on.ca](http://www.cpsso.on.ca) for your feedback. I urge you to read them.

I believe that these principles strike a balanced tone, one that demonstrates an openness to transparency, combined with a thoughtful, careful approach.

But I want to hear what you think. I want the profession to participate in the direction in which we move and be involved in whatever changes are made. I urge all of my colleagues to go onto our website and provide feedback to these draft principles. Have we struck the right balance? Do our rationales make sense to you? We need members' thoughtful input, their direction on this critically important initiative. And we need it now, in the early stages of our conversation.

Post your feedback at [www.cpsso.on.ca](http://www.cpsso.on.ca) under Consultations.

Thank you.