



**CPSO**

# Meeting of Council

March 3 & 4, 2022



## NOTICE OF MEETING OF COUNCIL

A meeting of the Council of the College of Physicians and Surgeons of Ontario (CPSO) will take place in-person on March 3 & 4, 2022 in the Council Chamber of the College, at 80 College Street, Toronto, Ontario. Due to the current pandemic situation, the in-person meeting will be limited to Council members and certain staff members.

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

The meeting will convene at 1:00 pm on March 3<sup>rd</sup> and at 9:00 am on March 4<sup>th</sup>.

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

February 11, 2022

# Council Meeting Agenda

## March 3 & 4, 2022



Thursday, March 3, 2022

Item	Time	Topic and Objective(s)	Purpose	Page No.
1	1:00 pm (15 mins)	<b>Call to Order and Welcoming Remarks</b> (J. van Vlymen) <ul style="list-style-type: none"> <li>Participate in roll call and declare any conflicts of interest</li> <li>Review meeting norms for in-person meetings</li> </ul>	Discussion	N/A
2	1:15 pm (5 mins)	<b>Consent Agenda</b> (J. van Vlymen) <ul style="list-style-type: none"> <li>2.1 Approve Council meeting agenda</li> <li>2.2 Approve minutes from Council meeting held December 9, 2021 and December 10, 2021</li> </ul>	Approval (with motion)	1-38
3	1:20 pm (10 mins)	<b>Items for information:</b> <ul style="list-style-type: none"> <li>3.1 Executive Committee Report</li> <li>3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases</li> <li>3.3 Government Relations Report</li> <li>3.4 Policy Report</li> <li>3.5 Medical Learners Report</li> <li>3.6 Update on Council Action Items</li> </ul>	Information	39-40 41-45  46-70 71-75 76-80 81-86
4	1:30 pm (60 mins)	<b>CEO/Registrar's Report</b> (N. Whitmore) <ul style="list-style-type: none"> <li>CPSO Timeline of Accomplishments 2020-2022</li> </ul>	Discussion	87-174
*	2:30 pm (30 mins)	<b>NUTRITION BREAK</b>		
5	3:00 pm (30 mins)	<b>President's Report</b> (J. van Vlymen)	Discussion	N/A
6	3:30 pm (20 mins)	<b>Governance Committee Report</b> (J. Plante) <ul style="list-style-type: none"> <li>Update from Governance Committee</li> </ul>	Information	N/A
7	3:50 pm (5 mins)	<b>Proposed By-law Amendments regarding Tribunal References</b> (M. Cooper) <ul style="list-style-type: none"> <li>Consider housekeeping amendments to change references to Discipline Committee to the Ontario Physicians and Surgeons Discipline Tribunal</li> </ul>	Decision (with motion)	175-176

<b>Item</b>	<b>Time</b>	<b>Topic and Objective(s)</b>	<b>Purpose</b>	<b>Page No.</b>
<b>8</b>	<b>3:55 pm</b> (10 mins)	<b>By-law Amendments for Reduced Membership Fees for Parental Leaves</b> (M. Cooper) <ul style="list-style-type: none"> <li>Consider the revised by-law amendments for reduced membership fees for parental leaves for final approval</li> </ul>	Decision (with motion)	177-179
<b>9</b>	<b>4:05 pm</b> (20 mins)	<b>Proposed Register By-law Amendments</b> (M. Cooper) <ul style="list-style-type: none"> <li>Consider several proposals to add and amend certain information shown on the public register</li> </ul>	Decision (with motion)	180-187
<b>10</b>	<b>4:25 pm</b>	<b>Adjournment Day 1</b> (J. van Vlymen)	N/A	N/A

Friday, March 4, 2022

Item	Time	Topic and Objective(s)	Purpose	Page No.
*	8:00 am	<b>INFORMAL NETWORKING</b> (Breakfast available in the Dining Room)		
11	9:00 am (10 mins)	<b>Call to Order</b> (J. van Vlymen) <ul style="list-style-type: none"> <li>Participate in roll call and declare any conflicts of interest</li> </ul>	Discussion	N/A
12	9:10 am (90 mins)	<b>Council Education Presentation</b> (Guest Speaker: Dr. Jillian Horton)	Information	N/A
*	10:40 am (30 mins)	<b>NUTRITION BREAK</b>		
13	11:10 am (10 mins)	<b>Medical Psychotherapy Association of Canada Third Pathway</b> (D. Bowlby, M. Bayliss) <ul style="list-style-type: none"> <li>Consider extending the status of the Medical Psychotherapy Association of Canada as a “third pathway” of Continuing Professional Development (CPD) until September 2024</li> </ul>	Decision (with motion)	188-228
14	11:20 am (20 mins)	<b>College Performance Measurement Framework</b> (S. Klejman, C. Roxborough, H. Webb) <ul style="list-style-type: none"> <li>Discuss the 2021 College Performance Measurement Framework</li> </ul>	Discussion	229-315
15	11:40 am (20 mins)	<b>COUNCIL AWARD PRESENTATION</b> (Dr. Ian Preyra) Celebrate the achievements of Dr. Alim Pardhan, Hamilton		316-317
*	12:00 pm (60 mins)	<b>LUNCH</b> (Lunch available in the Dining Room)		
16	1:00 pm (40 mins)	<b>Governance Modernization – Update on Internal Reforms</b> (M. Barna, C. Roxborough) <ul style="list-style-type: none"> <li>An update is provided on internal reforms that are being explored in lieu of and/or in support of eventual legislative change</li> </ul>	Discussion	318-328
17	1:40 pm (20 mins)	<b>Rescinding and Revising Registration Policies - Post MCCQE2 Changes</b> (S. Tulipano) <ul style="list-style-type: none"> <li>Consider both the rescinding and revising of registration policies in response to the recent sunseting of the MCCQE2 examination</li> </ul>	Decision (with motion)	329-344
18	2:00 pm	<b>Motion to Go in Camera</b> (J. van Vlymen)	Decision (with motion)	345
*	2:00 pm (20 mins)	<b>NUTRITION BREAK</b> (Refreshments available in Dining Room)		

<b>Item</b>	<b>Time</b>	<b>Topic and Objective(s)</b>	<b>Purpose</b>	<b>Page No.</b>
<b>19</b>	<b>2:20 pm</b> (35 mins)	<b>In-Camera Items</b>	Discussion	In-Camera package provided under separate cover
<b>20</b>	<b>2:55 pm</b> (5 mins)	<b>Adjournment Day 2</b> (J. van Vlymen) <ul style="list-style-type: none"> <li>Reminder that the next meeting is scheduled on June 16-17, 2022</li> </ul>	N/A	N/A
*	<b>3:00 pm</b>	<b>Meeting Reflection Session</b> (J. van Vlymen) <ul style="list-style-type: none"> <li>Share observations about the effectiveness of the meeting and engagement of Council members</li> </ul>	Discussion	N/A

**DRAFT PROCEEDINGS OF THE MEETING OF COUNCIL  
December 9 and 10, 2021**

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

**December 9, 2021**

**Attendees**

Ms. Lucy Becker  
Dr. Brenda Copps  
Mr. Jose Cordeiro  
Ms. Joan Fisk  
Mr. Murthy Ghandikota  
Ms. Julia Goyal  
Dr. Robert Gratton  
Dr. Deborah Hellyer  
Dr. Paul Hendry  
Dr. Roy Kirkpatrick  
Dr. Camille Lemieux  
Ms. Lydia Miljan  
Mr. Rob Payne  
Mr. Peter Pielsticker  
Dr. Kashif Pirzada  
Dr. Judith Plante  
Dr. Sarah Reid  
Dr. Deborah Robertson  
Dr. Jerry Rosenblum  
Dr. Patrick Safieh  
Dr. Janet van Vlymen  
Dr. Anne Walsh  
Ms. Shannon Weber  
Dr. P. Andrea Lum (Guest)  
Dr. Rupa Patel (Guest)

**Non-Voting Academic Representatives on Council Present:**

Dr. Mary Bell  
Dr. Terri Paul  
Dr. Karen Saperson

**Regrets:**

Dr. Glen Bandiera  
Mr. Shahid Chaudhry  
Dr. Michael Franklyn  
Mr. Pierre Giroux  
Mr. Paul Malette  
Dr. Ian Preyra

Dr. John Rapin  
Ms. Linda Robbins  
Mr. Fred Sherman  
Dr. Lionel Marks de Chabris (Guest)

## **1. Call to Order and Welcoming Remarks**

J. Plante, President of Council and Chair, called the meeting to order at 9:30 am. J. Plante welcomed members of Council, including J. Goyal, the newly appointed Public Member on Council. She also welcomed staff, members of the public tuning in via YouTube and special guests, A. Lum and R. Patel, both of whom will become Council Members at the end of the December 10<sup>th</sup> meeting. She reminded the meeting of the College's mission, vision and values. There were no conflicts of interest declared.

T. Paul provided the land acknowledgement as a demonstration of recognition and respect for Indigenous peoples of Canada.

J. Plante conducted a roll call and noted regrets.

## **2. Consent Agenda**

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

### **01-C-12-2021**

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

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

- The Council meeting agenda for December 9 & 10, 2021, as distributed; and
- The minutes from Council held September 13 & 14, 2021

**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 Annual Committee Reports
- 3.5 Policy Report
- 3.6 Medical Learners Report
- 3.7 Update on Council Action Items

#### **4. Chief Executive Officer / Registrar's Report**

N. Whitmore, Chief Executive Officer / Registrar, presented her report and shared the CPSO's mission, vision and values. An overview of Quality Care was provided, reporting that a number of Out-of-Hospital Premises assessments are underway and that Out-of-Hospital Premises Inspection Program (OHPIP) modernization efforts is an area of focus for the College in 2022.

Updates were provided on policies, including policies out for consultation. Big topics coming up for review in 2022 include the Human Rights Policy and the End-of-Life Care Policy.

The College is on track toward meeting the College Performance Management Framework requirements for 2021. This item will be coming forward to Council for approval at its March meeting. An update was provided on Physician Assistant Regulation noting that discussions ongoing with the government and movement will likely happen following the elections. Work continues on Governance Modernization efforts and development of regulatory framework to advance the Governance Modernization agenda in the absence of legislative changes. Continuous improvements were highlighted, and updates were provided on Solis, Vault and Finance and Operations systems. R3 is scheduled to go live the third week of January.

N. Novak was recognized for her dedication over the past ten years of service to the College.

#### **5. Launch of the Ontario Physicians and Surgeons Discipline Tribunal**

D. Wright, Chair of the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) presented the launch of the OPSDT and provided an overview of the OPSDT function. Ongoing and upcoming projects were shared including the launch of the OPSDT website.

#### **6. Council Award Presentation**

P. Safieh, Council Member, presented the Council Award to Dr. Ramona Mahtani of Toronto for her leadership. Dr. Mahtani was recognized for her work as a palliative care physician providing high quality care to patients during the pandemic. Dr. Mahtani expressed her heartfelt appreciation to the CPSO for recognition of her outstanding dedication and contributions to the profession.

#### **7. Emerging Issues**

J. Plante provided an update on Emerging Issues. J. Plante presented on Council / Committee Members expectations between meetings noting that there have been some challenges identified with Council / Committee Members responding to requests and e-mails.

Similar to the meeting norms that are reviewed prior to each business meeting, the proposed slide, attached hereto as Appendix "A", would be reviewed at the adjournment of each meeting to remind Council and Committee Members about expectations between meetings. Council Members provided feedback on the expectations including frequency for checking e-mails and responding to requests. The expectations slide will be shared with members of the Senior Management Team to provide a reminder at the adjournment of each Committee meeting. Following discussion, Council provided their support for the expectations.

## **8. President's Report**

J. Plante provided her report to Council reporting on one on one conversations with Council Members. Themes arising from the conversations were shared: staff were recognized for their ongoing commitment to Solis despite the growing pains. Staff were acknowledged for their contributions and managing the response to the pandemic. Other topics raised included governance modernization efforts including moving toward a smaller Board size as well as the College's leadership on the Equity, Diversity and Inclusion efforts. J. Plante thanked Council Members for their commitment and engagement regarding ongoing education sessions. In closing, J. Plante noted that Council Members felt well supported by staff.

## **9. Member Topics**

No Member Topics received for this meeting.

## **10. Cybersecurity & Updated Declaration of Adherence**

N. Novak, Chief Transformation Officer and E. Engelbrecht, Director, Information Technology presented on Cybersecurity and the updated Declaration of Adherence. An overview was provided initiatives that have been implemented to safeguard CPSO data and technology, such as multi-factor authentication and providing staff with mandatory cybersecurity training. Examples were shared on recent cybersecurity attacks on other organizations.

The College is insured by HIROC for cybersecurity protection. It was noted that HIROC will only insure those organizations with best practices in place. Council and Committee Members are requested to comply with expectations regarding mandatory use of CPSO e-mail and CPSO technology (in particular, CPSO devices). Examples of compliance were shared and questions were raised from Council Members on appropriate use of technology. Staff is in the process of preparing FAQs on the use of CPSO technology, which will be shared at the committee level. The Declaration of Adherence and the Council and Committee Code of Conduct have been revised to reflect these expectations, among some other housekeeping amendments.

### **02-C-12-2021**

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

The Council approves the amendments to the Declaration of Adherence, a copy of which forms Appendix "B" to the minutes of this meeting;

AND THAT the Council approves the amendments to the Council and Committee Code of Conduct, a copy of which forms Appendix "C" to the minutes of this meeting.

**CARRIED**

## **11. 2022 Budget**

R. Gratton, Vice Chair of the Finance and Audit Committee provided an overview of the Finance and Audit Committee recommendations and the 2022 Budget. 2021 Objectives were shared including the stewardship of the College's finances, expenses and risk management, among

others. An overview was provided on the 2022 Budget process and components. The Finance and Audit Committee recommended to Council the 2022 budget, as presented and the approval of the COLA per diem increase for Council and Committee Member remuneration. Membership fees have not been increased.

**03-C-12-2021**

The following motion was moved by P. Pielsticker, seconded by D. Hellyer and carried, that:

the Council approve the Budget for 2022 (a copy of which forms Appendix “D” to the minutes of this meeting) authorizing expenditures for the benefit of the College during the year 2022.

**CARRIED**

**04-C-12-2021**

The following motion was moved by A. Walsh, seconded by J. Rosenblum and carried, that:

the Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 144:

**By-law No. 144**

(1) Paragraph 20(3) of By-Law No. 2 (the Fees and Remuneration By-Law) is revoked and the following is substituted, effective January 1, 2022:

(3) The amount payable to members of the council and a committee is, subject to subsections (4) and (8),

(a) for attendance at, and preparation for, meetings to transact College business, \$534 per half day, and

(b) for transacting College committee business by telephone or electronic means of which minutes are taken, the corresponding hourly rate for one hour and then the corresponding half hour rate for the half hour or major part thereof after the first hour.

**CARRIED**

**12. Equity, Diversity & Inclusion Presentation**

S. Sharda, Medical Advisor and EDI lead and F. Hill-Hinrichs, Director of Communications and Media presented on the EDI work completed in 2021 as well as the EDI plan for 2022. Two copies of the 2021 EDI Year in Review Report were shared with Council Members; Council Members were invited to keep a copy and share the other copy with someone else. The College began EDI work in 2020 and S. Sharda was appointed as EDI lead in January 2021. It was recognized that systemic racism exists in healthcare and that all regulators must ensure that they are meaningfully addressing equity issues in the governance and operations of their organization.

The EDI work will continue into 2022 and beyond. A number of regulators and organizations have been embedding an equity lens including the College. The College Performance Measurement Framework developed by the Ontario Ministry of Health measures whether the College has a Diversity, Equity and Inclusion plan. A new Council and Committee Member orientation was developed to ensure that those who serve on our Council and Committees receive the necessary resources and EDI training. The importance of EDI work was highlighted and it was noted that the College is a leader in this space. The focus for 2022 will be on anti-black racism and LGBTQ2SIA+ Health.

Collaborative work is underway with the Royal College and Ontario Medical Association to develop a cultural safety training. S. Sharda and F. Hill-Hinrichs were thanked for their ongoing work in the EDI space at the College.

### **13. Out-of-Hospital Premises – Envisioning a New Framework**

C. Roxborough, Director, Policy and L. Reid, Director, Investigations and Accreditation presented on Out of Hospital Premises – Envisioning a New Framework. An update was provided on collaborative work underway to modernizing the College’s approach to regulation in the Out-of-Hospital Premises Inspection Program (OHPIP). Background on the creation and the mandate of the OHPIP was provided, noting that the College regulates and oversees facilities conducting procedures under anesthesia and sedation. An overview was provided of the program standards and core requirements. The Premises Inspection Committee is tasked with the oversight of the OHPIP. The OHP Program has been identified as an area in need of modernization to ensure alignment with the College’s Strategic Plan and Right-Touch Regulation.

Work has been undertaken to identify the challenges of the program and brainstorm potential solutions. Goals and objectives of the OHPIP Modernization project were developed including focusing of areas of greatest risk, address challenges with standards, and coordinate and leverage existing regulatory tools in order to strengthen the program. An overview of initial operational changes was provided. Next steps in the modernization efforts were provided including redesigning and revising the program standards. A draft version of the OHPIP standards will be brought to the Executive Committee and then to Council for approval to engage in the consultation process.

### **14. Out-of-Hospital Premises Draft Standard – Image Guidance when Administering Nerve Blocks for Adult Chronic Pain**

C. Brown, Policy Analyst and T. Terzis, Senior Policy Analyst, lead the agenda item, Out-of-Hospital Premises Draft Standard – Image Guidance when Administering Nerve Blocks for Adult Chronic Pain. K. Pirzada declared a conflict of interest in this area and did not participate in the discussion. Background regarding issues related to the administration of nerve blocks in some Out-of-Hospital Premises (OHP) pain clinics was provided. This included quality concerns in some OHPs, in part, as a result of differing views regarding the standard of care and whether the use of image guidance is required when administering nerve blocks to treat adult chronic pain. An overview of two differing approaches to treatment was provided: (i) landmarking and (ii) image guidance, along with the benefits and risks of each approach.

A summary of the draft Standard was provided, including a general requirement to use image guidance (at minimum, use of ultrasound) when administering all nerve blocks for adult chronic pain, with the exception of superficial facial blocks, and an expectation that in some circumstances a higher level of imaging will be required in order to meet the standard of care (i.e., CT and/or fluoroscopy).

The draft Standard was developed in consultation with the program area and Senior Legal Counsel, with clinical input from physician members of the Premises Inspection Committee, Medical Advisors, and clinicians who practise in the space. The draft Standard reflects that available research, best practices, and other regulators consider image guidance to be critical when administering nerve blocks for chronic pain.

Approval was sought from Council to release the draft Standard for external consultation and engagement. Feedback will be provided to Council following the consultation period, which will include patients as well as physicians practising in the pain space. Council members provided feedback and raised questions for consideration. Following a fulsome discussion, Council expressed support for releasing the draft Standard for external consultation.

#### **05-C-12-2021**

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

The College engage in the consultation process in respect of the draft “Out-of-Hospital Premises Standard: Image Guidance when Administering Nerve Blocks for Adult Chronic Pain,” (a copy of which forms Appendix “E” to the minutes of this meeting).

#### **CARRIED**

### **15. Adjournment Day 1**

J. Plante adjourned day 1 of the Council meeting at 4:00 pm.

## **Draft Proceedings of Council – December 10, 2021**

### **Attendees**

Ms. Lucy Becker  
Dr. Brenda Copps  
Mr. Jose Cordeiro  
Ms. Joan Fisk  
Mr. Murthy Ghandikota  
Ms. Julia Goyal  
Dr. Robert Gratton  
Dr. Deborah Hellyer  
Dr. Paul Hendry  
Dr. Roy Kirkpatrick  
Dr. Camille Lemieux  
Ms. Lydia Miljan  
Mr. Rob Payne  
Mr. Peter Pielsticker  
Dr. Kashif Pirzada  
Dr. Judith Plante  
Dr. Sarah Reid  
Dr. Deborah Robertson  
Dr. Jerry Rosenblum  
Dr. Patrick Safieh  
Dr. Janet van Vlymen  
Dr. Anne Walsh  
Ms. Shannon Weber  
Dr. P. Andrea Lum (Guest)  
Dr. Rupa Patel (Guest)

### **Non-Voting Academic Representatives on Council Present:**

Dr. Mary Bell  
Dr. Terri Paul  
Dr. Karen Saperson

### **Regrets:**

Dr. Glen Bandiera  
Mr. Shahid Chaudhry  
Dr. Michael Franklyn  
Mr. Pierre Giroux  
Mr. Paul Malette  
Dr. Ian Preyra  
Dr. John Rapin  
Ms. Linda Robbins  
Mr. Fred Sherman  
Dr. Lionel Marks de Chabris (Guest)

## **16 Call to Order**

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

## **17 Key Performance Indicators for 2022**

N. Whitmore, Registrar and Chief Executive Officer, presented the Key Performance Indicators (KPIs) for 2022 to Council for approval. N. Whitmore provided a detailed overview of each of the targets and rationale for selection. Council engaged in discussion around the selected KPIs and targets. Following discussion, Council expressed their support regarding the KPIs for 2022. The revised motion was distributed to Council Members at the meeting.

### **06-C-12-2021**

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

The Council adopts the following 2022 Key Performance Indicators (KPIs) to measure and report progress on the Strategic Plan:

1. Target of 610 active physicians assessed who are:
  - (a) turning 70; or
  - (b) are 71 or older and have not had an assessment in the past five years and deferrals from 2020
2. Target of 40 Hospitals collaborating in QI Partnership
3. Target of 3000 Practice Improvement Plans submitted through Quality Improvement Program
4. Target to complete all complaint files within 150 days (80<sup>th</sup> percentile)
5. Target of 90 days for Time from Referral to Disclosure
6. Target of 150 days for Time from Referral to Pre-Hearing Conference
7. Monitor and continue to achieve 2-business day benchmark for contacting complainants
8. (a) Target of 15 business days for Time to Assess Standard Registration Applications  
(b) Target of 5 business days for Time to Assess Expedited Registration Applications
9. Respond to 90% of calls to Patient and Public Help Centre within one business day
10. Target of 39 completed Out of Hospital Premises (OHP) facility assessments and 240 Independent Health Facilities (IHF) assessments

### **CARRIED**

## **18 Governance Committee Report**

B. Copps, Chair of Governance, provided the Governance Committee Report noting that there will be one information item and two items for decision.

### **18.1 E-learning Program**

B. Copps provided an overview of the e-learning program which provides a broad overview of CPSO and the role of Council and/or Committee Members as part of their orientation.

## 18.2 Governance Committee Election

An overview was provided on the Governance Committee election process and the composition of the Governance Committee, noting that the Governance Committee will be giving further consideration to moving towards appointments versus elections for Governance Committee members. For the 2021-2022 Council year, by way of office, J. Plante will become Chair of Governance, J. van Vlymen and R. Gratton will be members of the Governance Committee in their role as President and Vice-President, respectively. Nomination statements have been received from S. Reid, L. Miljan and S. Weber. There were no nominations from the floor and as such S. Reid, L. Miljan and S. Weber were acclaimed as members of the 2022 Governance Committee for a one year term. Each of the acclaimed members were congratulated on their election to the Governance Committee and they each addressed Council.

### 07-C-12-2021

The following motion was moved by P. Pielsticker, seconded by D. Robertson and carried, that:

The Council appoints the following individuals to the 2021-2022 Governance Committee for the term indicated below:

<u>Name</u>	<u>Office</u>	<u>Term</u>
Dr. Judith Plante	Chair	1 year
Dr. Janet van Vlymen	Vice Chair	1 year
Dr. Robert Gratton	Physician Member of Council	1 year
Dr. Sarah Reid	Physician Member of Council	1 year
Lydia Miljan	Public Member of Council	1 year
Shannon Weber	Public Member of Council	1 year

### CARRIED

## 18.3 Committee Appointments

B. Copps presented the Committee Appointments to Council noting that some vacancies remain. B. Copps highlighted the thorough interview process for selecting committee members. Council appointed committee members and rescinded the appointment of Dr. Kim Turner as Vice-Chair of the Registration Committee following her resignation of this position.

### 08-C-12-2021

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

The Council rescinds Dr. Kim Turner's Vice-Chair appointment to the Registration Committee, made at the September meeting of Council in 2021;

AND THAT the Council 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 2021:

### **Inquiries Complaints and Reports Committee**

Dr. Kuppuswami Shivakumar, non-Council physician – 3 years

### **Finance and Audit Committee**

Dr. Ian Preyra, physician Council member – 1 year

Dr. Glen Bandiera, physician Council member – 2 years

Mr. Murthy Ghandikota, public Council member – 3 years

### **Registration Committee**

Mr. Murthy Ghandikota, public Council member – 3 years, superseding his current appointment

Dr. Edith Linkenheil, non-Council physician – 3 years

Dr. Bruce Fage, non-Council physician – 3 years

Dr. Sal Spadafora, non-Council physician – 3 years

### **Quality Assurance Committee**

Dr. Astrid Sjodin, non-Council physician – 3 years

Dr. Mohammad Keshoofy, non-Council physician – 3 years

### **Premises Inspection Committee**

Dr. Olubimpe Ayeni, non-Council physician – 3 years

### **Ontario Physicians and Surgeons Discipline Tribunal**

Ms. Julia Goyal, public Council member – 3 years

Dr. Rupa Patel, physician Council member – 3 years

### **Fitness to Practise Committee**

Ms. Lucy Becker, public Council member – 2 years

Ms. Julia Goyal, public Council member – 3 years

Dr. Rupa Patel, physician Council member – 3 years

**CARRIED**

## 19 Declared Emergency By-law

L. Brownstone, Chief Legal Officer, provided an overview of the proposed amendments to the Declared Emergency By-law. The By-law was created in 2007 and first used in March 2020. The declaration of emergency was ended by Council in September 2021. The By-law emergency powers were recently reviewed based on the first experience with the emergency declaration.

### 09-C-12-2021

The following motion was moved by D. Robertson, seconded by A. Walsh and carried, that:

1. By-law No. 42 (the By-law for Declared Emergency) is revoked; and
2. The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 145:

#### **By-law No. 145**

1. The provisions of this By-law shall only take effect during a declared emergency.
2. A declared emergency shall occur in any of the following circumstances:
  - (a) the Executive Committee has, by a motion passed by majority vote, declared there to be an emergency;
  - (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* anywhere in the Province of Ontario and the Executive Committee is unable to meet within twenty-four (24) hours of such declaration.
3. In the event of a declared emergency the following provisions shall apply:
  - (a) the Registrar or the Executive Committee shall give immediate notice to every member of Council that a declared emergency exists;
  - (b) three members of the Executive Committee, at least one of which shall be a member of the College and at least one of which shall be a public member (as defined below), shall constitute a quorum, and this subsection 3(b) also applies for the purpose of the Executive Committee declaring an emergency. For purposes of this By-law, "public member" means a person appointed to the Council by the Lieutenant Governor in Council;
  - (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 member of Council in the following order:
    - (i) if the vacancy is the President position, the Vice-President shall become the President;

- (ii) if the vacancy is the Vice-President position, the member of the Executive Committee (other than the President or past President) who has been on Council the longest shall become the Vice-President;
  - (iii) except as set out in clauses (i) and (ii) above, fill each public member vacancy with a public member appointed to the Governance Committee; if no public member appointed to the Governance Committee is available or willing to fill the position, fill each public member vacancy with a public member based on their seniority on Council (for greater certainty, length of term);
  - (iv) except as set out in clauses (i) and (ii) above, fill each physician member vacancy with a physician member appointed to the Governance Committee; if no physician member appointed to the Governance Committee is available or willing to fill the position, fill each physician member vacancy with a physician member of Council based on their seniority on Council (for greater certainty, length of term); and
  - (v) subject to the quorum requirements in subsection 3(b), if a vacancy on the Executive Committee is not able to be filled in accordance with clauses (iii) or (iv) above, such vacancy may be filled by either a public member or a physician member of Council, notwithstanding Section 39(1) of the General By-law;
- (d) a position on the Executive Committee may be declared vacant by the other members of the Executive Committee if the Council member 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 members to Council is not able to be held, the term of office of the elected Council members shall continue notwithstanding Section 11 of the General By-law until the first regular meeting of Council held after the election;
  - (f) despite Subsections 29(3) and 29(4) of the General By-law, a Council meeting may be called by the President or Registrar at any time on such notice as is sufficient for a quorum to be present in person, by teleconference or by electronic virtual meeting and such meeting may consider and deal with any matter that the Council agrees to consider by a majority vote of those in attendance and voting; and
  - (g) the Executive Committee may vary the application of any provision(s) of the General By-law and the Fees and Remuneration By-law (By-law No. 2) as it determines is necessary to facilitate the proper functioning or operation of the College, the Executive Committee or the Council, or their ability to fulfill their mandate, without the need to amend such By-law(s), 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.
4. The Executive Committee and the Registrar shall exercise the powers granted to them under this By-law only when, and to the extent, necessary in the circumstances.
5. In the event of a conflict between this By-law and any other By-law of the College, the provisions of this By-law shall prevail.

6. The declared emergency is not intended to continue indefinitely and should be declared over, as provided in Section 7, 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 Council should consider ceasing the declared emergency if one or more of the following applies:

- (a) if the emergency declared under this By-law is related to, or affected by, an emergency declared under the *Emergency Management and Civil Protection Act* 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 this By-law 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 Council, or their ability to fulfill their mandate.

7. A declared emergency shall cease when the Executive Committee or Council declares, by a motion passed by majority vote, that the emergency is over or the powers set out in this By-law are no longer needed.

### **CARRIED**

## **20 By-law Amendment: Ability to Rescind Committee Appointments**

L. Brownstone, Chief Legal Officer, provided an overview of the By-law Amendment: Ability to Rescind Committee Appointments. Council discussed the proposed amendments to the By-law, noting that under the current By-laws, the only way for a committee member to be removed is through a disqualification process that is subject to a more limited threshold.

Questions were raised as to whether there is a process of evaluating committee members performance. It was noted that feedback should be routinely provided in order for committee members to course correct and meet expectations of the committee. Part of the role of the Chair and Vice Chair is to provide feedback. It was noted that providing feedback to Committee Members is an area that will require strengthening and formalization.

### **10-C-12-2021**

The following motion was moved by R. Kirkpatrick, seconded by B. Copps and carried, that:

The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 146:

### **By-law No. 146**

(1) The General By-law is amended by adding the following:

#### **Rescission of Committee Appointment**

**35.1 (1)** Council or the Executive Committee may rescind the appointment of a committee member prior to the expiry of the appointment 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 is negatively affecting the work or functioning of the committee, or is otherwise not performing well on the committee. This Section 35.1 does not apply to members of the Governance Committee or the Executive Committee.

(2) The term of office of a committee member expires in the event that the committee member's appointment to the committee has been rescinded.

### **CARRIED**

## **21 By-Law Amendments for Reduced Membership Fees for Parental Leaves**

S. Tulipano, Director, Registration and Membership Services, provided an overview of the proposed By-law amendments regarding reduced membership fees for parental leaves. Council mentioned other scenarios in which membership fees could be reduced, such as pro-bono work, for future consideration. The proposed By-law amendments are required to be circulated to the profession for consultation prior to final approval by Council.

### **11-C-12-2021**

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

The Council of the College of Physicians and Surgeons of Ontario proposes to make the following By-law No. 143, after circulation to stakeholders:

### **By-law No. 143**

(1) 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 and other than a certificate of registration authorizing supervised practice of a short duration;

(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

(c) Notwithstanding subsections 4(a) and (b), 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 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(c) only applies to annual fees for membership years commencing on or after June 1, 2020.

(2) Section 4.1 of By-Law No. 2 (the Fees and Remuneration By-law) is revoked and substituted with the following:

**4.1** Annual fees for a holder of a certificate of authorization, as of January 1, 2017, are \$175.

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

**CARRIED**

## **22 Motion to Go in Camera**

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

### **12-C-12-2021**

The Council 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.

**CARRIED**

## **23 In-Camera Items**

Council entered into an in-camera session at 10:45 am and returned to the open session at 11:20 am.

## **24 Council Awards Selection Advisory Group**

L. Cabanas, Director, Governance, provided an overview of the work of the Council Awards Selection Advisory Group (CASAG) and recommended that the CASAG be disbanded and the work of the CASAG be performed by the Executive Committee, as it overlaps with the Executive Committee's mandate for outreach activities. The Executive Committee would be responsible for selecting the Council Award winners beginning in 2023.

**13-C-12-2021**

The following motion was moved by S. Reid, seconded by C. Lemieux and carried, that:

The Council disbands the Council Awards Selection Advisory Group and approves the mandate of the Council Awards Selection Advisory Group to be incorporated into the Executive Committee's outreach mandate.

**CARRIED**

**25 District Elections for 2022**

L. Cabanas, Director, Governance, provided an overview of the Council district election dates for 2022. Districts 1, 2, 3 & 4 will be up for election. The timeline setting out dates relating to key activities are set out in the briefing note. It was noted that a by-election is required to be held for District 9 to fill a vacancy arising from the resignation of A. Turner from Council. Voting for the by-election will open January 18, 2022 and close on February 8, 2022.

**14-C-12-2021**

The following motion was moved by B. Copps, seconded by R. Kirkpatrick and carried, that:

The Council approves the 2022 district election date set out below:

Districts 1, 2, 3 and 4: June 21, 2022

**CARRIED**

**26 President's Items**

The following President's items were presented to Council:

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

J. Plante recognized the contributions of M. Franklyn, J. Rapin and T. Paul. Regrets were received from M. Franklyn and J. Rapin. T. Paul was presented with a gift in recognition of her years of service and invited to address Council.

J. Plante addressed Council and reflected on the past year. J. Plante welcomed J. van Vlymen to her role as President for the 2022 year. J. Plante also welcomed incoming Council Members: L. Marks de Chabris (regrets), R. Patel and A. Lum. R. Patel and A. Lum were invited to receive their Council pins and take a seat at the Council table as new members of Council.

J. van Vlymen was inducted as the new CPSO President. J. van Vlymen addressed members of Council.

**27 Adjournment Day 2**

J. Plante adjourned day 2 of the meeting at 1:20 pm.

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Chair

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Recording Secretary

# Expectations between Council meetings...



Check your CPSO email at least twice a week



Use CPSO email for all Council/Committee work



Respond to CPSO requests within the specified timelines



Complete the Council meeting evaluation within one week of the meeting



Submit expense claims within one week of the meeting



Raise any concerns with the President and/or relevant senior leader

# Appendix B: 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 duty to the CPSO and 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).
- 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

Initial

## Appendix B: Declaration of Adherence



of Section 36 (1) of the RHPA, and if convicted, I may be required to pay a fine of up to \$25,000.00 (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, including without limitation, the following:
  - [Council and Committee Code of Conduct](#)
  - [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.

## Appendix B: Declaration of Adherence



- 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:

# Appendix B: Conflict of Interest 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 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.*

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 will be investigated by the CPSO to confirm whether a conflict exists, and the extent of the impact of any conflicts on your involvement in work. If you are unsure if something is a conflict, please disclose it below.

I have no conflicts of interest to report

I have the following potential or actual conflicts of interest

1.
2.
3.

Printed Name:

Signature:

Date:

Initial

# Appendix C: Council and Committee Code of Conduct



## 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 members who are appointed to Council by their academic institutions do not represent the interests of their 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 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 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 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 must take care in their social media posts and in sharing personal opinions that they do not appear to represent the CPSO. It is a member's responsibility to consider whether their post could possibly give rise to the appearance of representing the CPSO, even if such representation was not the intention of the post. This includes all manner of communications and social media use, whether private or public. For example, members should:

- Speak on behalf of the CPSO only when authorized by the President or CEO/Registrar;
- Make it clear that they are only speaking for themselves when commenting on matters that relate to the CPSO, and where their relationship to the CPSO is or could reasonably become known;
- 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,
- Not engage in harassing, discriminatory or otherwise abusive behaviour.

## Appendix C: Council and Committee Code of Conduct



### 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](#).

### Diversity, Equity, and Inclusion

Diversity, equity, 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 any and all business related to the CPSO.~~ **communications relating to their CPSO work.** CPSO emails (including virtual meeting invitations) ~~should~~ **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. ~~Members are expected to minimize the use of their CPSO email address with regards to personal or~~

## Appendix C: Council and Committee Code of Conduct



~~non-CPSO matters.~~ 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. ~~If a member is having difficulties accessing or using their CPSO email, the Information Technology department can provide assistance.~~

### 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 are expected to use laptop computers or other technology or devices provided by the CPSO for CPSO business purposes only. Additionally, the Information Technology department must approve any software downloads to CPSO technology or systems. The CPSO may approve the use of a personal device for CPSO work in some circumstances, in which case the member will be expected to sign an Undertaking with the CPSO regarding its use and security.~~ 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.

## Appendix C: Council and Committee Code of Conduct



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.

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;

## Appendix C: Council and Committee Code of Conduct



- 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 Tribunal<sup>1</sup> or the Fitness to Practice 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 member of Council or a CPSO committee who is unable to comply with this Code of Conduct or the Declaration of Adherence, 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: Month Day, Year**

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<sup>1</sup> 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.

**Statement of Operations Input Template**  
College of Physicians and Surgeons of Ontario

	ACTUALS			BUDGET				% INCREASE OVER 2021 BUDGET
	ACTUALS 2018	ACTUALS 2019	ACTUALS 2020	BUDGET 2021	NUMBERS	FEES	BUDGET 2022	
<b>REVENUE NET OF CRCC'S</b>								
<b>MEMBERSHIP FEES</b>								
31100 - Independent Practice Licenses	60,325,027	63,368,956	64,354,783	65,653,788	37,680	1,725	64,998,000	-1% Decrease is due to several factors: Discounts for mat/pat leaves, more doctors leaving the profession and fewer joining.
31200 - Post Graduate	2,195,560	2,326,220	2,322,055	2,404,995	7,000	345	2,415,000	0%
31960 - Penalty Fees	336,705	178,723	1,026	408,353			404,478	-1%
34650 - Credit Card Fees	(1,513,182)	(1,521,195)	(1,540,401)	(1,526,423)			(1,519,241)	0%
<b>TOTAL MEMBERSHIP FEES</b>	<b>61,344,111</b>	<b>64,352,704</b>	<b>65,137,462</b>	<b>66,940,712</b>			<b>66,298,237</b>	<b>-1%</b>
<b>APPLICATION FEES</b>								
32100 - Independent Practice Licenses	2,322,670	2,478,628	2,537,690	2,534,779	2,650	1,035	2,742,750	8%
32200 - Post Graduate	1,469,807	1,506,297	1,323,348	1,333,950	3,075	431	1,326,094	-1%
33400 - Corporations - New	398,367	412,750	475,874	417,200	1,190	400	476,000	14% Increase is due to a return to pre-Covid levels.
33410 - Corporations - Renewals	3,568,110	3,639,925	3,449,621	3,568,075	20,570	175	3,599,750	1%
33250 - Certificates of Professional Conduct	648,367	662,175	146,740		0	0	0	0%
<b>TOTAL APPLICATION FEES</b>	<b>8,407,321</b>	<b>8,699,775</b>	<b>7,933,273</b>	<b>7,854,004</b>			<b>8,144,594</b>	<b>4%</b>
<b>OTHER</b>								
<b>Miscellaneous Services</b>								
35200 - Investment Income	1,625,027	4,016,920	2,740,013	2,038,000	825,000		825,000	-60% Interest on long term investment cannot be included until maturity.
38300 - Discipline Fees	589,792	610,458	367,616	455,000	500,000		500,000	10% Increase is due to a return to pre-Covid levels.
38350 - Court Awarded Costs	38,000	32,500	15,000		15,000		15,000	0%
39900 - Miscellaneous	178,837	216,258	72,874	101,878	-15,000		-15,000	-115% This budget line is hard to predict from year-to-year. However, exchange rate losses and service charges have been retained.
<b>TOTAL OTHER</b>	<b>2,431,657</b>	<b>4,876,136</b>	<b>3,195,503</b>	<b>2,594,878</b>			<b>1,325,000</b>	<b>-49%</b>
<b>TOTAL REVENUE (BEFORE CRCC'S)</b>	<b>72,183,088</b>	<b>77,928,615</b>	<b>76,266,237</b>	<b>77,389,595</b>			<b>75,767,830</b>	<b>-2%</b>
<b>EXPENDITURES NET OF CRCC'S</b>								
<b>Registrar Division</b>	1,829,442	2,908,039	1,380,461	2,037,202			1,873,149	-8%
<b>Chief Medical Advisor Division</b>		2,757,832	3,349,480	536,750				-100% Division dissolved and Medical Advisors returned to other program areas.
<b>Quality Management Division</b>	8,970,314	6,582,175	4,252,194	6,911,285			6,886,144	0%
<b>Registration &amp; Membership Services Division</b>	4,826,339	4,816,222	5,078,722	4,531,107			3,968,289	-12% Reduction in Staffing Costs.
<b>Communications &amp; Media Division</b>	3,029,699	1,921,124	1,526,751	1,778,220			2,194,502	23% Inclusion of new EDI Program, additional Staffing Costs, Professional Fees and Other (i.e. Miscellaneous and Members Dialogue).
<b>Transformation Office Division</b>	14,936,524	20,053,911	19,471,645	24,981,154			26,635,712	7%
<b>Legal Office Division</b>	4,912,920	4,909,346	5,450,469	5,684,130			6,155,118	8%
<b>Complaints Division</b>	21,589,570	19,943,676	17,230,316	22,057,364			20,153,500	-9%
<b>OPSDT Division</b>	2,922,263	3,134,584	2,797,033	2,918,081			2,780,541	-5% Decreased costs for committees due to virtual versus face-to-face meetings; the government has not yet asked us to assume the regulation of Physician Assistants; and decreases in Staffing Costs and Professional Fees.
<b>Governance Division</b>	1,189,797	1,421,270	2,051,854	3,833,677			3,173,786	-17%
<b>Policy Division</b>	2,111,033	1,947,412	1,377,570	1,277,630			1,646,739	29% increase in Staffing Costs.
<b>TOTAL EXPENDITURES (BEFORE CRCC'S)</b>	<b>66,317,901</b>	<b>70,395,591</b>	<b>63,966,495</b>	<b>76,546,599</b>			<b>75,467,479</b>	<b>-1%</b>
<b>EXCESS REVENUE OVER EXPENDITURES (BEFORE CRCC'S)</b>	<b>5,865,187</b>	<b>7,533,024</b>	<b>12,299,742</b>	<b>842,996</b>			<b>300,352</b>	
<b>CAPITAL AND NEW REQUESTS</b>								
<b>ADDED:</b>								
Increase in Membership Fee (i.e. 7 months of the New Year at the increased rate)							-	
<b>LESS:</b>								
Per diem rate increase - Operating							198,377	
HST increase (Due to per diem rate increase) - Operating							11,347	
Salary Increases							263,611	
Benefit increase due to change in salaries - Operating							36,906	

Pension increase (Due to salary increase) - Operating  
New Requests - Depreciation on Capital Additions  
New Positions  
OHPIP  
Depreciation on three building projects  
OPSDT

24,252  
170,000  
657,224  
75,000  
150,000  
400,000

**TOTAL NET SURPLUS/(DEFICIT)**

**(1,686,365)**

## EXPENDITURES BY DEPARTMENT (BEFORE CRCC'S)

College of Phys. & Surgs. Ont

Cost Centre

Reporting as of: Jun, 2021

CPSO

	ACTUALS			BUDGET					
	ACTUALS 2018	ACTUALS 2019	ACTUALS 2020	BUDGET 2021	BUDGET 2022	FORECAST FOR 2021	DIFFERENCE TO FORECAST	CHANGE FROM PY BUDGET \$	CHANGE FROM PY BUDGET %
<b>REGISTRAR DIVISION</b>									
Executive Department	1,829,442	2,908,039	1,380,461	2,037,202	1,873,149	1,479,950	393,198	(164,053)	-8%
<b>TOTAL REGISTRAR DIVISION</b>	<b>1,829,442</b>	<b>2,908,039</b>	<b>1,380,461</b>	<b>2,037,202</b>	<b>1,873,149</b>	<b>1,479,950</b>	<b>393,198</b>	<b>(164,053)</b>	<b>-8%</b>
<b>CHIEF MEDICAL ADVISOR DIVISION</b>									
Chief Medical Advisor		2,757,832	3,349,480	536,750		-	-	(536,750)	-100%
<b>TOTAL CHIEF MEDICAL ADVISOR DIVISION</b>	<b>-</b>	<b>2,757,832</b>	<b>3,349,480</b>	<b>536,750</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(536,750)</b>	<b>-100%</b>
<b>QUALITY MANAGEMENT DIVISION</b>									
Education Advisory Group	23,476	15,621	10,669	29,043	25,534	91,105	(65,571)	(3,509)	-12%
Changing Scope Working Group	40,239	3,081				-	-	-	0%
Registration Pathways Evaluati	46,578	84,652	-			-	-	-	0%
Quality Assurance Committee	887,216	598,769	170,555	598,595	368,399	166,884	201,515	(230,196)	-38%
Peer Assessment Program	1,643,621	752,669	394,098	852,243	1,300,997	2,701,288	(1,400,291)	448,753	53%
Quality Improvement Program	1,805,974	1,179,592	436,554	1,235,668	1,458,196	754,862	703,335	222,529	18%
Assessor Bi-Annual Meeting	219,649	35	36,573	80,722	-	-	-	(80,722)	-100%
Registration & COS Assessments	89,936	47,933	34,928	65,122	14,318	13,458	860	(50,804)	-78%
Assessor Networks	25,738	30,093	5,317	43,244	-	3,287	(3,287)	(43,244)	-100%
Quality Management Department	1,452,883	857,556	569,595			-	-	-	0%
QA/QI Department	2,735,005	3,012,173	2,593,904	4,006,649	3,718,700	2,969,521	749,180	(287,948)	-7%
<b>TOTAL QUALITY MANAGEMENT DIVISION</b>	<b>8,970,314</b>	<b>6,582,175</b>	<b>4,252,194</b>	<b>6,911,285</b>	<b>6,886,144</b>	<b>5,086,867</b>	<b>1,799,277</b>	<b>(25,141)</b>	<b>0%</b>
<b>REGISTRATION &amp; MEMBERSHIP SERVICES DIVISION</b>									
Registration Committee	160,481	154,981	126,975	177,302	247,389	368,785	(121,396)	70,087	40%
Annual Membership Survey	22,159	11,330	207			-	-	-	0%
Applications and Credentials	2,919,183	2,958,205	3,366,171	4,353,805	3,720,900	5,300,886	(1,579,986)	(632,905)	-15%
Membership Department	752,526	762,744	905,235			-	-	-	0%
Corporations Department	971,990	928,961	680,133			-	-	-	0%
<b>TOTAL REGISTRATION &amp; MEMBERSHIP SERVICES DIVISION</b>	<b>4,826,339</b>	<b>4,816,222</b>	<b>5,078,722</b>	<b>4,531,107</b>	<b>3,968,289</b>	<b>5,625,507</b>	<b>(1,657,218)</b>	<b>(562,818)</b>	<b>-12%</b>
<b>COMMUNICATIONS AND MEDIA DIVISION</b>									
Outreach Program	60,186	11,291	2,142	25,000	19,858	1,392	18,466	(5,142)	-21%
EDI Program					122,000	-	122,000	122,000	0%
Communications Department	2,969,513	1,909,833	1,524,609	1,753,220	2,052,644	2,134,345	(81,702)	299,423	17%
<b>TOTAL COMMUNICATIONS AND MEDIA DIVISION</b>	<b>3,029,699</b>	<b>1,921,124</b>	<b>1,526,751</b>	<b>1,778,220</b>	<b>2,194,502</b>	<b>2,133,686</b>	<b>60,815</b>	<b>416,281</b>	<b>23%</b>
<b>TRANSFORMATION OFFICE DIVISION</b>									
Finance Committee	76,680	77,593	68,849	66,627	73,994	140,175	(66,180)	7,367	11%
Education Program Development	1,636	950	11,741	81,600	17,100	-	17,100	(64,500)	-79%
AD&D Support Projects	124,089	67,628	11,265			-	-	-	0%
Human Resources Department	954,771	1,417,604	1,545,880	1,274,792	1,865,322	2,328,002	(462,680)	590,530	46%
Training & Documentation			504,751	777,664	1,537,847	2,230,964	(693,117)	760,184	98%
Control Accounts	-	-	-	-	-	-	-	-	0%
Facility Services	983,034	1,039,424	980,169	934,484	989,420	911,685	77,735	54,936	6%
Records Management	904,102	883,158	1,452,875	1,446,304	1,526,541	1,671,252	(144,711)	80,237	6%
Business Services	224,909	199,696	101,947			-	-	-	0%
Finance Department	2,067,462	2,583,762	2,071,084	1,765,640	1,906,285	2,661,265	(754,980)	140,645	8%
Continuous Improvement			2,045,465	2,659,461	3,357,288	4,115,668	(758,379)	697,828	26%
IT Support	3,956,428	4,539,285	3,373,973	3,200,909	3,157,999	3,660,343	(502,344)	(42,910)	-1%
Operations and Support			-			-	-	-	0%
Infrastructure	1,564,455	4,069,669	2,756,544	2,982,512	3,475,859	3,177,564	298,295	493,347	17%
Enterprise Systems			432,566	4,727,885	4,195,946	164,206	4,031,740	(531,939)	-11%
AD&D Support Department	1,271,377	1,853,906	1,179,880	1,295,431	1,334,897	1,563,996	(229,099)	39,466	3%
Occupancy	2,117,057	2,603,259	2,292,704	3,042,345	2,447,213	2,630,973	(183,760)	(595,132)	-20%

800 Bay Street	690,526	717,978	641,952	725,500	750,000	772,856	(22,856)	24,500	3%
<b>TOTAL TRANSFORMATION OFFICE DIVISION</b>	<b>14,936,524</b>	<b>20,053,911</b>	<b>19,471,645</b>	<b>24,981,154</b>	<b>26,635,712</b>	<b>20,193,058</b>	<b>6,442,654</b>	<b>1,654,558</b>	<b>7%</b>
<b>LEGAL OFFICE DIVISION</b>									
Legal Services	4,912,920	4,909,346	5,450,469	5,684,130	6,155,118	5,357,113	798,004	470,988	8%
<b>TOTAL LEGAL OFFICE DIVISION</b>	<b>4,912,920</b>	<b>4,909,346</b>	<b>5,450,469</b>	<b>5,684,130</b>	<b>6,155,118</b>	<b>5,357,113</b>	<b>798,004</b>	<b>470,988</b>	<b>8%</b>
<b>COMPLAINTS DIVISION</b>									
Spec Panel – Surgical					315,075	-	315,075	315,075	0%
Spec Panel – Obstetrics					140,366	-	140,366	140,366	0%
Caution Panels	115,575	95,473	42,793	85,021	84,907	53,581	31,325	(115)	0%
Business, Leadership, Training	183,841	228,022	110,426	209,039	185,649	151,095	34,554	(23,390)	-11%
Spec Panel - Family Practice					353,291	-	353,291	353,291	0%
Spec Panel – Internal Medicine					145,424	-	145,424	145,424	0%
Spec Panel – Mental Health					145,424	-	145,424	145,424	0%
Gen,Hybrid,Teleconfs,Ad-Hocs	1,291,199	1,172,348	758,346	1,168,864	988,993	810,723	178,271	(179,870)	-15%
ICRC - Specialty Panels	1,008,040	911,923	825,539	944,115	44,630	1,126,515	(1,081,884)	(899,485)	-95%
ICRC - Health Inquiry Panels	58,855	21,839	30,125	46,240	45,357	12,154	33,202	(884)	-2%
Training - Non-Staff	12,214	29,241	2,632	48,000	42,000	18,467	23,533	(6,000)	-12%
Health Assessments	154,243	128,747	73,047	148,772	148,306	49,614	98,692	(466)	0%
Medical Assessors (MIs)	1,063,962	690,739	401,529	643,886	573,069	344,324	228,745	(70,817)	-11%
Peer Opinions (IOs)	186,334	231,893	122,444	200,452	269,520	183,574	85,946	69,068	34%
Advisory Services Department	1,369,556	1,448,322	1,272,969	1,354,797	1,156,600	928,388	228,212	(198,198)	-15%
I&R Administration	2,188,580	592,266	775,676	2,457,545	1,834,342	2,831,081	(996,739)	(623,203)	-25%
ICR Committee Support	2,231,379	2,287,726	1,968,114	2,735,691	2,243,358	1,909,598	333,760	(492,332)	-18%
Compliance Monitoring	1,892,010	2,082,242	1,965,871	1,934,947	1,874,488	1,895,478	(20,990)	(60,459)	-3%
PC Resolutions	1,614,764	2,994,558	8,599,546	10,079,995	9,562,700	8,167,638	1,395,063	(517,294)	-5%
Sexual Impropriety Investigat	1,005,476	1,035,826	96,708	-	-	-	-	-	0%
PC Investigations	3,844,164	3,641,255	75,729	-	-	-	-	-	0%
Registrar's Investigations	2,824,079	1,924,565	102,704	-	-	-	-	-	0%
Incapacity Investigations	545,299	426,689	6,117	-	-	-	-	-	0%
<b>TOTAL COMPLAINTS DIVISION</b>	<b>21,589,570</b>	<b>19,943,676</b>	<b>17,230,316</b>	<b>22,057,364</b>	<b>20,153,500</b>	<b>17,857,394</b>	<b>2,296,106</b>	<b>(1,903,864)</b>	<b>-9%</b>
<b>OPSDT DIVISION</b>									
OPSDT Hearings	1,685,868	1,727,728	1,851,850	1,707,033	1,485,195	2,315,365	(830,171)	(221,839)	-13%
OPSDT Case Management	263,505	200,047	190,591	245,675	68,982	146,654	(77,672)	(176,693)	-72%
OPSDT Policy/Training	259,836	300,575	184,111	411,260	318,478	214,841	103,638	(92,782)	-23%
Fitness to Practice Committee	19,912	856	204	-	-	-	-	-	0%
Tribunal Office	693,143	905,379	570,276	554,112	907,886	974,840	(66,955)	353,774	64%
<b>TOTAL OPSDT DIVISION</b>	<b>2,922,263</b>	<b>3,134,584</b>	<b>2,797,033</b>	<b>2,918,081</b>	<b>2,780,541</b>	<b>3,664,994</b>	<b>(884,453)</b>	<b>(137,540)</b>	<b>-5%</b>
<b>GOVERNANCE DIVISION</b>									
Council	464,212	487,344	379,781	499,923	566,645	270,763	295,883	66,722	13%
Strategic Planning Project	35,560	270,443	5,009	-	-	-	-	-	0%
Governance Committee	46,306	42,472	91,493	157,007	80,749	149,737	(68,988)	(76,258)	-49%
Council Elections	3,040	4,508	5,600	6,500	5,000	-	5,000	(1,500)	-23%
Executive Committee	123,417	81,084	51,032	125,311	101,636	46,911	54,726	(23,675)	-19%
President's Expenses	83,362	89,803	87,197	156,587	169,727	46,400	123,327	13,141	8%
FMRAC	433,900	445,616	454,528	460,000	465,000	457,573	7,427	5,000	1%
Committee Education					438,578	-	438,578	438,578	0%
Government Relations				1,017,565	270,932	-	270,932	(746,633)	-73%
Governance		-	977,214	1,410,784	1,075,518	1,429,389	(353,872)	(335,266)	-24%
<b>TOTAL GOVERNANCE DIVISION</b>	<b>1,189,797</b>	<b>1,421,270</b>	<b>2,051,854</b>	<b>3,833,677</b>	<b>3,173,786</b>	<b>2,276,233</b>	<b>897,554</b>	<b>(659,891)</b>	<b>-17%</b>
<b>POLICY DIVISION</b>									
Policy Working Group	94,820	80,017	69,740	97,535	103,749	43,584	60,165	6,214	6%
Patient Relations Program	980,204	424,110	327,629	120,569	117,638	426,692	(309,054)	(2,931)	-2%
Policy	1,036,008	1,443,285	980,201	1,059,526	1,425,352	1,108,482	316,869	365,826	35%
<b>TOTAL POLICY DIVISION</b>	<b>2,111,033</b>	<b>1,947,412</b>	<b>1,377,570</b>	<b>1,277,630</b>	<b>1,646,739</b>	<b>1,490,830</b>	<b>155,909</b>	<b>369,109</b>	<b>29%</b>
<b>TOTAL EXPENDITURES (BEFORE CRCC'S)</b>	<b>66,317,901</b>	<b>70,395,591</b>	<b>63,966,495</b>	<b>76,546,599</b>	<b>75,467,479</b>	<b>65,165,633</b>	<b>10,301,846</b>	<b>(1,079,121)</b>	<b>-1%</b>

## EXPENDITURES BY ACCOUNT (BEFORE CRCC'S)

College of Phys. & Surgs. Ont

Cost Center

Reporting as of: Jun, 2021

CPSO

	ACTUALS			BUDGET					
	ACTUALS 2018	ACTUALS 2019	ACTUALS 2020	BUDGET 2021	BUDGET 2022	FORECAST FOR 2021	DIFFERENCE TO FORECAST	CHANGE FROM PY BUDGET \$	CHANGE FROM PY BUDGET %
<b>PER DIEMS</b>									
Attendance	2,786,711	2,062,698	1,268,296	2,851,700	2,188,376	1,238,193	950,183	(663,324)	-23%
Teleconference	204,616	222,844	616,250		1,667,962	1,715,166	(47,204)	1,667,962	0%
Preparation Time	2,555,628	2,299,417	2,021,977	2,711,321	2,891,651	2,757,209	134,442	180,330	7%
Decision Writing	881,652	611,481	601,551	840,315	1,257,587	722,567	535,020	417,272	50%
Travel Time	1,475,825	871,275	254,163	860,244	512,456	101,079	411,377	(347,788)	-40%
Expert/Peer Opinions	1,293,652	774,158	-			-	-	-	0%
Assessors	1,296					-	-	-	0%
HST on Per Diems	570,971	426,810	278,115	472,133	391,824	326,622	65,202	(80,309)	-17%
<b>TOTAL PER DIEMS</b>	<b>9,770,351</b>	<b>7,268,684</b>	<b>5,040,353</b>	<b>7,735,713</b>	<b>8,909,856</b>	<b>6,374,182</b>	<b>2,535,674</b>	<b>1,174,143</b>	<b>15%</b>
<b>STAFFING COSTS</b>									
Salaries	35,640,945	38,163,321	36,390,956	38,777,911	38,577,378	38,166,782	410,596	(200,533)	-1%
Vacation Accrual	34,081	(165,285)	572,210			-	-	-	0%
Benefits	4,763,133	5,406,604	5,043,510	5,639,019	5,458,833	5,053,454	405,379	(180,186)	-3%
DC Pension	3,122,853	3,654,410	3,410,903	3,722,679	3,549,119	3,649,305	(100,186)	(173,561)	-5%
Legacy DB Pension Plan	213,900	390,440	147,479	200,000	300,000	147,481	152,519	100,000	50%
Training and Conferences	527,490	572,149	246,379	1,086,960	982,312	730,928	251,384	(104,648)	-10%
Employee Engagement	220,737	285,935	223,957	289,988	313,826	265,773	48,053	23,838	8%
Professional Fees - Staff	106,944	139,656	153,466	181,945	192,085	146,817	45,268	10,140	6%
Part Time Help	117,867	237,241	185,003	76,400	507,000	908,788	(401,788)	430,600	564%
<b>TOTAL STAFFING COSTS</b>	<b>44,747,948</b>	<b>48,684,470</b>	<b>46,373,862</b>	<b>49,974,903</b>	<b>49,880,553</b>	<b>49,292,419</b>	<b>588,133</b>	<b>(94,350)</b>	<b>0%</b>
<b>PROFESSIONAL FEES</b>									
Consultant Fees	1,489,814	4,193,348	2,103,068	6,930,230	4,598,954	562,648	4,036,306	(2,331,276)	-34%
Legal Fees	1,083,157	981,253	1,471,356	1,238,829	410,000	1,229,909	(819,909)	(828,829)	-67%
Audit Fees	55,597	62,498	53,901	45,000	50,000	-	50,000	5,000	11%
Recruiting	25,681	24,380	14,780	55,000	55,000	609,590	(554,590)	0	0%
<b>TOTAL PROFESSIONAL FEES</b>	<b>2,654,249</b>	<b>5,261,479</b>	<b>3,643,106</b>	<b>8,269,059</b>	<b>5,113,954</b>	<b>1,297,393</b>	<b>3,816,561</b>	<b>(3,155,105)</b>	<b>-38%</b>
<b>OTHER COSTS</b>									
Software Costs	366,598	875,862	1,445,372	2,236,242	2,193,300	2,310,903	(117,603)	(42,942)	-2%
Equipment Leasing	28,664	65,674	89,030	50,000	100,960	70,898	30,062	50,960	102%
Equipment Maintenance	36,431	15,089	5,378	56,360	100,210	8,837	91,373	43,850	78%
Miscellaneous	183,442	90,502	201,731	57,264	169,803	45,142	124,661	112,539	197%
Photocopying	339,884	279,907	210,284	273,149	184,009	129,248	54,761	(89,140)	-33%
Patient Records			8,248		33,450	-	33,450	33,450	0%
Printing	4,492	8,537	2,962	6,100	1,000	5,143	(4,143)	(5,100)	-84%
Postage	253,801	201,715	96,248	123,955	103,350	53,346	50,004	(20,605)	-17%
Members' Dialogue - Printing	197,917	256,555	168,770	220,000	250,000	422,471	(172,471)	30,000	14%
Members' Dialogue - Postage	142,446	131,985	127,828	100,000	140,000	130,659	9,341	40,000	40%
Courier	39,696	31,430	24,346	44,100	31,050	28,135	2,915	(13,050)	-30%
Telephone	316,159	271,337	256,965	313,610	311,805	427,339	(115,534)	(1,805)	-1%
Office Supplies	288,144	242,016	501,879	575,000	156,690	415,769	(259,075)	(418,310)	-73%
Reporting and Transcripts	326,489	311,878	263,056	464,597	747,670	532,212	215,458	283,073	61%
Internal Charges	(493,775)	(570,480)	(454,432)	(607,454)	(1,265,492)	(619,515)	(645,977)	(658,038)	108%
FMRAC Fees	433,900	445,616	454,528	460,000	465,000	454,528	10,472	5,000	1%
Publications and Subscriptions	181,367	206,111	185,454	150,183	173,917	174,781	(864)	23,734	16%
Meals	685,710	461,483	237,426	559,585	335,175	40,879	294,296	(224,410)	-40%
Accommodations	370,686	255,041	76,105	271,674	217,738	5,464	212,274	(53,936)	-20%
Travel Expenses	416,440	290,657	65,682	473,690	280,713	2,613	278,100	(192,977)	-41%

Kilometer Expense	250,268	190,394	66,336		78,161	33,857	44,304	78,161	0%
Witness Expenses	24,895	45,442	8,403	55,000	50,700	2,220	48,480	(4,300)	-8%
Grants	54,000	140,297	38,244	74,000	50,000	-	50,000	(24,000)	-32%
Therapy Costs	952,836	391,089	293,966	75,000	65,000	172,541	(107,541)	(10,000)	-13%
Bad Debt Expense	69,417	280,206	106,655			2,346,101	(2,346,101)	-	0%
Offsite Storage Fees	199,941	205,831	180,690	190,600	202,600	188,130	14,470	12,000	6%
<b>TOTAL OTHER COSTS</b>	<b>5,669,848</b>	<b>5,124,171</b>	<b>4,661,154</b>	<b>6,222,656</b>	<b>5,176,809</b>	<b>5,891,792</b>	<b>(714,983)</b>	<b>(1,045,847)</b>	<b>-17%</b>
<b>OCCUPANCY COSTS</b>									
Building Repairs - Electrical	59,000	235,418	260,815	19,300	31,300	342,730	(311,430)	12,000	62%
Building Repairs - Plumbing	44,525	52,579	48,760	34,900	32,500	3,407,898	(3,375,398)	(2,400)	-7%
Building Consultants	69,758	486,143	48,091	536,550	335,900	918,656	(582,756)	(200,650)	-37%
Building Repairs - Mechanical	99,730	83,746	88,684	127,650		322,612	(322,612)	(127,650)	-100%
Building Maint. - Mechanical	63,390	59,294	58,151		115,100	53,757	61,343	115,100	0%
Building Maint. - Housekeeping	211,807	231,790	222,194	244,250	254,750	202,715	52,035	10,500	4%
Building - Miscellaneous	740	854	360		-	899	(899)	-	0%
Rent - 800 Bay Street	680,117	727,355	641,587	725,000	750,000	751,554	(1,554)	25,000	3%
Other Building Costs	211,987	93,740	144,517	217,000	87,900	84,044	3,856	(129,100)	-59%
Insurance	514,556	545,263	592,234	615,000	800,000	708,500	91,500	185,000	30%
Realty Taxes	94,302	102,593	108,101	105,000	115,000	87,486	27,514	10,000	10%
Hydro	172,330	180,394	134,042	165,000	141,000	175,283	(34,283)	(24,000)	-15%
Natural Gas	15,387	15,093	14,799	17,000	20,000	18,740	1,260	3,000	18%
Water and Other Utilities	20,939	18,358	11,095	17,000	12,000	4,054	7,946	(5,000)	-29%
<b>TOTAL OCCUPANCY COSTS</b>	<b>2,258,570</b>	<b>2,832,618</b>	<b>2,373,430</b>	<b>2,823,650</b>	<b>2,695,450</b>	<b>2,769,396</b>	<b>(73,946)</b>	<b>(128,200)</b>	<b>-5%</b>
<b>DEPRECIATION AND AMORTIZATION</b>									
Depreciation - Non Building	206,440	163,200	502,855	142,851	2,419,633	5,821,336	(3,401,703)	2,276,782	1594%
Depreciation - Building	502,205	499,728	496,287	514,487	519,558	551,088	(31,530)	5,071	1%
Amortization - Computer Leases	508,292	561,240	875,449	863,281	751,666	1,011,776	(260,110)	(111,615)	-13%
<b>TOTAL DEPRECIATION AND AMORTIZATION</b>	<b>1,216,936</b>	<b>1,224,169</b>	<b>1,874,590</b>	<b>1,520,619</b>	<b>3,690,857</b>	<b>4,248,484</b>	<b>(557,627)</b>	<b>2,170,238</b>	<b>143%</b>
<b>TOTAL EXPENDITURES (BEFORE CRCC'S)</b>	<b>66,317,901</b>	<b>70,395,591</b>	<b>63,966,495</b>	<b>76,546,599</b>	<b>75,467,479</b>	<b>69,873,666</b>	<b>5,593,812</b>	<b>(1,079,121)</b>	<b>-1%</b>

## Out-of-Hospital Premises Standard: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain

The use of image guidance is widely accepted as a critical component of administering nerve blocks in order to reduce the risk of complications, ensure the injection is delivered to the target, and enhance patient safety.

In keeping with our mandate to serve the public interest, this Standard sets out the College of Physicians and Surgeons of Ontario's (CPSO) expectations for physicians administering nerve blocks for adult chronic pain in Out-of-Hospital Premises.

### **Standard**

1. With the exception of superficial facial nerve blocks<sup>1</sup>, physicians administering nerve blocks for adult chronic pain **must**:
  - a. use image guidance;
  - b. capture an image of needle placement, appropriate contrast spread and/or local anesthetic spread to demonstrate appropriate placement and maintain a copy of the image in the patient's medical record;
  - c. ensure that the level of imaging used (e.g. ultrasound, computerized tomography (CT) and/or fluoroscopy) is appropriate for the type of nerve block being performed;
    - i. For example, it is not appropriate for ultrasound to be used for all nerve blocks. CT and/or fluoroscopy must be used where clinically indicated;<sup>2</sup>
  - d. be qualified and able to perform the required level of imaging within their premises or have a written procedure in place for the timely referral of patients to a qualified health care professional;<sup>3</sup>
  - e. practise in a manner that is consistent with this Standard, any relevant practice standards, quality standards, and clinical practice guidelines.

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<sup>1</sup> For example, superficial facial nerve blocks include: supraorbital blocks, infraorbital blocks, supratrochlear blocks, and mental branch of mandibular nerve blocks.

<sup>2</sup> Please see the *Frequently Asked Questions* document for additional information on practice standards, quality standards, and clinical practice guidelines that indicate where CT and/or fluoroscopy are necessary for proper visualization.

<sup>3</sup> For example, physicians practising in premises with only ultrasound available, need to have written procedures in place for the referral of patients in the event that CT and/or fluoroscopy is indicated for proper visualization.

# Council Motion

<b>Motion Title</b>	Council Meeting Consent Agenda
<b>Date of Meeting</b>	March 3, 2022

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

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

- The Council meeting agenda for March 3 & 4, 2022; and
- The minutes from the meeting of Council held December 9 & 10, 2021

# Council Briefing Note

March 2022

<b>Topic:</b>	Executive Committee Report
<b>Purpose:</b>	For Information
<b>Main Contact:</b>	Lisa Brownstone, Chief Legal Officer
<b>Attachment:</b>	N/A

**04-EX-Nov-2021**

**Emerging Issues**

Upon a motion by P. Pielsticker, seconded by J. Fisk and carried, that the Executive Committee supports the escalation of non-compliance with the vaccine policy.

**08-EX-Nov-2021**

**Council Awards Selection Advisory Group**

Upon a motion by J. Fisk, seconded by R. Gratton and carried, that the Executive Committee approve the appointment of J. van Vlymen, J. Plante, B. Copps and P. Malette as members of the Council Award Selection Advisory Group for a six-month term effective until May 2022

**10-EX-Nov-2021**

**By-Election Date**

Upon a motion by J. Fisk, seconded by P. Pielsticker and carried, that the Executive Committee approves February 8, 2022 as the by-election date for District 9 and the timelines set out below to support the by-election:

- Notice of Election – November 16, 2021
- Nomination Deadline – December 14, 2021
- By-Election Day – February 8, 2022
- Deadline to Request Recount – February 11, 2022

**02-EX-Jan-2022**

**Appointment of ICRC Specialty Panel Vice-Chair, Family Practice**

On a motion, moved by J. Fisk, seconded by J. Plante, and carried that the appointment of Dr. Paula Cleiman as the Inquiries, Complaints & Reports Committee (ICRC) Specialty Panel Vice-Chair, Family Practice be approved for a one-year term effective until the December 2022 Annual General Meeting.

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**Contact:** Janet van Vlymen, President  
Lisa Brownstone, Chief Legal Officer

**Date:** February 16, 2022

# Council Briefing Note

March 2022

<b>Topic:</b>	<b>Ontario Physicians and Surgeons Discipline Tribunal Report of Completed Cases   Nov. 24, 2021 – Feb 14, 2022</b>
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation
<b>Public Interest Rationale:</b>	<b>Accountability:</b> Holding physicians accountable to their patients/clients, the public, and their regulatory body.  <b>Protection:</b> Fulfilling the College’s mandate to ensure public protection.
<b>Main Contacts:</b>	Dionne Woodward, Tribunal Counsel
<b>Attachments:</b>	None

## Issue

- This report summarizes reasons for decision released between November 24, 2021 and February 14, 2022 by the Ontario Physicians and Surgeons Discipline Tribunal.
- It includes reasons on discipline hearings (liability and/or penalty), 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 14 reasons for decision:

- 6 reasons on findings (liability) and penalty
- 3 reasons on findings only
- 1 reasons on penalty only
- 4 reasons on motions/case management.

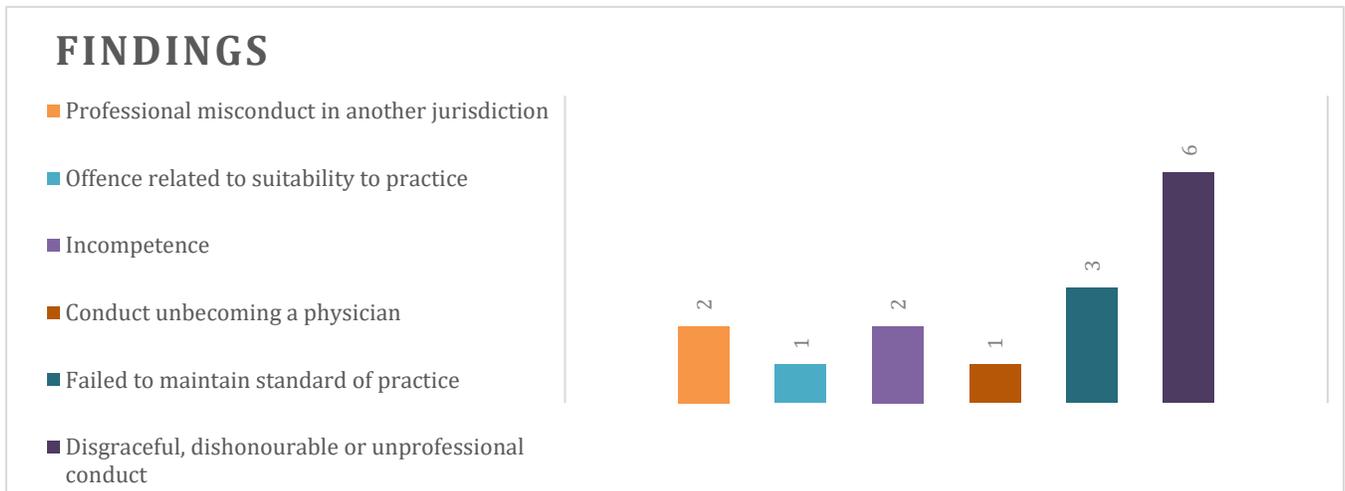
## Findings

Liability findings included:

- 6 findings of disgraceful, dishonourable or unprofessional conduct
- 3 findings of failing to maintain the standard of practice

- 1 finding of conduct unbecoming a physician
- 2 findings of incompetence
- 1 finding of being found guilty of an offence relevant to suitability to practice
- 2 findings of having committed professional misconduct in another jurisdiction

**Figure 1: Types of Findings Issued During Reporting Period**  
*\*Note: Some cases had more than one finding*



### Penalty

Penalty orders included:

- 7 reprimands
- 3 suspensions
- 1 revocation
- 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. The maximum costs ordered was \$31,110 and the minimum costs ordered was \$6000.

### Motions and Case Management Decisions

For the period reported, the Tribunal released two orders and reasons for decisions on motions and two case management decisions.

**TABLE 1: TRIBUNAL DECISIONS – FINDINGS (November 24, 2021 to February 14, 2022)**

Citation and hyperlink to published reasons	Physician	Date of Reasons	Disgraceful, Dishonourable, Unprofessional	Failed to maintain standard of practice	Incompetence	Professional misconduct in another jurisdiction	Other
<a href="#">2021 ONPSDT 46</a>	Pasternak	Dec. 2, 2021		X			
<a href="#">2021 ONPSDT 47</a>	Mikhail	Dec. 3, 2021					No finding
<a href="#">2021 ONPSDT 49</a>	Ali	Dec. 9, 2021	X				Conduct unbecoming a physician; Penalty hearing to follow
<a href="#">2021 ONPSDT 50</a>	Gutman	Dec. 16, 2021	X	X	X		
<a href="#">2022 ONPSDT 1</a>	Abraham	Jan. 7, 2022	X			X	
<a href="#">2022 ONPSDT 2</a>	Horri	Jan. 14, 2022				X	
<a href="#">2022 ONPSDT 3</a>	Kolbasnik	Jan. 28, 2022	X				Dr. Kolbasnik has been found guilty of an offence that is relevant to his suitability to practise under s. 51(1)(a) of the Code.
<a href="#">2022 ONPSDT 4</a>	Wardle	Feb. 3, 2022	X				
<a href="#">2022 ONPSDT 5</a>	Khan	Feb. 7, 2022	X	X	X		Penalty hearing to follow

**TABLE 2: TRIBUNAL DECISIONS - PENALTIES (November 24, 2021 to February 14, 2022)**

Citation and hyperlink to published reasons	Physician	Date of reasons	Penalty (TCL = Term, Condition or Limitation)	Length of suspension in months	Costs	Note
<a href="#">2021 ONPSDT 46</a>	Pasternak	Dec. 2, 2021	Reprimand		\$6,000	Dr. Pasternak undertook to resign his certificate of registration.
<a href="#">2021 ONPSDT 50</a>	Gutman	Dec. 16, 2021	Reprimand		\$6,000	Dr. Gutman undertook to resign his certificate of registration.
<a href="#">2021 ONPSDT 51</a>	Gill	Dec. 20, 2021	Reprimand, suspension, TCL	4	\$31,110	
<a href="#">2022 ONPSDT 1</a>	Abraham	Jan. 7, 2022	Reprimand, suspension, TCL	2	\$6,000	
<a href="#">2022 ONPSDT 2</a>	Horri	Jan. 14, 2022	Reprimand		\$6,000	Dr. Horri undertook not to practise medicine in Ontario unless certain conditions were met.
<a href="#">2022 ONPSDT 3</a>	Kolbasnik	Jan. 28, 2022	Reprimand, revocation		\$6,000	
<a href="#">2022 ONPSDT 4</a>	Wardle	Feb. 3, 2022	Reprimand, suspension, TCL	5	\$6,000	

**TABLE 3: TRIBUNAL DECISIONS - MOTIONS AND CASE MANAGEMENT (November 24, 2021 – February 14, 2022)**

Citation and hyperlink to published reasons	Physician	Date of reasons	Motion/Case management outcome	Nature of motion/case management issue
<a href="#">2021 ONPSDT 48</a>	Tzemos	December 7, 2021	Motion granted in part	Motion by physician for the records of a third party, the patient's family doctor
<a href="#">2021 ONPSDT 52</a>	Bélanger	December 22, 2021	Motion granted	Motion by the College to submit new evidence
<a href="#">2022 ONPSDT 6</a>	Verma	February 9, 2022	Case management direction given	Certain expert evidence (i.e. psychiatric assessment) not admissible at penalty hearing.
<a href="#">2022 ONPSDT 7</a>	Khan	February 11, 2022	Case management direction given	Merits hearing will not be stayed until completion of another referral against member.  Abuse of process motion to be heard at same time as merits hearing.

# Council Briefing Note

March 2022

<b>Topic:</b>	Government Relations Report
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation System Collaboration
<b>Public Interest Rationale:</b>	Government relations supports CPSO to regulate in a more effective, efficient, and coordinated manner.
<b>Main Contact(s):</b>	Miriam Barna, Senior Strategy and Government Relations Advisor Danna Aranda, Government Relations Coordinator
<b>Attachment(s):</b>	Appendix A: January 26 Consultation Invitation Appendix B: Ministry Governance Consultation Deck Appendix C: January 21 letter to CPSO from Minister Elliott Appendix D: January 21 CPSO response to Minister Elliott Appendix E: Public Member Appointment Chart

## Update on the Ontario Legislature

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- The Ontario legislature is scheduled to reconvene on February 22 for a truncated last session leading up to the June 2 election.
- The past number of months have been tumultuous for government as it sought to manage the Omicron variant surge, school and business closures, and an overwhelmed health system.
- The opposition parties have been speaking with a unanimous voice in calling for the legislature to return earlier than scheduled to respond to the challenges posed by the new variant. It did not appear that the Premier was considering an early recall of the legislature. More specifically, all three parties have called on government to take the following emergency actions:
  - Prioritize vaccinations for frontline workers, expand access to PCR testing and rapid antigen kits, and mandate 10 paid sick days to all Ontario workers.

- Recall the legislature and repeal Bill 124, which limits wage increases for many public-sector workers including nurses to a maximum of one per cent total compensation for three years.
- Prioritize the resumption of non-urgent surgeries and implement a plan to address the surgical backlog.
- Implement solutions to end the “Freedom Convoy” in Ottawa – with suggestions including the revocation of participants’ licenses and seizure of their trucks.
- There have been several recent announcements from MPPs who will not be seeking re-election in the June election, including:
  - Rod Philipps (PC, Ajax) – initially recruited as a star candidate by former PC leader Patrick Brown, Philipps was seen as a steady and capable hand within the party. He has previously served as the environment minister and the minister of finance and most recently as the long-term care minister.
  - Jeff Yurek (PC, Elgin-Middlesex-London) – Yurek briefly served as the minister of natural resources and forestry in 2018 and later as the minister of transportation, before being shuffled out of cabinet. He took the riding from the Liberals in 2011.
  - Kathleen Wynne (Liberal, Don Valley West) – Ontario’s former premier will not be seeking re-election after her party suffered a massive loss in the 2018 provincial election.
  - Long-serving NDP MPPs Taras Natyshak (Essex) and Percy Hatfield (Windsor-Tecumseh) have also announced that they will not seek re-election.
  - Two independent MPPs are also resigning – all who have been ejected from the PC Caucus. This includes Jim Wilson (Simcoe-Grey) who was first elected in 1990 and Lindsey Park (Durham) who served one term and left Caucus over her issues surrounding her vaccination status.
- While there have been inconsistencies between recent polls, most continue to report a lead, however modest, for Ontario’s Progressive Conservatives. The polls, and the political environment, all point to a close race in the June election.

## Issues of Interest

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### a) *Governance Modernization*

- As Council will recall, CPSO has been anticipating a government consultation on the topic of governance modernization since fall 2021. This consultation is further to the one government initiated in the spring of 2021, that resulted in our June 2021 letter to government.

- On January 26, 2022, a letter from Sean Court, Assistant Deputy Minister at the Strategic Policy, Planning & French Language Services Division, indicated that they are seeking feedback from Ontario's health regulatory Colleges on potential governance reforms (See Appendix A & B).
- Government has requested that colleges submit their feedback on the proposed reforms by February 23.
- Overall, the changes contained in the proposal reveal alignment with CPSO's vision of governance modernization. The following proposals were requested by CPSO and are included in the government's proposal.
  - Reduce the size of Council between 10 and 12
  - Separate the membership of Council and Committees
  - Equal public and professional representation on Council
  - Competency-based selection for Council
  - Eliminate the Executive Committee
  - Eliminate outdated, unused titles
  - Update terminology to more commonly understood language (e.g., President to Chair and Vice-President to Vice-Chair)
- Other modernization reforms being considered outside of those proposed by CPSO include the following:
  - Establish a Nomination and Selection Committee for selection of professional members of Council and selection of committee members
  - Colleges to become subject to the *French Language Services Act*
  - Colleges to become subject to the jurisdiction of the Auditor General
  - Amendments to enable the Patient Ombudsman, or another body, to review complaints and decision-making processes
  - Amendments to reduce barriers to registration
  - Introducing regulations around term limits and eligibility for Council
- A number of proposals that CPSO put forward in its June 2021 letter are not included in the government's document. This includes allowing CPSO to compensate public members, allowing for greater flexibility in the Presidential and Vice-Presidential Terms, and expanding CPSO's discretion to investigate complaints and streamline the handling of frivolous and vexatious complaints.
- Given the short timeline for the consultation, the Executive Committee provided input and direction on the proposed response to government.
- CPSO's response to government will be sent by the deadline of February 23 and the submission will be shared with Council.

*b) Physician Assistant Regulation*

- In December, staff reported to Council that unforeseen issues with government had delayed the timeline of physician assistant regulation.
- Although CPSO staff met with government repeatedly over the summer and into the fall, we received last minute feedback in October indicting a lack of support from government for CPSO's overall approach and drafted regulations.
- Staff continue to meet with government in hopes of resolving these issues. Updates will be shared as they become available.

*c) January 21 Letter from Minister of Health*

- On January 19, Minister Elliott made comments at a press conference that she would be sending CPSO a letter urging us "to do everything that is possible" to put an end to physicians spreading misinformation about vaccines.
- On January 21, the letter from Minister Elliott was sent to CPSO (Appendix C) and given substantial media interest in the College's response, our letter back to the Minister was sent the same day (Appendix D).
  - CPSO's response detailed the decisive action we have taken against the small minority of physicians disseminating inaccurate and harmful information.
  - It also identified the numerous requests CPSO has made to government since 2019, to allow for greater discretion to investigate complaints and streamline the handling of complaints.
  - Finally, the letter noted that should government want to support CPSO's efforts in this respect, government could take steps to strengthen CPSO's ability to compel cooperation with an investigation.
- CPSO's response to the Minister's letter was covered in a number of news articles and the College's efforts and requests for government support were also noted.

*d) Public member update*

- In December, staff were told by the Minister of Health's office that Fred Sherman had been reappointed for a 3-year term, effective on January 28, 2022.
- There are currently 14 public members on Council (Appendix E). Over the last number of months, staff have been advocating for the full slate of 15 public members to ensure stability in Council and committees over the election period.

## **Interactions with Government**

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- Staff continue to engage with Ministry of Health officials on the implementation of physician assistant regulation, concerns related to COVID-19, and public members appointments.
- Staff have also been managing routine inquiries from MPPs related to CPSO's investigation of physicians spreading misinformation and the consultation on the draft Out-of-Hospital Premises Standard: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain. More information about this consultation is in the Policy Report.
- Staff will continue to facilitate conversations with government regarding their consultation and our proposals for governance modernization and red-tape reduction.
- Meetings between a number of MPPs and CPSO's President took place in January and February.

Ministry of Health  
Ministry of Long-Term Care

Assistant Deputy Minister  
Strategic Policy, Planning & French Language  
Services Division

438 University Avenue, 10<sup>th</sup> floor  
Toronto ON M7A 2A5

Ministère de la Santé  
Ministère des Soins de longue durée

Sous-ministre adjoint  
Division des politiques et de la planification  
stratégiques, et des services en français

438 avenue University, 10<sup>e</sup> étage  
Toronto ON M7A 2A5



January 26, 2022

**Health Profession Regulatory Colleges**  
c/o  
**Beth Ann Kenny**  
**Executive Coordinator**  
**Health Profession Regulators of Ontario**

On October 7, 2021, as part of the *Supporting People and Businesses Act* the Ontario government announced that the Ministry of Health (ministry) would be consulting on governance reforms for Ontario's health regulatory Colleges that would improve decision making, bolster transparency and further support high-quality health care for Ontarians.

I would like to thank the Colleges for their leadership and continued contributions to the ongoing work on college governance reform. The input the ministry received from colleges this past June was instrumental in moving this work forward.

At this time, the ministry is seeking health regulatory colleges' insight and feedback on reforms that the ministry is considering for government approval. Attached to this letter is a briefing deck that provides an overview of the reforms under consideration and some guiding questions for some of the areas on which we are seeking your input.

The ministry will be scheduling time to address any questions you may have about the proposals and would like to focus on some key areas of particular interest. We would request that you submit any written feedback you may have on the proposed reforms by **February 23, 2022**.

The ministry looks forward to our continued partnership as we embark on improving and strengthening the oversight system for health professions in Ontario.

Sincerely,

Sean Court  
Assistant Deputy Minister

Encl.

c. Allison Henry, Director

# Governance Reform and Regulatory Modernization

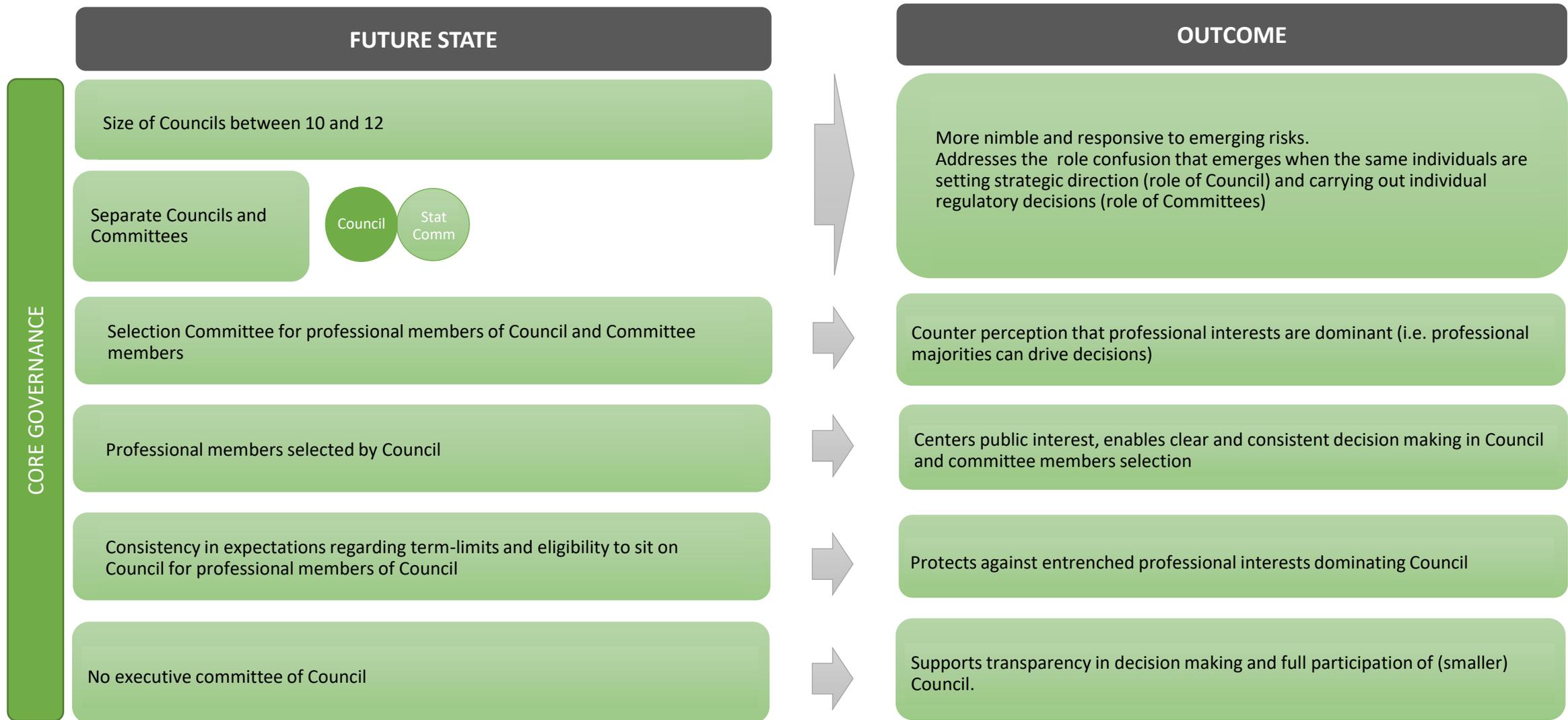
## Consultation Deck

# Purpose

The Ministry of Health (ministry) is seeking feedback on a policy proposal for health regulatory college governance modernization.

The feedback provided during consultations will be used to inform legislative development.

# Proposed Core Governance Reforms



# Core Governance Considerations

Proposed Change	Implementation Considerations
Smaller councils between 10-12 Members	<ul style="list-style-type: none"> <li>Ensuring that transitioning to smaller councils does not disrupt the operation of Council or committees</li> <li>Ensuring/Maintaining continuity of services by Colleges</li> </ul> <p>Questions:</p> <ul style="list-style-type: none"> <li>Should the transition occur by (or on) a certain date? What are the implications of doing this?</li> <li>Should some council members be moved to exclusively serve on statutory committees as a means of shrinking council? Why or why not?</li> <li>What transition provisions/mechanisms do you think you will need in place in order to continue operations?</li> </ul>
Council and Committee Separation	<ul style="list-style-type: none"> <li>Separating council and committees may potentially reduce the capacity for committees to carry out their duties in the short term.</li> </ul> <p>Questions:</p> <ul style="list-style-type: none"> <li>Should councils' transition occur by (or on) a certain date? What are the implications of doing this?</li> <li>Can colleges temporarily move members of council to serve exclusively on statutory committees, until future appointments can be made?</li> <li>Can a hybrid approach be implemented where some members of council are moved to serve exclusively on statutory committees while other members serve temporarily on both council and committees until the college can fully transition to the new structure?</li> <li>Are there any other considerations / implementation issues that require addressing?</li> </ul>

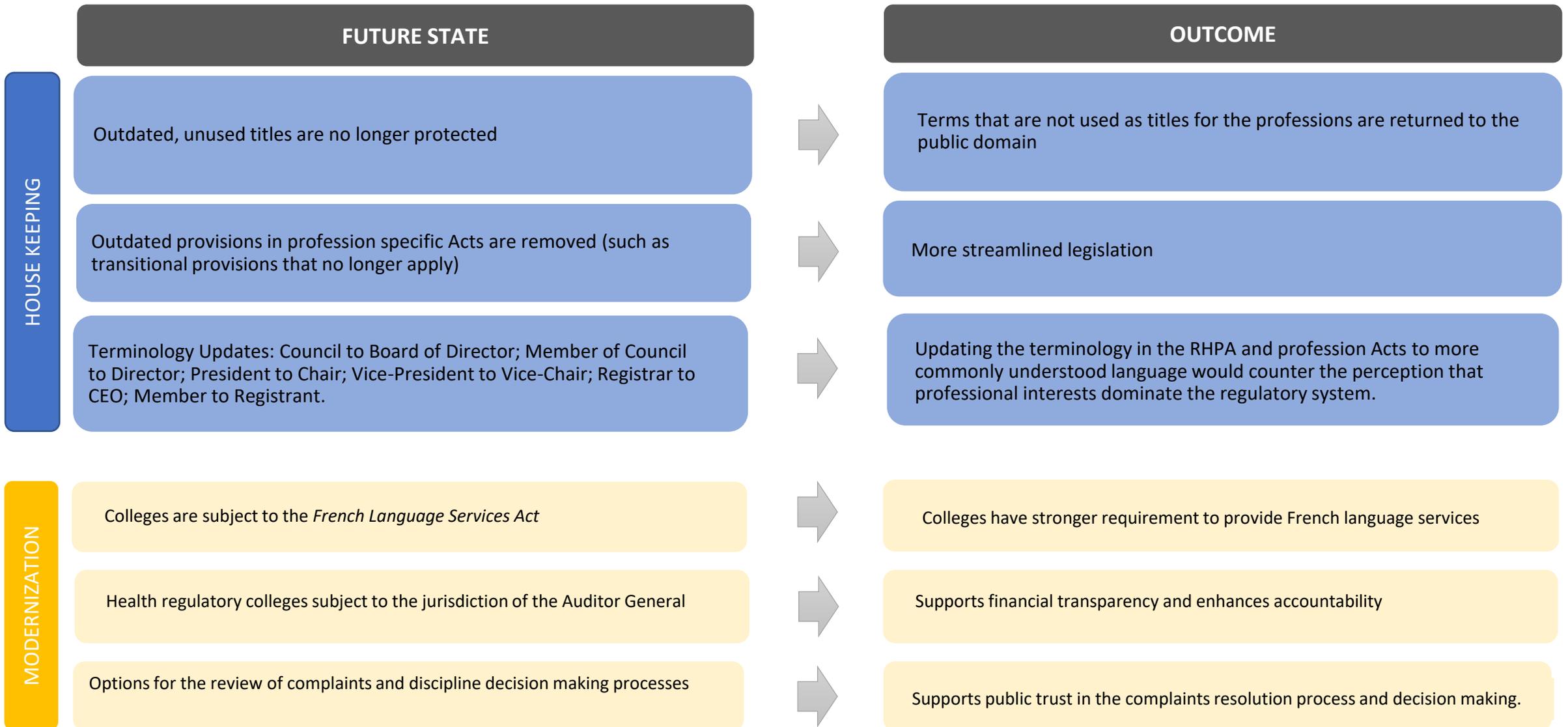
# Core Governance Considerations

Proposed Change	Implementation Considerations:
Enable equal public and professional representation	<ul style="list-style-type: none"><li>• Competencies for the selection of professional members of Council need to be in place to ensure that Councils are comprised of individuals who have the appropriate knowledge and experience</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• Once a selection framework is in place, should the competencies be applied retroactively or only to new professional members of Council?</li><li>• What considerations should the Ministry be aware of in transitioning to a Council with equal public and professional membership?</li></ul>
Professional members selection	<ul style="list-style-type: none"><li>• Colleges will need to develop separate competencies for serving on council and each of the statutory committees</li><li>• Establish a 'Nomination and Selection Committee' to oversee the selection of professional members of Council and the selection of committee members.</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• How do you envision this new committee being established? Is it a statutory committee in your view?</li><li>• Will the selection processes include diversity, technical, regional and behavioural requirements? Will smaller councils be able to ensure an appropriate mix of demographic and regional representation, in addition to competencies? What challenges, if any, do you foresee?</li></ul>

# Core Governance Considerations

Proposed Change	Implementation Considerations:
Regulation regarding term limits/eligibility for Council	<ul style="list-style-type: none"><li>Introducing new term limits for professional members of Council may impact current members of Council.</li></ul> Questions: <ul style="list-style-type: none"><li>Should term limits be applied retroactively, which would require those who have already reached the limit to step down, or be applied on a move forward basis?</li><li>Do you foresee any challenges in imposing term limits?</li></ul>
Eliminate Executive Committee	<ul style="list-style-type: none"><li>Smaller councils and the expanded use of technology may mean that Executive Committees will no longer be necessary</li></ul> Questions: <ul style="list-style-type: none"><li>Is there any public interest reason as to why the Executive Committee should remain in place?</li><li>What considerations should the Ministry be aware of in eliminating the Executive Committee?</li></ul>

# Proposed Housekeeping and Modernization Reforms



# Modernization Considerations

Proposed Change	Implementation Considerations
<p>Colleges included under FLSA through legislative amendments designating colleges as public service agencies</p>	<ul style="list-style-type: none"> <li>Implementation will likely need to be gradual to reduce costs and are likely to be dependent on the French language services currently being offered by each college and what additional services are required to bridge the gap to the first implementation target.</li> </ul> <p>Questions:</p> <ul style="list-style-type: none"> <li>Should colleges focus on translating only new pages and materials on college websites?</li> <li>Should content on college websites be retroactively translated based on the importance of information?</li> <li>Should content be ranked in order of importance? (for example, registration information could be ranked as high priority for translation, while older reports can be translated at a later time)</li> <li>Are there efficiencies to be gained with colleges pooling resources to hire a dedicated staff person for French translation?</li> <li>What supports will you need to support implementation, financial or otherwise?</li> <li>Do you foresee any implementation challenges with the current proposal?</li> </ul>
<p>Allow the Office of the Auditor General of Ontario (OAGO) to conduct financial audits of colleges.</p>	<ul style="list-style-type: none"> <li>The Auditor General (AG) would be enabled to review the financial information of each college.</li> <li>Anticipated costs to the colleges would likely vary depending on the capacity and size of each college.</li> </ul> <p>Questions:</p> <ul style="list-style-type: none"> <li>Do you foresee any challenges with providing the AG with this information?</li> <li>What supports will you need to support implementation, financial or otherwise?</li> <li>Do health regulatory colleges use public service accounting standards?</li> </ul>

# Modernization Considerations Cont.

Proposed Change	Implementation Considerations
<p>Legislative and/or regulatory amendments to enable the Patient Ombudsman, or another body, to review complaints and discipline decision making processes</p>	<ul style="list-style-type: none"><li>• Similar to how the Fairness Commissioner reviews registration processes, the ministry would like to consider options for the oversight and review of complaints and discipline processes.</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• What challenges do you foresee with enabling external review of decision-making processes?</li><li>• Would enabling external to review these processes increase public trust in regulatory oversight?</li><li>• In reviewing decision-making processes, what should the Patient Ombudsman's (or other body's) powers be? For example, should they be able to order changes or process improvements, or should it be a recommendation?</li></ul>

# Reducing Barriers to Registration

Proposed Change	Consultation Questions
Removal of Canadian experience requirements for internationally trained applicants	<p>Questions:</p> <ul style="list-style-type: none"> <li>• Do you support the removal of Canadian experience requirements for internationally trained health professions?</li> <li>• Are you aware of any Canadian experience requirements for the registration of internationally trained health professionals?</li> <li>• What aspects of the registration processes or requirements necessitate an applicant to be in Canada?</li> <li>• What challenges would be faced in eliminating Canadian experience requirements?</li> <li>• What other barriers are faced in the timely registration of internationally trained applicants? How could these barriers be addressed?</li> </ul>
Time limits for registration decisions	<p>Questions:</p> <ul style="list-style-type: none"> <li>• Do you support prescribed time limits for registration decisions?</li> <li>• Should time limits apply for only certain types of applicants (e.g. labour mobility)? Why or why not?</li> <li>• Are there unintended consequences to setting time-limits on registration decisions?</li> <li>• What challenges do you foresee with meeting prescribed time limits?</li> <li>• In your opinion what barriers exist to the timely registration of labour mobility applicants? How could these barriers be addressed?</li> </ul>
Standardized requirements for demonstrating language proficiency	<p>Questions:</p> <ul style="list-style-type: none"> <li>• Do you support standardizing requirements for demonstrating language proficiency across regulatory colleges?</li> <li>• Are there unintended consequences to standardizing these requirements?</li> <li>• What challenges do you foresee in setting standardizing requirements?</li> </ul>
Expediting registration in emergencies	<p>Questions:</p> <ul style="list-style-type: none"> <li>• Do you support enabling expedited registration in emergencies?</li> <li>• What barriers exist to expediting registration in an emergency?</li> <li>• Are there unintended consequences to enabling expedited registration?</li> <li>• What measures should be put in place for the transition of registrants when the emergency is resolved?</li> </ul>

# Integrating Oversight Systems and New Professions

	Consultation Questions
Establishing the Authority and the regulation of personal support workers	<p>The <i>Health and Supportive Care Providers Oversight Authority Act, 2021</i> establishes a new regulatory framework to provide oversight to health and supportive care providers, beginning with personal support workers.</p> <p>Questions:</p> <ul style="list-style-type: none"><li>• How do you think information will be shared between the Authority and your college?</li><li>• Are there existing communication channels/ round tables among colleges that can include the Authority?</li><li>• Are there any governance best practices or lessons learned that would benefit the Authority?</li><li>• What factors should be considered when determining which professions should be overseen by the Authority?</li></ul>

- Feedback on the proposed reforms is requested by **February 23, 2022**
- Should legislation be introduced and approved, the ministry would work with stakeholders on implementation including the development of enabling regulations

**Ministry of Health**

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January 21, 2022

Dr. Nancy Whitmore  
Registrar & CEO  
College of Physicians and Surgeons of Ontario  
80 College Street  
Toronto ON M5G 2E2

Dear Dr. Whitmore:

I am writing to you today in follow up to reports that some Ontario physicians are issuing false medical exemptions and are continuing to disseminate misinformation about the COVID-19 vaccine.

Ontarians have relied on frontline health care workers to be a trusted source of health information throughout the pandemic. It is a pivotal time for Ontarians to have confidence in the safety and effectiveness of vaccines.

It is with the public interest in mind that I would like to better understand what steps the College is taking to address these reports and in particular what it is doing to ensure physicians understand their roles, responsibilities and accountabilities. I would also like to know what actions the College will be taking to ensure that this type of behaviour ceases so that the public can continue to have confidence that physicians are providing them with the best possible care at this unprecedented time.

This behaviour takes away from the unceasing efforts of the vast majority of physicians who are working to protect us all.

Thank you for being a partner in protecting and promoting the public interest. I look forward to your reply.

Sincerely,

A handwritten signature in blue ink that reads "Christine J. Elliott".

Christine Elliott  
Deputy Premier and Minister of Health

c: Dr. Kieran Moore, Chief Medical Officer of Health  
Dr. Catherine Zahn, Deputy Minister of Health  
Sean Court, Assistant Deputy Minister, Strategic Policy, Planning and French  
Language Services Division, Ministry of Health



Trusted Doctors  
Providing Great Care

The Honourable Christine Elliott  
Minister of Health  
College Park 5th Floor, 777 Bay Street  
Toronto, ON M7A 2J3

January 21, 2022

Dear Minister Elliott:

We understand from your comments to the media earlier this week that you have concerns about the issue of misinformation related to the current pandemic. I appreciate the opportunity to address some of them here and, I hope, to allay your concerns. Although the College is already taking action to respond to these issues, we always welcome the support and involvement of your Ministry to help us in fulfilling our vital mandate. It is clear that these unprecedented times demand that we all work together, to the full extent of our abilities.

Since the onset of the pandemic, we have taken decisive action against the small minority of physicians who disseminate inaccurate and harmful information. In so doing, we have been a leader in pushing back against the spread of disinformation. This includes utilizing our authority to take interim measures against seven members, issuing three cautions and launching investigations into more than 40 members. Additionally, this week we received favourable judgements from the Superior Court in support of our efforts to compel members to cooperate with our investigations.

We also appreciate comments from your office that explore additional opportunities to address these issues that have been pursued in other jurisdictions. The specific steps identified are not possible under the current legislative and legal frameworks in place in Ontario, but we do believe there are several steps the Ministry of Health can take to enable us to more effectively investigate and regulate members, with a goal of better protecting the public.

Since 2019 – and every year since – the CPSO sought the support of government for greater discretion to investigate complaints, as well as process improvements to streamline the handling of complaints. These requested improvements require government support in the form of legislative and/or regulatory changes.

Currently, the CPSO is required to investigate all complaints we receive – regardless of their relationship to a physician’s professional conduct, competence, or capacity. Additionally, the



legislation regarding how we must handle frivolous and vexatious complaints regularly requires a lengthy process with at least two Inquiries, Complaints and Reports Committee (ICRC) meetings, requiring more Committee resources than a more earnest and credible complaint. These changes were requested in our submissions to your government in March 2019 and again in June 2021, and would enable us to better focus our resources on cases that should be prioritized, including those related to the dissemination of misinformation.

It has also become apparent in investigating more than 40 physicians for these matters that the CPSO is limited in its actions when a physician refuses to cooperate with an investigation. As a result, we have been forced into lengthy legal proceedings in order to engage in the basic enforcement of our oversight duties. Should government want to support CPSO's investigations, there are further opportunities to amend legislation to strengthen our ability to address these challenges.

We have been consistently communicating with the profession our expectations with respect to misinformation. Specifically, this includes three direct messages from myself to the profession last year on this subject and updating our COVID-19 Frequently Asked Questions posted on our website 93 times to ensure Ontario's physicians had access to timely information throughout this pandemic. I have attached two appendices to this letter to aid your review of the work we have done to this point, and I trust you see how seriously we are taking this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Whitmore". The signature is fluid and cursive, written over a light blue horizontal line.

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

Enclosures: Appendix A: CPSO COVID and Social Media use by Physicians  
Appendix B: Key Messages to the Profession

## **APPENDIX A:**

### **CPSO COVID and Social Media use by Physicians**

#### **Timeline:**

[March 4, 2021](#): the CPSO cautions Dr. Kulvinder Kaur Gill after her tweets were deemed to be “inappropriate and unprofessional

May 10, 2021: Registrar sends message to the profession reminding them of their professional obligations with respect to social media use

[April 30, 2021](#): Statement on Public Health Misinformation shared with the profession, stakeholders and media

[July 21, 2021](#): The College of Physicians and Surgeons of Ontario (CPSO) found Dr. Nina Leah Desjardins violated physician/patient boundaries and communicated inappropriately with a patient and his wife. She had been treating the patient for a year-and-a-half starting in July 2017. she communicated with her patient about a mistrust of psychiatry, conspiracy theories and QAnon, among other things, and continued the communication through Twitter direct messaging for weeks.

[September 28, 2021](#): Dr. Patrick Phillips is barred from issuing medical exemptions for COVID vaccines, masks, tests and from providing prescriptions for ivermectin or for fluvoxamine and atorvastatin in relation to COVID-19

[October 18, 2021](#): Dr. Mark Trozzi and Dr. Rochagne Kilian are barred from issuing medical exemptions for COVID vaccines, masks, tests

[October 18, 2021](#): Premier Ford says he is satisfied with CPSO process of restricting physicians

[October 21, 2021](#): College of Physicians and Surgeons of Ontario launches legal action with the Superior Court against Dr. Mary Elizabeth O’Connor, Dr. Mark Raymond Trozzi, Dr. Celeste Jean Thirlwell and Dr. Rochagne Kilian for their lack of cooperation in investigations

[October 28, 2021](#): College suspends the licence of Dr. Rochagne Kilian

[November 5, 2021](#): College bars Dr. Celeste Jean Thirlwell from issuing medical exemptions for COVID vaccines, masks, tests

[January 19, 2022](#): CPSO informs media that there are more than 40 physicians being investigated for misinformation

## APPENDIX B:

### Key Messages to the Profession:

#### *Regarding Medical Exemptions (September 1, 2021)*

As more workplaces and facilities require vaccination, we will see an uptick in requests for medical exemptions. We are already beginning to hear of requests for unfounded exemptions and we need to ensure we are only allowing COVID-19 vaccine exemptions in the few situations where they are warranted. We have recently updated our FAQs on this subject – which you can [review online](#). In summary, the guidance states that if you are asked by your patient to provide information to support a medical exemption from receiving a COVID-19 vaccine, your patient must have a legitimate medical condition that would warrant an exemption.

Generally speaking, there are very few acceptable medical exemptions to the COVID-19 vaccination (e.g., an allergist/immunologist-confirmed severe allergy or anaphylactic reaction to a previous dose of a COVID-19 vaccine or to any of its components that cannot be mitigated; a diagnosed episode of myocarditis/pericarditis after receipt of an mRNA vaccine). Given the rarity of these exceptions, and in light of the fact that vaccines have been proven to be both safe and effective, any notes written for patients who qualify for a medical exemption need to clearly specify:

- the reason they cannot be vaccinated against COVID-19 (i.e., document clear medical information that supports the exemption); and
- the effective time period for the medical reason (i.e., permanent or time-limited).

#### **Public Health Misinformation:**

The College is aware and concerned about the increase of misinformation circulating on social media and other platforms regarding physicians who are publicly contradicting public health orders and recommendations. Physicians hold a unique position of trust with the public and have a professional responsibility to not communicate [anti-vaccine](#), anti-masking, anti-distancing and anti-lockdown statements and/or promoting unsupported, unproven treatments for COVID-19. Physicians must not make comments or provide advice that encourages the public to act contrary to public health orders and recommendations. Physicians who put the public at risk may face an investigation by the CPSO and disciplinary action, when warranted. When offering opinions, physicians must be guided by the law, regulatory standards, and the code of ethics and professional conduct. The information shared must not be misleading or deceptive and must be supported by available evidence and science.

## Appendix E - Public Member Appointment Chart

Public Member	Date of First Appointment to Council	Date of Expiration of Current Appointment
Mr. Peter Pielsticker	March 18, 2015	June 30, 2022
Mr. Pierre Giroux	December 5, 2012	December 4, 2022
Dr. Lydia Miljan, PhD	January 1, 2020	December 31, 2022
Mr. Shahid Chaudhry	May 2, 2019	May 1, 2023
Ms. Joan Fisk	November 1, 2017	November 19, 2023
Mr. Paul Malette	January 8, 2018	January 7, 2024
Mr. Jose Cordeiro	January 31, 2020	January 30, 2024
Ms. Linda Robbins	February 14, 2020	February 13, 2024
Mr. Murthy Ghandikota	April 9, 2020	April 8, 2024
Ms. Shannon Weber	August 13, 2020	August 12, 2024
Mr. Rob Payne	October 29, 2020	October 28, 2024
Ms. Julia Goyal	September 16, 2021	September 15, 2024
Ms. Lucy Becker	August 12, 2021	December 31, 2024
Mr. Fred Sherman	January 28, 2021	January 27, 2025

*Pending  
Reappointment*

# Council Briefing Note

March 2022

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

## Issue

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

## Current Status

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### 1. Policy Consultation Update

- Two consultations were launched following December 2021 Council. Recognizing the impact of the pandemic on the profession and key stakeholders' ability to participate, the deadlines for providing feedback to these consultations have been extended beyond the typical 60 days.
- An overview of the key themes that have emerged in the feedback to date is provided below. Further updates will be provided at future meetings after the consultations close.

[Out of Hospital Premises \(OHP\) Standard: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain:](#)

- Council approved the draft [OHP Standard: Image Guidance When Administering Nerve Blocks for Adult Chronic Pain](#) and companion [Frequently Asked Questions \(FAQ\) document](#) to be released for public consultation in [December 2021](#).

- As of the Council submission deadline, the consultation has received 4,811 responses: 4,691 through written feedback and 120 via the online survey.<sup>1</sup> The majority of responses received are from members of the public (primarily patients and caregivers) as part of an organized letter-writing campaign<sup>2</sup> concerned about potential reductions in access to care for chronic pain patients. Their key sentiments and concerns are that:
  - the resources needed for imaging will increase wait times or force clinics to close,
  - closing pain clinics will force patients to rely on opioid-based treatments, and
  - the requirements in the draft Standard will increase stress, risk, and pain and will not improve safety.
- Critical feedback received from physicians (including many who practise in interventional pain and use landmark-based approaches for nerve blocks) include the following concerns:
  - Implementing the draft *Standard* will impose increased costs and administrative burdens on OHPs which may lead some clinics to reduce services or close;
  - The draft *Standard* is not supported by evidence and does not reflect “available research” or “best practices;” and
  - Image guidance is not necessarily required for all nerve blocks and this proposed “one-size fits all” approach is regulatory overreach and disproportionate to risk.
- Notwithstanding the above, supportive feedback was received from a number of physicians practising in interventional pain management and organizational respondents, including:
  - The draft *Standard* will improve the quality, safety, and efficacy of interventional pain management;
  - The draft *Standard* reflects scientific advances in pain medicine;
  - The creation of this draft *Standard* is “much needed” and “long overdue;”
  - The use of image guidance improves both accuracy and clinical outcomes (e.g., without the use of image guidance many “nerve blocks” are actually trigger point injections; images reassure proper needle placement and can later assist if complications arise); and
  - This represents the standard of care that is accepted elsewhere in the world.
- There were a number of comments around specific types of nerve blocks (particularly greater and lesser occipital nerve blocks) that would not need to be captured under the draft *Standard*.

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<sup>1</sup> Organizational respondents include: College of Physicians and Surgeons of Alberta; Directors, Pain Medicine Residency Programs (University of Ottawa; McMaster University; University of Toronto; Western University); Pain Medicine Residency Program Committee, Department of Anesthesiology and Pain, University of Toronto; Professional Association of Residents of Ontario (PARO); and Toronto Academic Pain Medicine Institute (TAPMI).

<sup>2</sup> As of the Council submission deadline, CPSO has received 4,129 form letter responses from individual respondents containing similar content and sentiments. While each response is not posted on the [online discussion board](#), these responses are being read and considered as part of the public consultation.

Physicians' Relationships with Industry: Practice, Education and Research:

- As of the Council submission deadline, the consultation has received 38 responses: 9 through written feedback and 29 via the online survey.<sup>3</sup> The majority of respondents are physicians.
- While respondents generally supported the principles of the current policy, there were some specific suggestions on how to improve its clarity and comprehensiveness. Some of the constructive feedback and suggestions received from respondents included:
  - Expand the definition of “industry” to include non-commercial enterprises associated with health care (e.g., public universities, hospitals, or professional associations), as well as industry consultants, practice management consultants, clinical investigators, and industry personnel involved in manuscript preparation;
  - Outline specific situations that constitute conflicts of interest (as found in [Ontario Regulation 114/94](#) under the [Medicine Act, 1991](#)) directly in the policy;
  - Include policy expectations around participation on advisory or consultation boards (much of the feedback specifically referenced the pharmaceutical industry);
  - Enable greater awareness, education, and enforcement of the policy;
  - Explicitly acknowledge that interactions with industry can affect physicians’ activities and prescribing habits;
  - Provide additional support and guidance for trainees and medical students, including where their interpretation of CPSO's professional expectations differs from those of their preceptors;
  - Strengthen expectations relating to gifts, ghostwriting, and industry-funded continuing medical education (CME)/continuing professional development (CPD) events; and
  - Recognize that prohibiting payment or remuneration from industry to attend CME/CPD events may present a barrier for some physicians.

## 2. Policy Status Table

- The status of ongoing policy development and reviews, as well as target dates for completion, is presented for Council’s information as **Appendix A**. This table will be updated at each Council meeting.

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<sup>3</sup> Organizational respondents include: Canadian Association of Radiologists and PARO.

**Table 1: Current Reviews**

Policy	Launch	Stage of Policy Review Cycle						Target Comp.	Notes
		Prelim. Consult	Drafting	Approval to Consult	Consult on Draft Policy	Revising Draft Policy	Final Approval		
<u><a href="#">Physicians' Relationships with Industry: Practice, Education and Research</a></u>	Dec-21	✓						2023	The preliminary consultation has been extended indefinitely.
<u><a href="#">Dispensing Drugs</a></u>	Sep-21		✓					2022	
<u><a href="#">Professional Obligations and Human Rights</a></u>	Dec-20		✓					2023	
<u><a href="#">Medical Assistance in Dying</a></u>	Dec-20		✓					2023	
<u><a href="#">Planning for and Providing Quality End-of-Life Care</a></u>	Dec-20		✓					2023	
<u><a href="#">Telemedicine</a></u>	Sep-20					✓		2022	The draft policy has been retitled to <i>Virtual Care</i> .
<u><a href="#">Social Media: Appropriate Use by Physicians (Statement)</a></u>	Apr-20					✓		2021	A draft policy was approved by Council for external consultation and is being revised in response to the feedback received.
<u><a href="#">Statements &amp; Positions Redesign</a></u>	Jan-20		✓					2022	All CPSO <i>Statements &amp; Positions</i> are being evaluated for relevance and currency.

Council **Table 2: Policy Review Schedule**

Policy	Target Review	Policy	Target Review
<u><a href="#">Mandatory and Permissive Reporting</a></u>	2017/18 <sup>1</sup>	<u><a href="#">Managing Tests</a></u>	2024/25
<u><a href="#">Providing Physician Services During Job Actions</a></u>	2018/19	<u><a href="#">Transitions in Care</a></u>	2024/25
<u><a href="#">Cannabis for Medical Purposes</a></u>	2020/21	<u><a href="#">Walk-in Clinics</a></u>	2024/25
<u><a href="#">Consent to Treatment</a></u>	2020/21	<u><a href="#">Disclosure of Harm</a></u>	2024/25
<u><a href="#">Blood Borne Viruses</a></u>	2021/22	<u><a href="#">Prescribing Drugs</a></u>	2024/25
<u><a href="#">Physician Treatment of Self, Family Members, or Others Close to Them</a></u>	2021/22	<u><a href="#">Boundary Violations</a></u>	2024/25
<u><a href="#">Physician Behaviour in the Professional Environment</a></u>	2021/22	<u><a href="#">Medical Records Documentation</a></u>	2025/26
<u><a href="#">Accepting New Patients</a></u>	2022/23	<u><a href="#">Medical Records Management</a></u>	2025/26
<u><a href="#">Ending the Physician-Patient Relationship</a></u>	2022/23	<u><a href="#">Confidentiality of Personal Health Information</a></u>	2025/26
<u><a href="#">Uninsured Services: Billing and Block Fees</a></u>	2022/23	<u><a href="#">Advertising</a></u>	2025/26
<u><a href="#">Ensuring Competence: Changing Scope of Practice and Re-entering Practice</a></u>	2023/24	<u><a href="#">Delegation of Controlled Acts</a></u>	2025/26
<u><a href="#">Public Health Emergencies</a></u>	2023/24	<u><a href="#">Professional Responsibilities in Medical Education</a></u>	2025/26
<u><a href="#">Closing a Medical Practice</a></u>	2024/25	<u><a href="#">Third Party Medical Reports</a></u>	2025/26
<u><a href="#">Availability and Coverage</a></u>	2024/25	<u><a href="#">Complementary and Alternative Medicine</a></u>	2026

<sup>1</sup> A comprehensive update to this policy was completed as part of the Policy Redesign process. Council approved this updated version in September 2019.

## Ontario Medical Students Association CPSO Council Update March 2022



Presented by:  
Ushma Purohit, President  
Angie Salomon, 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.

As you may know, OMSA represents the interests and concerns of Ontario's 4000+ medical students, and is entrusted with advocating for changes in education, health policy, and care delivery that will benefit the future physicians of Canada and the communities that we serve.

In accordance with our [Advocacy Values and Guiding Principles](#), students from OMSA's various portfolios engage in necessary and meaningful advocacy work that promotes the wellbeing of medical students, patients, the healthcare system, and society at large.

We wanted to take this opportunity to share a few examples of the advocacy work done by medical students since CPSO's last meeting:

- 1) **Unmatched Medical Graduates:** Medical students in Ontario are going unmatched every year. This is an ongoing issue that lacks a long-term solution. OMSA and CFMS members gave a presentation to the OMA Physicians Human Resources Committee (OHRC) to illustrate the impact of and solutions to the current unmatched grad crisis.
- 2) **Wage Legislation:** Bill 124 is wage-suppressive legislation that limits wage increases for nurses and other public sector healthcare workers. This Bill devalues the crucial work nurses do in maintaining the integrity of our healthcare system. OMSA has created an open letter and associated petition to demand the repeal of Bill 124. **You can sign onto this letter [here](#).**
- 3) **Paid Sick Leave:** Access to paid sick days is one public health concern that we have identified as a priority, and OMSA has joined the movement with many other experts in demanding legislation that protects all workers. We released an [open letter](#) to PM Trudeau in support of the recommendations of health providers and experts, like those in the Decent Work and Health Network, to immediately legislate 10 permanent paid sick days with 14 additional days during public health emergencies.
- 4) **Long-term Care Home Staffing Crisis:** Ontario's hospitals, long-term care (LTC) and home care services face critical and growing staffing crises. OMSA partnered with the Ontario Health Coalition to recommend measures to address the staffing crises. See press release [here](#).

- 5) **Global Vaccine Equity:** Recognizing the importance of equitable access to the COVID-19 vaccine, OMSA co-signed an [open letter](#) with 30+ organizations to encourage Canada to announce support for a temporary waiver of the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS waiver).

As medical students, we pride ourselves in our efforts to expand the physician mould and act as flag bearers for advocacy efforts that support local, provincial, national, and international populations.

If you are interested in speaking to us about any of the issues mentioned above, please email [president@omsa.ca](mailto:president@omsa.ca).

Thank you for welcoming medical students to the table and we look forward to continuing to work with the CPSO.



## **CPSO Council February 2022**

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.

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We are pleased to submit this update on some organizational projects, info related to COVID-19 as well as some strategic initiatives at PARO.

### **Burnout and Morale Mitigation**

On top of the reasons all people are experiencing social isolation during COVID-19, our members have experienced especially high levels of burnout due to the ongoing pressures of the pandemic. Below we highlight some of the initiatives underway that aim to mitigate the isolation and low-morale our members are experiencing.

#### ***Website/Instagram Content***

PARO created a resource guide for members, which helps identify specific signs of burnout and provides corresponding tips and resources to manage each sign. That guide is available on PARO's website. We provide tips and resources on burnout, wellness, and managing stress on our Instagram profile @myparosocial on an ongoing basis. In recognition of the challenges faced by our members, we have strived to ensure PARO's social media and online presence remains positive, supportive, and empowering.

#### ***Participatory Sessions for Preceptors/Program Administrators***

Last Spring, we launched a participatory session pilot on how programs can recognize burnout being experienced by residents, share tips on how to support residents, and facilitate discussion about how to help mitigate burnout and foster better morale. Recently, PARO was invited to provide this session to the Program Administrators in all programs at Queen's University in partnership with PGME. The PGME office also provided a presentation on how PAs could prevent their own burnout at the same time. We are very pleased to share that we are now partnering with the other University sites to deliver that programming.

#### ***Improving Morale through Social Interaction***

Our local PARO Site Teams have continued to host virtual social events for our members. We have developed criteria for our sites to safely host in-person events as the COVID landscape

continues to evolve. Currently, consistent with application of the criteria, we have had some very limited in-person **outdoor** event continue to provide robust virtual event programming.

### ***PARO Hangouts***

We are in the planning stages of developing regularly scheduled provincial social events, when our residents can drop in for an event if they find themselves available. These will augment the events already hosted by our sites, and will be designed to appeal to a broad group of residents who may not be able to commit in advance through an RSVP, or who are seeking a regular timeslot to socialize with other residents.

### **PARO Program Administrators & Program Directors Sessions**

With the continued support of our six PG Deans and PGME Offices, we relaunched our participatory sessions for Program Administrators and Program Directors at each site. During these sessions we present information about PARO, how we can support the PAs & PDs in their roles **and** highlight their important leadership roles in impacting the culture in their programs, and by extension, the resident experience. We have now completed our cycle of presentations, except for one site that is being rescheduled due to the COVID surge.

### **Government MRRP (Medical Resident Redeployment Program)**

After significant work by PARO last year, we were very pleased when the Government announced the MRRP. This program enables residents to provide much-needed additional service resulting from the impact of COVID, and to receive payment at a rate of \$50 per hour. Our priority was to ensure that all residents could be eligible to participate in providing service on a voluntary basis, and to ensure that they would receive extra pay for doing so as a tangible way of recognizing their contribution. The Program has twice been extended - most recently through to March 31<sup>st</sup> 2022.

Until the end of 2021, the MRRP was being under-utilized, for reasons we didn't really understand. However, with the Omicron wave in 2022, the sites have increased utilization of the program. At this juncture, our PG Deans have identified that it has been a critical factor in meeting the resource challenges these past few months. It has also enabled sites to decrease use of university rotation-redeployment. Therefore, whether residents have personally participated in the program, it has improved morale broadly amongst members.

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

### **Academic Days Best Practices**

Perennially, we hear from programs about how they might get better attendance at Academic Days, how they might track resident attendance or often, how they might punish residents who don't attend.

PARO has worked to determine what the issue is and how PARO might help to resolve this issue through facilitated sessions. We have created a framework document with principles for the creation of a Best Practices Guide.

We are now moving to collecting specific examples from our PARO GC reps and Ontario Chief and Senior residents of Best Practices they have personally seen work well at Academic days.

### ***PARO Teaching to Teach Program***

We continue to deliver the teaching to teach workshop via Zoom to training programs at their academic half day session. Since the program was operationalized in 2017, 30 workshops have been delivered to 648 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, 75 residents have been trained as facilitators and we are planning to host one more training sessions this academic year.

### ***Integration of Virtual Care in Medical Education***

Virtual care encompasses all the ways that healthcare providers remotely interact with their patients. The PARO Board directed a team to determine how an optimal virtual care curriculum might be developed and integrated into medical education in a way that creates the conditions for resident training to be enhanced. Although PARO is not in a position to directly impact curriculum development and implementation, we can play a valuable role by sharing the resident perspective and highlighting the opportunities to streamline and leverage current training presented by virtual care. We can also empower residents to understand existing best practices, such as to respect privacy standards and to promote resident safety.

Last year, we brought together a group of residents comprised of GC reps and general members for a facilitated session to clarify the issues related to virtual care and discuss how PARO might best support members. The team met again to review the work and ideate how PARO could champion the development of standards supporting residents competently providing virtual care. In June 2021 the PARO Board approved the Team's strategic framework for this initiative and their plan for next steps. A divergent exercise was delivered at the June 2021 PARO General Council meeting to learn more about the Ontario resident experience with virtual care. Based on the input, we have developed a Best Practices/FAQ guide for residents and a PARO perspective paper on care standards and training implications for virtual care. We are currently finalizing the distribution plan for these two documents.

Kind Regards,

Brendan Lew, MD, CCFP  
PARO Board of Directors

# Council Briefing Note

March 2022

<b>Topic:</b>	Update on Council Decisions
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Right Touch Regulation, Quality Care, Meaningful Engagement, System Collaboration, Continuous Improvement
<b>Public Interest Rationale:</b>	Accountability: Holding Council and the College accountable for the decisions made during the Council meetings
<b>Main Contacts:</b>	Lisa Brownstone, Chief Legal Officer Nathalie Novak, Chief Transformation Officer Adrianna Bogris, Council Administrator

## Issue

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

## Current Status

- Council held a meeting on December 9 & 10, 2021. The motions carried and the implementation status of those decisions are outlined in Table 1.

*Table 1: Council Decisions from December Meeting*

Reference	Motions Carried	Status
<b><u>01-C-12-2021</u></b>	<b><u>Consent Agenda</u></b>  The Council approves the items outlined in the consent agenda, which include in their entirety: <ul style="list-style-type: none"> <li>The Council meeting agenda for December 9 &amp; 10, 2021, as distributed; and</li> <li>The minutes from Council held September 13 &amp; 14, 2021</li> </ul>	Completed.

Reference	Motions Carried	Status
<u>N/A</u>	Items for information: <ul style="list-style-type: none"> <li>3.1 Executive Committee Report</li> <li>3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases</li> <li>3.3 Government Relations Report</li> <li>3.4 Annual Committee Reports</li> <li>3.5 Policy Report</li> <li>3.6 Medical Learners Report</li> <li>3.7 Update on Council Action Items</li> </ul>	N/A
<u>02-C-12-2021</u>	<p><b><u>Cybersecurity &amp; Updated Declaration of Adherence</u></b></p> <p>The Council approves the amendments to the Declaration of Adherence, a copy of which forms Appendix “A” to the minutes of this meeting;</p> <p>AND THAT the Council approves the amendments to the Council and Committee Code of Conduct, a copy of which forms Appendix “B” to the minutes of this meeting.</p>	Completed.
<u>03-C-12-2021</u>	<p><b><u>2022 Budget</u></b></p> <p>The Council approve the Budget for 2022 (a copy of which forms Appendix “C” to the minutes of this meeting) authorizing expenditures for the benefit of the College during the year 2022.</p>	Completed.
<u>04-C-12-2021</u>	<p><b><u>Fees and Remuneration By-law</u></b></p> <p>The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 144:</p> <p style="text-align: center;"><b>By-law No. 144</b></p> <p>(1) Paragraph 20(3) of By-Law No. 2 (the Fees and Remuneration By-Law) is revoked and the following is substituted, effective January 1, 2022:</p> <p style="padding-left: 40px;">(3) The amount payable to members of the council and a committee is, subject to subsections (4) and (8),</p> <p style="padding-left: 80px;">(a) for attendance at, and preparation for, meetings to transact College business, \$534 per half day, and</p>	Completed.

Reference	Motions Carried	Status
	<p>(b) for transacting College committee business by telephone or electronic means of which minutes are taken, the corresponding hourly rate for one hour and then the corresponding half hour rate for the half hour or major part thereof after the first hour.</p>	
<b><u>05-C-12-2021</u></b>	<p><b><u>Out-of-Hospital Premises Draft Standard – Image Guidance when Administering Nerve Blocks for Adult Chronic Pain</u></b></p> <p>The College engage in the consultation process in respect of the draft “Out-of-Hospital Premises Standard: Image Guidance when Administering Nerve Blocks for Adult Chronic Pain,” (a copy of which forms Appendix “D” to the minutes of this meeting).</p>	Consultation underway.
<b><u>06-C-12-2021</u></b>	<p><b><u>Key Performance Indicators for 2022</u></b></p> <p>The Council adopts the following 2022 Key Performance Indicators (KPIs) to measure and report progress on the Strategic Plan:</p> <ol style="list-style-type: none"> <li>1. Target of 610 active physicians assessed who are: <ol style="list-style-type: none"> <li>(a) turning 70; or</li> <li>(b) are 71 or older and have not had an assessment in the past five years and deferrals from 2020</li> </ol> </li> <li>2. Target of 40 Hospitals collaborating in QI Partnership</li> <li>3. Target of 3000 Practice Improvement Plans submitted through Quality Improvement Program</li> <li>4. Target to complete all complaint files within 150 days (80th percentile)</li> <li>5. Target of 90 days for Time from Referral to Disclosure</li> <li>6. Target of 150 days for Time from Referral to Pre-Hearing Conference</li> <li>7. Monitor and continue to achieve 2-business day benchmark for contacting complainants</li> <li>8. (a) Target of 15 business days for Time to Assess Standard Registration Applications (b) Target of 5 business days for Time to Assess Expedited Registration Applications</li> </ol>	Ongoing monitoring and reporting to Council.

Reference	Motions Carried	Status																					
	9. Respond to 90% of calls to Patient and Public Help Centre within one business day 10. Target of 39 completed Out of Hospital Premises (OHP) facility assessments and 240 Independent Health Facilities (IHF) assessments																						
<b><u>07-C-12-2021</u></b>	<p><b><u>Governance Committee Election</u></b></p> <p>The Council appoints the following individuals to the 2021-2022 Governance Committee for the term indicated below:</p> <table border="0"> <thead> <tr> <th data-bbox="412 688 505 720"><b><u>Name</u></b></th> <th data-bbox="756 688 849 720"><b><u>Office</u></b></th> <th data-bbox="1151 688 1243 720"><b><u>Term</u></b></th> </tr> </thead> <tbody> <tr> <td data-bbox="412 724 651 756">Dr. Judith Plante</td> <td data-bbox="756 724 837 756">Chair</td> <td data-bbox="1151 724 1243 756">1 year</td> </tr> <tr> <td data-bbox="412 760 721 791">Dr. Janet van Vlymen</td> <td data-bbox="756 760 907 791">Vice Chair</td> <td data-bbox="1151 760 1243 791">1 year</td> </tr> <tr> <td data-bbox="412 795 678 827">Dr. Robert Gratton</td> <td data-bbox="756 795 1057 865">Physician Member of Council</td> <td data-bbox="1151 795 1243 827">1 year</td> </tr> <tr> <td data-bbox="412 869 626 900">Dr. Sarah Reid</td> <td data-bbox="756 869 1057 938">Physician Member of Council</td> <td data-bbox="1151 869 1243 900">1 year</td> </tr> <tr> <td data-bbox="412 942 586 974">Lydia Miljan</td> <td data-bbox="756 942 1122 974">Public Member of Council</td> <td data-bbox="1151 942 1243 974">1 year</td> </tr> <tr> <td data-bbox="412 978 647 1010">Shannon Weber</td> <td data-bbox="756 978 1122 1010">Public Member of Council</td> <td data-bbox="1151 978 1243 1010">1 year</td> </tr> </tbody> </table>	<b><u>Name</u></b>	<b><u>Office</u></b>	<b><u>Term</u></b>	Dr. Judith Plante	Chair	1 year	Dr. Janet van Vlymen	Vice Chair	1 year	Dr. Robert Gratton	Physician Member of Council	1 year	Dr. Sarah Reid	Physician Member of Council	1 year	Lydia Miljan	Public Member of Council	1 year	Shannon Weber	Public Member of Council	1 year	Completed.
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<b><u>08-C-12-2021</u></b>	<p><b><u>Committee Appointments</u></b></p> <p>The Council rescinds Dr. Kim Turner’s Vice-Chair appointment to the Registration Committee, made at the September meeting of Council in 2021;</p> <p>AND THAT the Council 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 2021:</p> <p><b><u>Inquiries Complaints and Reports Committee</u></b>            Dr. Kuppuswami Shivakumar, non-Council physician –3 years</p> <p><b><u>Finance and Audit Committee</u></b>            Dr. Ian Preyra, physician Council member – 1 year            Dr. Glen Bandiera, physician Council member – 2 years            Mr. Murthy Ghandikota, public Council member – 3 years</p>	Completed.																					

Reference	Motions Carried	Status
	<p><b>Registration Committee</b>  Mr. Murthy Ghandikota, public Council member – 3 years, superseding his current appointment  Dr. Edith Linkenheil, non-Council physician – 3 years  Dr. Bruce Fage, non-Council physician – 3 years  Dr. Sal Spadafora, non-Council physician – 3 years</p> <p><b>Quality Assurance Committee</b>  Dr. Astrid Sjodin, non-Council physician – 3 years  Dr. Mohammad Keshoofy, non-Council physician – 3 years</p> <p><b>Premises Inspection Committee</b>  Dr. Olubimpe Ayeni, non-Council physician – 3 years</p> <p><b>Ontario Physicians and Surgeons Discipline Tribunal</b>  Ms. Julia Goyal, public Council member – 3 years  Dr. Rupa Patel, physician Council member – 3 years</p> <p><b>Fitness to Practise Committee</b>  Ms. Lucy Becker, public Council member – 2 years  Ms. Julia Goyal, public Council member – 3 years  Dr. Rupa Patel, physician Council member – 3 years</p>	
<u>09-C-12-2021</u>	<p><b><u>Declared Emergency By-law</u></b></p> <p>The By-law text is contained in the draft minutes.</p>	Completed.
<u>10-C-12-2021</u>	<p><b><u>By-law Amendment: Ability to Rescind Committee Appointments</u></b></p> <p>The Council of the College of Physicians and Surgeons of Ontario makes the following By-law No. 146:</p> <p style="text-align: center;"><b>By-law No. 146</b></p> <p>(1) The General By-law is amended by adding the following:  <b>Rescission of Committee Appointment</b></p> <p>35.1 (1) Council or the Executive Committee may rescind the appointment of a committee member prior to the expiry of the appointment 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</p>	Completed.

Reference	Motions Carried	Status
	<p>significant difficulties with the work of the committee, is disruptive to or is negatively affecting the work or functioning of the committee, or is otherwise not performing well on the committee. This Section 35.1 does not apply to members of the Governance Committee or the Executive Committee.</p> <p>(2) The term of office of a committee member expires in the event that the committee member's appointment to the committee has been rescinded.</p>	
<b><u>11-C-12-2021</u></b>	<p><b><u>By-Law Amendments for Reduced Memberships Fees for Parental Leaves</u></b></p> <p>The By-law text is contained in the draft minutes.</p>	Circulated to the profession.
<b><u>13-C-12-2021</u></b>	<p><b><u>Council Awards Selection Advisory Group</u></b></p> <p>The Council disbands the Council Awards Selection Advisory Group and approves the mandate of the Council Awards Selection Advisory Group to be incorporated into the Executive Committee's outreach mandate.</p>	Completed.
<b><u>14-C-12-2021</u></b>	<p><b><u>District Elections for 2022</u></b></p> <p>The Council approves the 2022 district election date set out below:</p> <p style="text-align: center;">Districts 1, 2, 3 and 4:      June 21, 2022</p>	Completed.

# CPSO

## Timeline of Accomplishments 2020-2022

# STRATEGIC PLAN

2020-2025

## MISSION

- Serving the people of Ontario through effective regulation of medical doctors

## REGULATORY PRINCIPLES

- We commit to being accountable, respectful and responsive
- We will demonstrate professionalism and excellence
- We value communication and compassion

### Right-Touch Regulation

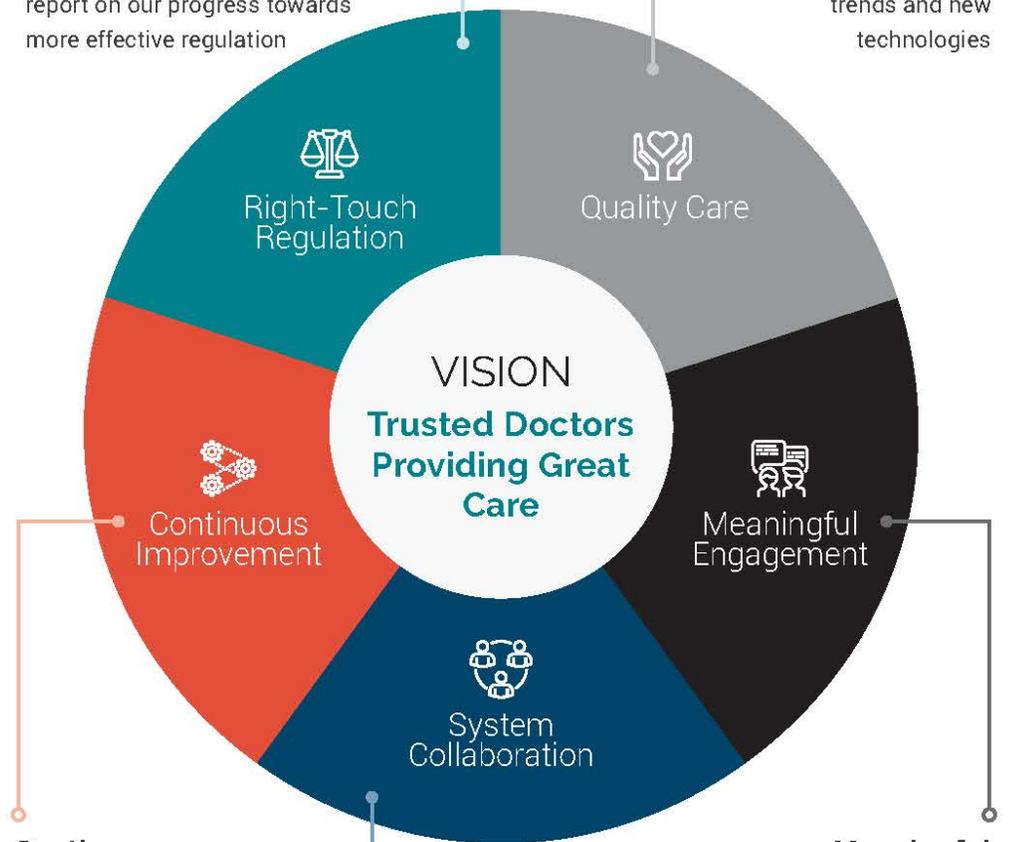
To achieve Right-Touch Regulation, the CPSO will:

- Apply a proportionate, consistent, targeted, transparent, accountable, and agile approach to all aspects of medical regulation
- Work with government to align legislation with right-touch regulation
- Continually measure, monitor and report on our progress towards more effective regulation

### Quality Care

To achieve Quality Care, the CPSO will:

- Use evidence to evaluate risk and address the greatest concerns for patient care
- Guide and support doctors throughout their careers
- Respond to emerging trends and new technologies



### Continuous Improvement

To achieve Continuous Improvement, the CPSO will:

- Foster a culture of continuous improvement and openness to change
- Modernize all aspects of our work to fulfill our mission

### System Collaboration

To achieve System Collaboration, the CPSO will:

- Develop open and collaborative relationships that support a connected health system
- Promote inter-professional collaboration and share best practices

### Meaningful Engagement

To achieve Meaningful Engagement, the CPSO will:

- Purposefully involve patients, the public and physicians to inform College decisions
- Build awareness of our role, mandate, and processes through clear and accessible communication



## Achievements In Right-Touch Regulation

### Registration & Membership Services

- ✓ *Integration of Membership and realignment of tasks across division*
  - Merged Membership and Registration areas into one division.
  - Transitioned PGE-Renewals into Registration business unit and transferred Membership queue to Inquiries.
  - Corporations integrated into Membership instead of a stand-alone area.
    - *Enhanced knowledge across the division and promoted team collaboration.*
- ✓ *Fees for all CPCs were cancelled in March 2020*
  - CPCs available at no charge to member
    - *Resulted in cost savings to those requesting CPCs*



## Advancing Quality Care

### Quality Improvement

- ✓ *Transformation Office Launch of the QI Program*
  - New program was created within the College which required the efforts of Project Management Office (PMO), IT, Communications, IMBA, Medical Advisors, and QI/QA for a successful launch and to conduct operations during the first-year post-launch
  - Included in-depth review and editing of all materials, editing support for the Learning Management System (LMS) and the development of key promotional materials to aid in the launch
  - Online physician learning modules were developed
    - *At the start of COVID, the first cycle of physicians had the ability to complete QI activities electronically*
    - *This newly developed program moved us forward in all 5 elements of the strategic plan*
- ✓ *QI Program and Health System Partners*
  - Communications collaborated with six different health system partners (provincially and nationally) to market the CPSO QI Program
    - *By sharing details of the program through external channels, we contributed to stronger brand awareness and created stronger coordination with key health system partners*



## Accomplishments In Meaningful Engagement

### Human Resources

- ✓ *Shift from in-person staff engagement activities to virtual events*
  - Held virtual events that take place at lunch or after work hours to engage staff.
    - *This included wellness events such as fitness classes, webinars, charity events, and staff appreciation which provided a mental break for staff*

### Communications

- ✓ *CPSO website*
  - We launched a new website in 2019 that continued to be refreshed based on emerging needs
  - CPSO website is focused on enhanced user experience and cutting content substantially ensuring only the most desired and relevant content is on the site.
    - *Saving time and energy of users. Easier to find important information.*
    - *Modern new look and feel to reflect the right-touch regulation approach of the College*
  
- ✓ *CPSO branding refresh*
  - Refreshed the CPSO logo, and *Dialogue/eDialogue* magazine.
  - Updated the Visual Identity Guide to make all CPSO products and campaigns consistent.
  - Continued to update/refresh all College forms to ensure consistency throughout the organization.
    - *Created a new modern, approachable look and feel to complement the CPSO's right-touch direction*
  
- ✓ *Launched new social media channels: Instagram & LinkedIn*
  - Established two new platforms to engage with new sections of audiences: e.g., medical students, learners, health-care sector professionals, IMGs, wider public.
    - *From Jan 1, 2020, to Dec 31, 2021:*
      - *Around 25,000 combined engagements on 4 platforms*
      - *Instagram followers increase by 450%*
      - *LinkedIn followers increased by 149%*
      - *Existing channels: Twitter followers increased by 56% and Facebook followers increased by 30%*



## Accomplishments In Meaningful Engagement

### Communications

- ✓ *Enhancement of intranet/internal communications content*
  - The expansion of our intranet/College Pulse to include regular feature series - Profiles, Kaizen Korner, Solis-Vault Update, EDI corner etc.
    - *More detailed, feature-length content helped us keep staff informed and engaged in various projects and priorities around CPSO.*
    - *All content shared in a weekly "Friday Roundup" email with staff working remotely (who may not be logged into the VPN.)*
  
- ✓ *Development and launch of eDialogue*
  - Launched a fully digital version of long-running print magazine with enhanced content, such as video and audio interviews, and links to additional content. Articles dating back to 2018 available and website is searchable.
    - *Mobile-friendly, ability to easily share articles by email or social media, and analytics to measure audience engagement.*
    - *Allows for quicker delivery and wider distribution.*
    - *Over two years, it's received 127,606 pageviews and nearly 3,000 social shares.*
    - *Can now reach various audiences including medical students, which we could not do with the paper version.*
    - *Can now track engagement using digital analytic tools which we could not do with the paper version.*

### Policy

- ✓ *Citizens Advisory Group (CAG) outreach: Complementary and Alternative Medicine (CAM)*
  - Held an in-person session with the CAG to obtain public/patient perspective on physicians providing CAM treatments, the importance of evidence in making decisions about CAM treatments, and the regulation of "novel" or "experimental" treatments.
    - *We directly explored public and patient perceptions of CAM and new or "innovative" treatments with CAG to ensure that the policy development process was supported by an understanding of how the public and patients view the issues in the CAM space, and their expectations for physicians operating within it.*



## Accomplishments In Meaningful Engagement

### Membership and Registration

- ✓ *Deferred Specialty and MCCQE exams - provisional policy developed.*
  - Considering the pandemic, RCPSC, CFPC and MCC deferred their exam sittings concurrently.
  - Fast action was required to accommodate applications in progress, including future applications. Interim policy offering a provisional certificate was drafted, considered by RegComm, and ultimately approved. Processes and resources were created for staff to accommodate new policy.
    - *Physicians were registered and permitted to practice medicine under low supervision while they awaited the opportunity to write their deferred exam(s). Upon successful completion of their exam(s), their restricted certificate was converted free of charge to an IP certificate.*
  
- ✓ *New virtual call centre change within Inquiries team.*
  - Although the call centre adapted to Skype for Business when the College started working from home, the software was upgraded once again in conjunction with Solis going live.
  - Further enhancements to the software in 2021-Q3 resulted in call interactions being logged directly through the software, which transcribes the logs into Solis by way of a timeline entry or a case if follow-up is required.
    - *Staff can monitor the call volume, log calls more efficiently, listen to recorded calls and pull applicable reports.*

### Training

- ✓ *Developed Training hub site Nexus.*
  - Ensures staff members have a hub to access to all training material, process maps, and recorded video sessions in preparation for major system roll-out
    - *Hub to share training materials and best practices*



## Commitments To Continuous Improvement

### Information Technology (IT)

- ✓ *Maintained Office 365 (O365) E1 - E5 Licensing deal*
  - Secured various models of O365 licensing for different user types, which ranges from the uses E1 for most basic use to E5 which is a full on-prem user
    - *Consolidated licensing cost, no more legacy licensing, most up to date, continued support*
- ✓ *Secured Microsoft Licensing for our new Solis, Vault and F&O platforms*
  - Secured 0% leases for all new equipment
    - *Reduced operational costs*
- ✓ *Standardization of equipment (Lenovo & Other)*
  - Reducing the numbers of server hosted by almost 50%
    - *Reduced running cost of on prem systems*
- ✓ *Implemented SolarWinds to update current Helpdesk ticket system*
  - Cloud based Helpdesk solution to log and report on tickets
    - *Ease of access, better workflow, business integration*
- ✓ *Work from home strategy: Expedited Due to COVID-19*
  - Work from home strategy – moving to the cloud
  - Moving call centre offsite
  - Getting laptops and home offices ready
  - Moving the AMS/REG to a web format pre – R1
    - *We were able to protect the safety of our employees during the pandemic and ensure business continuity*
- ✓ *Expedited strategy to stream meetings for online audiences due to COVID-19*
  - We were able to have the public view our online meetings online via YouTube (i.e., Council, Hearings, etc.)
    - *Keep public safe and still be able to view important meetings*
- ✓ *Implemented Microsoft InTune*
  - Microsoft InTune is a cloud-based service to manage mobile devices
    - *Device management - To have more control on user devices*



## Commitments To Continuous Improvement

### PMO/IT

- ✓ *Implemented the new Learning Management System (LMS)*
  - Online physician learning modules were developed on the new platform which included: New Member Orientation, Governance Modules, Data Driven QI Modules, Self-Guided Chart Reviews, Practice Improvement Plans, Facilitation of QI reviews, and Practice Profile
    - *This newly developed system allowed a virtual platform for learning*
    - *159 completed work items*

### Facilities and Maintenance

- ✓ *Retrofit of condensor pumps and variable frequency drive (VFD)*
  - VFD: it controls when the two pumps turn on an off
  - Installed VFDs on condensor pump and chilled water pump.
    - *Optimization of equipment during cooling season that typical has increased costs.*
    - *Impact is energy savings, decreasing overall costs*
    - *It cycles based on programming thresholds and occupancy rates (both of which affect the ambient building temps).*

### Registration & Membership Services

- ✓ *Working from home during a paper-based environment*
  - Registration area was still paper based at the time
  - Business area worked with the documents team to quickly create electronic files, log incoming documents electronically and engage in virtual collaboration. Inquiries also adjusted to new software.
    - *Successfully managed incoming registration and corporation applications. Staff became accustomed to working with electronic files in advance of Solis go-live*

### Compliance

- ✓ *Shortened Compliance reassessment durations to less than 4 months*
  - Established huddle meetings biweekly for CMS staff to stay on track regarding ensuring that reassessment duration remains under 4 months
    - *CMS staff have managed to maintain about 90% of reassessments to be completed within 4 months.*



## Commitments To Continuous Improvement

### Governance

- ✓ *Developed Council self-assessment survey and a checklist of governance processes across the College*
  - Assessing the effectiveness of Council by acknowledging strengths as well as opportunities for further improvement
    - *Assessment results and feedback directly informed changes/actions, which were reflected in significant increase in metric ratings year over year*

### IMBA (Information Management & Business Analytics)

- ✓ *Creation of IMBA team to oversee Information and Data Governance College-wide*
  - Program to govern the 6 pillars of information governance: 1) Information privacy & security, 2) document management, 3) data and document quality and compliance, 4) data analytics & reporting, 5) information lifecycle and 6) people education/training
    - *1. Develop Enterprise and document management system that is open by design and closed by exception*
    - *2. Implemented data auditing program to ensure data integrity*
    - *3. Centralized data reporting to ensure consistency across College*
- ✓ *Modernized the storage of documents through the development of an information architecture (IA)*
  - IA creation supports structuring, organizing, and labeling information to help staff find the content they need in our new document management system (DMS) Vault.
  - Open by design to support interdepartmental work
  - 17 new functional areas with many activities within
    - *Provides centralized locations for the storage of documents to ensure that information is easy to find and access.*



## Commitments To Continuous Improvement

### Human Resources

- ✓ *Creation of a balance scorecard for the HR Registrar review process*
  - Involved the engagement of Deloitte to facilitate a balanced scorecard for CEO/Registrar annual performance review.
    - *Resulted in structured, measurable process tied to achievement of strategic goals*

### Complaints

- ✓ *Rollout of new structure for Investigations & Resolutions Division*
  - Merged 4 teams to 3
  - Reorganization of tasks within the teams
  - New Operations Director

### Training

- ✓ *Formation of new Training team*
  - New training team formed to deliver Solis Vault F&O training to all CPSO staff. Training team recruited internally from across CPSO, drawing a cross section of experience from all major units.
    - *Formation of training team (eventually composed of 8 members) was a major component of Solis Vault F&O project delivery strategy.*
    - *Recruitment to training team offered the staff a tremendous opportunity for career growth. They gained a wealth of experience in contributing to the development and training on a new enterprise system.*
- ✓ *Partnership with IMBA to provide training on information governance*
  - Information governance (IG) is foundational to an enterprise system.
    - *The Solis and Vault Training team was ideally positioned to assist in delivering important IG trainings.*

### Governance

- ✓ *Developed workshops for Chair/Vice-Chair training across Committees*
  - Orientation for Committee leaders to review roles and expectations
    - *Continued development of leadership skills which will enhance Committee functioning and support Committee member performance*



## Commitments To Continuous Improvement

### Tribunal

- ✓ *Pivoted to Electronic Hearings and paperless files*
  - In March 2020, the Tribunal moved all hearings and other appearances to completely virtual, including a feed for the public.
  - Since then, we have continuously improved the experience for parties and members by enhancing how we make documents available and display them.
    - *First, this allowed us to continue to conduct timely and safe hearings during a pandemic.*
    - *Secondly, this reduced costs both for the Tribunal and the parties as no one must produce hard copies of materials anymore.*
    - *Third, it reduced travel time for both the adjudicators as well as the parties. This was a significant reduction in costs.*
    - *The elimination of paper files and travel have also reduced our carbon footprint.*
    - *Fourth, since all the hearings are streamed on YouTube, this improved access for public and journalists and thereby increased our transparency.*



## Achievements In Right-Touch Regulation

### Inquiries, Complaints and Reports Committee (ICRC)

- ✓ *Created and continuously updated Decision Making Tools Library and Guidelines Documents for Members to use for ICRC work*
  - These documents were housed in SharePoint initially and then transferred over to Solis later in 2021
  - Upkeep in Solis contains a library of training materials and decision-making tools that members can reference when writing members notes and determining ICRC deliberations
    - *Lends to consistent decision-making practice*

### Government Relations

- ✓ *Governance Modernization and Red-Tape Reduction: Renewed proposal*
  - Anticipating government interest in this file, staff began developing renewed options for governance modernization and red-tape reduction in early Q2.
  - A letter from government was received in early June requesting feedback on governance modernization by the end of June.
  - Staff moved swiftly to engage Council and received resounding support for the basket of reforms.
    - *The proposal sent to government in June 2021 aligned CPSO's vision with that of other leading regulators and reinforced our leadership in these areas. It appears that this vision has been mostly adopted by government, as evidenced by their latest (2022 Q1) consultation.*



## Advancing Quality Care

### Launch of the QI Program

- ✓ *Launched the internal medical advisor review system to facilitate QI coaching*
  - Internal system hosted on our learning management system required the efforts of Project Management Office (PMO), IT, IMBA, Medical Advisors, and QI
  - There was a need to ensure that physicians in the QI program had the ability to receive coaching and have their practice improvement plans (PIPs) reviewed by medical advisors and QI Coaches until Solis R2 went live in the following year
    - *The MA Review System was available to internal CPSO Medical Advisors and external QI Coaches to keep track of Coaching sessions, review PIPs, and communicate outcomes of QI to physicians participating in the program.*

### Launch of the QI Partnership Program

- ✓ *Launched QI Partnership stream for the QI program*
  - Rolled-out the QI Partnership stream with the collaboration of PMO, Communications, and Medical Advisors.
  - Enrolled 20 partner hospitals
  - Involved outreach to hospitals by Medical Advisors
  - Communications developed a suite of products including an introductory brochure, web content and presentation materials to assist in the launch of the QI Partnership Program
    - *To date over 300 participating physicians are enrolled through the 20+ partners.*
    - *Once all are enrolled, estimated to be close to 2,000 members.*
    - *Communications and Medical Advisors raised awareness of this new program to hospitals across the province.*



## Accomplishments In Meaningful Engagement

### Government Relations

- ✓ *Physician Assistant Legislation and Regulation*
  - CPSO worked with government to shape Ontario's legislative approach and framework that will see physician assistants regulated under the College. Following passage of legislation, CPSO developed positive and productive relationships with various stakeholders in the physician assistant community
    - *Ensured that CPSO's knowledge and vision helped shape the legislative approach to regulating physician assistants and aligned with the principles of right-touch regulation. Developed collaborative relationships with stakeholders that will facilitate smooth implementation of regulation once enacted.*

### Governance

- ✓ *Developed the first Skills Matrix*
  - Posted diversity measures as part of Council/Committee recruitment
    - *Given us baseline information about the diversity of Council, supported skills/training needs to support proper implementation of the tool, it supported fulfillment of CPMF requirements*

### Project Management Office (PMO), IT

- ✓ *COVID-19 Relief Portal Development Complete*
  - A separate portal was developed prior to the launch of Solis, built upon the same platform supporting Solis
  - Ideation, design, and build completed in the 2 months between start of COVID-19 pandemic and May 2020
  - Creation of a CRM tracker for call center to keep track of Members who request relief plan
  - Mapped out processes for COVID-19 relief
  - Development of integrations to legacy financial and registration system
    - *Ensure Physicians had an option to pay dues in installments.*
    - *Commitment to support physicians experiencing financial hardship during COVID-19*
    - *197 + work items completed during prints 1-4 all within Q2*

### Quality Improvement

- ✓ *Creation of the QI Coaching pool*
  - 8 physicians were recruited and trained to be QI Coaches
    - *Enabled our program to successful be launched and engaged CPSO members into the program.*
    - *As of 2022 we now have 10 dedicated QI coach physicians.*



## Commitments To Continuous Improvement

### Human Resources

- ✓ *Established COVID-19 response strategy for staff working on-site*
  - Determined guidelines around staff occupancy, contact tracing, sanitation and COVID-19 screening in compliance with Toronto Public Health measures.
    - *To ensure a safe working environment*

### Inquiries, Complaints and Reports Committee (ICRC)

- ✓ *Transitioned to virtual cautions*
  - All ICRC caution panel meetings between the panel and the subject physician continue to be held virtually through MS Teams.
    - *This has resulted in cautions being scheduled and administered in a timely manner.*
- ✓ *Transition to virtual meetings for all members specific issues*
  - All ICRC panels are virtual and continue to run both efficiently and effectively on this virtual platform
    - *Cost savings on travel and sustenance.*
    - *Ability to hold more frequent panels, add members to participate for conflicts and strike ad-hoc meetings given more availability for members when meeting in virtual format.*
- ✓ *Increased frequency of various types of panel meetings*
  - Family Practice and Surgical meeting twice a month
  - General Panels meeting 3 times a month
  - Hybrid Panels weekly meetings
  - Settlement panels bi-weekly
    - *Deliberations and dispositions of matters occur in a timely fashion.*
    - *There are also shorter listing times as a result so matters once ready get listed sooner given the frequency of panel meetings.*

### Training

- ✓ *Re-organized training to be fully virtual*
  - Because of COVID-19 and shift to work from home, training team pivoted to preparing for delivery of training via live virtual sessions in Skype (subsequently Teams)
    - *Change to virtual delivery of training enabled preparations and scheduling for upcoming Solis and Vault R1 to progress*



## Commitments To Continuous Improvement

### Facilities and Maintenance

- ✓ *Building readiness: adapted to follow changing public health protocols including communications to staff, distancing & masking*
  - Building readiness and itemized the entire building upgrades
  - Provided directional markings at multiple entrance rooms; decreased elevator occupancy; added glass barriers at security and IT; provided cloth and disposable masks to staff; painted garage; personal hand sanitizers; increased housekeeping and sanitization programs; cleaned and sanitized all interiors, windows, blinds, carpets 1st and 3rd quarters of 2020 and 2021
    - *Essential on-site workers have a safe environment and increased confidence in a safe building*
    - *Procedures being followed easily*
    - *With a high percentage of staff working remote, essential building staff can park on-site limiting exposure via public transit*

### Governance

- ✓ *Moving Committees Council Exec and Governance to virtual*
  - Successfully allowed Committees and Council to continue to meet virtually vs in person in a short turnaround time
    - *Council and Committees can maintain business continuity during the pandemic and can continue to do so as and when necessary*

### UKGPro Project

- ✓ *Implementation of UKGPro*
  - Started in 2019-Q3 with the involvement of Finance, HR, PMO, Training, IT, and CI
  - CPSO undertook a major project to transition from an HR Information Management System to an integrated HR/Payroll system, UKGPro. Over a period of several months, HR & Finance mapped several of their operational processes into UKGPro.
  - For the first time there was a seamless flow of information and transactions from HR linked to payroll processing.
  - Training team provided content for staff
    - *Provided a Lean process and flow of information between HR and Payroll.*
    - *Allows for employee self-service, better record keeping by HR, streaming of HR/Payroll processes, minimizing errors, creating audit history, and provides a structure around approval processes.*



## Commitments To Continuous Improvement

### Governance/Quality Programs

- ✓ *QAC Reorganization*
  - Reorganize Committee and membership to promote adherence to mandate and smooth functioning
    - *New leadership and composition aligned with committee goals and mandate*

### IMBA & (DRM) Documents & Records Management

- ✓ *Built capacity to create and maintain fully digitized College records*
  - Creation of Centralized Scanning Unit (scans all incoming mail and legacy files)
    - *Provides seamless access to records, particularly for high resource-need physicians, for all functions of College*
    - *Enables flexible working arrangements by allowing all pertinent member information to be available electronically*
    - *2021 Q2-Q4: 484,798 individual pages scanned making up 17,927 documents/files*
    - *65% of documents scanned are from Membership & Registration; 15% from I&R*

### Information Technology

- ✓ *Cloud-based call systems implemented via intermedia*
  - Moving all lines to MS Teams & Intermedia Cloud system
    - *Using Teams and Intermedia, which are both cloud-based systems, has enabled us to remove physical phone lines from the building*
- ✓ *Implemented Azure Cloud\Power Apps*
  - Azure cloud fundamentals for Solis process apps and automation
    - *Using MS tools that works with current systems*
- ✓ *Implementation of MS Teams*
  - Users are able now to make and receive audio and video calls and attend meetings from anywhere
    - *Meetings can now be done virtually on multiple devices*



## Commitments To Continuous Improvement

### Registration and Membership Services

- ✓ *Processed paper-based back log in which over 50,000 documents were filed*
  - Due to the COVID-19 pandemic and working from home, needed to organize, print, and file documents into members' paper files, to complete registration files for future migration to Solis.
    - *Paper files no longer required, and all areas now have access to registration files electronically.*

### Quality Assurance

- ✓ *Move to paperless program and initiated virtual assessments*
  - Within a short timeframe, we moved all our paper-based program to paperless utilizing secure email and then one-drive.
  - In addition, we moved to virtual age-related assessments for those who had an EMR system.
    - *Due to the confidentiality requirements moving to paperless with have tools such as secure mail and one-drive permitted staff to continue to work from home organizing peer assessments during the pandemic.*
    - *By moving in this direction staff were better prepared for Solis and the transition was relatively seamless.*



## Achievements In Right-Touch Regulation

### Government Relations

- ✓ *Governance Modernization and Red-Tape Reduction: Advocacy to Government*
  - Worked spanned during Q1-Q3
  - Engaged with senior government officials, senior political staff, and MPPs to advocate for CPSO's 2019 submission to government.
    - *Established CPSO as a leader in governance modernization among health regulatory colleges. Ensured that our vision was front and centre in government's mind as they moved towards their own plans for reform (as evidenced by 2022 Q1 government-initiated consultation).*

### Out of Hospital Premises Inspection Program (OHP)

- ✓ *Elimination of unnecessary steps for service requests*
  - Decision framework for staff to follow
    - *Quicker turnaround time in processing service requests*

### Registration & Membership Services

- ✓ *Launch of New Member Orientation*
  - The New Member Orientation Platform was officially launched in September 2020, which requires new applicants to run through a series of modules to understand the College's role in the regulating physicians and provides an opportunity for new members to engage in self-directed learning as they begin their practice in Ontario.
    - *Aligns with the College's goal of right-touch regulation for members to be responsible for their own practice.*



## Advancing Quality Care

### Registration & Membership Services (Inquiries)

#### ✓ *3,000 International Medical Graduate Short Duration inquiries*

- To accommodate the growing impact of the pandemic, the Supervised Short Duration route to registration was temporarily expanded to allow eligible physicians to work in a supervisory environment on a 30-day certificate, with the possibility of renewal.
- Misinformation about this registration option was spread through the media resulting in a large influx of phone and written inquiries.
- Responses were provided and an application given to those who met the eligibility criteria, resulting in an influx of time-sensitive applications which were processed expeditiously by Credentialing staff.
  - *Physicians registered through Supervised Short Duration provide relief and support to a burdened healthcare system resulting from the pandemic.*

#### ✓ *Physician Advisory Services (PAS) moved to Inquiries team*

- PAS was previously linked to Public Advisory Services and was transitioned to the Inquiries business unit to form an effective communication hub for physicians.
  - *Provide a one-stop-shop for physicians to answer inquiries related to registration, membership, COSRE and practice guidance in conjunction with College policies and guidelines.*



## Accomplishments In Meaningful Engagement

### Policy

- ✓ *Citizen Advisory Group (CAG) engagement: Patient and caregiver-focused COVID-19 FAQs*
  - The CAG was consulted to help update CPSO's patient-focused COVID-19 FAQs. Conducted a focused survey with 15 respondents from the CAG to obtain patient and caregiver perspectives to better understand what's important for them to know about navigating the healthcare system during the pandemic.
    - *Directly explored FAQ questions around accessing care, screening, monitoring and self-isolation, prescriptions, and prevention and treatment in the context of COVID-19.*
    - *Ensured the public perspective was included in the updated FAQs, and that the information would be helpful to a patient or caregiver.*

### Project Management Office (PMO), IT, Finance, Communications, Membership & Registration, Legal

- ✓ *COVID-19 Relief Program was live to the Membership on Jul 1<sup>st</sup>, 2020*
  - Membership was able to defer their Membership dues and split the ARP membership fee into manageable installments.
    - *Ultimately through the course of the relief program 932 physicians had indicated interest to join. Of this, 80% that indicated interested ultimately subscribed to the portal*
    - *Ensured that physicians felt supported during the emergence of COVID-19*
    - *0 physicians who enrolled in this relief program were suspended in September*



## Commitments To Continuous Improvement

### Vault Project

#### ✓ *Vault Release 1 go live on August 31 for Policy & Communications team*

- User Acceptance Testing completed, which allowed Policy and Communications team members to become comfortable with the system.
  - *We heard positive comments about how intuitive it is to use, and excitement about collaborative editing and versioning.*
  - *Benefits include ability to work on-demand anytime and anywhere, real-time collaboration, version control, enhanced searching, better retention management, and security*

### Solis Project

#### ✓ *Solis Release 1 go live on September 14, 2020 (Implementation of College's Enterprise system and Member Portal)*

- Registration & Membership services was the first business area to go live
- Release 1 User Acceptance Testing was conducted
- Solis Release 1 went live for the College and the public.
- Included Registration & Membership Management functions, including applications, member service requests (e.g., name change), member self-service (e.g., Address changes), fully automated Professional Corporation processes (e.g., renewals, shareholder changes), and Annual Renewal
  - *Registration team was the first team launched in Solis. In result of this, Annual Renewal 2021 was also completed in Solis.*
  - *Foundation for future releases.*
  - *Memberships facing processes simplified and automated in places.*
  - *Automated and simplified key features such as Professional Corporations to improve member experience.*
  - *Introduced online applications reducing need to collect redundant data from applicants/members with each application, and 24/7 access to self-service features.*

### Solis Project

#### ✓ *Solis release 2 started in September 2020*

- Start of Release 2 including Investigations, Compliance Monitoring, Inquiries, PAS, QI, Committees, CPC, Conflict Screening, QA
  - *Start of process re-engineering and automation as moving departments from disparate systems into a single solution.*



## Commitments To Continuous Improvement

### Training

- ✓ **Successful delivery of R1 Solis Vault Training**
  - For the business units that went live in Solis Vault Release 1 (Registration, Corporations, Policy, Communications) the Training Team delivered training sessions and materials from July through September.
  - A total of 37 live training sessions, 23 Quick Reference Guides (detailing 107 business procedures) and 7 FAQs and Exercises were provided to these Business Units.
  - Total combined staff attendance for the 37 live sessions (adding up the attendance figures at each session) was 1,600.
    - *The training provided to R1 business units was a critical component in the successful go-live of Release 1 of the Solis Vault project.*

### Continuous Improvement (CI)

- ✓ **Mapping and documentation of Solis R1 related processes**
  - 120 Process Maps created
  - *The process was mapped to ensure understanding of the operational activities post-go-live and correct workflow programming in the software.*

### UKGPro Project

- ✓ **Implemented Recruitment & Onboarding module (UKGPro)**
  - As part of the launch of UKGPro system, secondary models were launched including recruitment and onboarding with the support of HR, PMO, CI, and IT.
  - CPSO is now able to collect employment applications in one portal and move applicants through the process electronically.
  - Once hired, successful applicants are moved to the onboarding module to complete their onboarding paperwork electronically. This information then flows directly into UKGPro with minimal manual input.
    - *Ensures more control over the recruitment process, can easily manage candidates, and electronic onboarding documentation that can be directly uploaded into UKGPro.*
    - *Provides a seamless experience for new hires from recruitment to onboarding.*



## Commitments To Continuous Improvement

### Membership & Registration-Corporation Inquiries

#### ✓ Corporation portal automation and renewals

- Corporation issuances and renewals were previously paper-based and completed by third parties
- With Solis go-live in 2020-Q3, members were now required to complete all Corporation matters through the member portal.
- Corporation related communications, including renewal reminders, are now sent electronically via portal message.
  - *Increase in renewal reminders and convenient process for submitting new issuance requests, articles of amalgamation and completing renewals.*

### Human Resources

#### ✓ Korn Ferry Job Evaluation/Re-evaluation process

- Using the Korn Ferry Hay job evaluation method, CPSO embarked on a job evaluation process
- Each position in the organization was evaluated based on skills, effort, responsibility and working conditions
- Positions were ranked comparatively against a pre-determined scale to determine the placement of the job within a hierarchy which represents the value of a job within the context of the organization.
  - *The last time this process was completed was in 2012*
  - *Resulted in up- to-date job information for every position.*
  - *Supported recruitment, talent management and restructuring*

### Public/Physician Help Centre (PPHC)

#### ✓ Split the call centres into physician inquiries and public/patient help centre

- Staff have worked hard to adjust to the new structure of managing public calls only. It was a difficult transition in terms of how we still advise physicians during courtesy calls but knowing when to refer them over to physician advisory when additional information is required
  - *We now have more time to focus on resolving concerns and assisting members of the public.*



## Commitments To Continuous Improvement

### Information Technology (IT)

- ✓ *Completed implementation of cloud storage*
  - Moved all legacy shared files to Azure cloud
    - *Reduced risk of cyber attacks*
- ✓ *Implemented single-sign-on (SSO)*
  - Allows access to CPSO applications using the same credentials.
    - *163 completed work items*
- ✓ *Transitioned to a new call centres phone system*
  - A new phone system was launched in September 2020, and it took a great deal of time to learn and to work out bugs with the system.
    - *Allows calls to be recorded for quality & training purposes*
- ✓ *Citrix Virtual Systems*
  - Virtualized legacy systems like AMS
    - *163 completed work items*
    - *To be able to work on 64-bit systems as some legacy 8-bit systems could not be used on newer systems*

### Facilities and Maintenance

- ✓ *Exterior masonry repairs*
  - Repaired concrete and brick in isolated area behind bus shelter that was degrading
    - *Repair involved examining the deck to ensure that there were no water penetrations into the building*

### Policy

- ✓ *Completed San'yas Indigenous Cultural Safety Training and Equity Sequence Training (EDI)*
  - All Policy staff completed this training
    - *Staff have the tools and knowledge necessary to improve our approach to policy development, supporting the adoption and application of equity, diversity, and inclusion to the policy process.*



## Achievements In Right-Touch Regulation

### Governance

- ✓ *Declaration of Adherence and associated policies refresh*
  - Updated and clarified the Declaration of Adherence and Council & Committee Code of Conduct, replacing the Governance Process Manual
    - *Improved clarity, supported increased understanding of roles/responsibilities and adherence*

### Registration & Membership Services

- ✓ *Pathways and Academic Policies refresh*
  - Pathways policies consolidated from 4 to 2; removed mentorship requirement and added 2 weeks of direct supervision.
  - Academic Policy was refreshed for clarity around specialty to ensure appointment is in the same area of the specialty.
    - *Increased clarity of Pathways & Academic policies using streamlining and writing policies in plain language*
  
- ✓ *Enhanced Learning Through the Creation of Department Reference Documents*
  - Management team and staff across the department have developed business specific reference guides and support documents for staff and stakeholders, to accompany general Solis QRGs. Staff continue to update resources as the system continues to evolve.
    - *Department continues to function seamlessly, minimizing impacts to membership and applicants.*



## Advancing Quality Care

### Quality Assurance

- ✓ *Conducted approx. 900 peer assessments during a global pandemic*
  - Introduced conducting assessments from on-site to virtual where it was safe to do so.
    - *Assessors were able to complete remote assessments for those with EMRs.*
    - *For physicians who still used paper charts we facilitated obtaining the charts that were scanned and sent to the assessor for review either through secure mail/OneDrive or on encrypted USB.*

### Out of Hospital Premises Inspection Program (OHPIP)

- ✓ *Development of new inspection guidelines*
  - Guidelines developed to for physician assessors to complete inspection assessments
    - *Greater clarity for medical directors and assessors*



## Accomplishments In Meaningful Engagement

### Policy

- ✓ *Citizen Advisory Group (CAG) engagement: social media*
  - Conducted a focused survey with 16 respondents from the CAG to obtain public/patient perspectives in response to scenarios related to the professionalism of physicians using social media.
    - *Directly explored public perceptions of physician social media conduct to ensure policy development was supported by an understanding of the attitudes and expectations of the public. Feedback shaped the development of policy expectations for the new draft Social Media policy and Advice to the Profession document.*
- ✓ *Held Virtual Care Symposium*
  - A 'Virtual Care Symposium' was held in late October 2020 that brought together diverse physicians, patients, and caregivers to discuss their experiences with virtual care and what quality virtual care looks like from both perspectives.
    - *This event piloted a new approach to engagement and gained insights into what a quality virtual care encounter looks like from both perspectives, as well as the key issues related to virtual care impacting patients and providers, which informed the development of the draft Virtual Care policy.*

### Complaints

- ✓ *Renegotiation of Physician Health Program (PHP) Memorandum of Understanding*
  - Joint statements from CPSO, CMPA, PHP re: Physician distress
  - Occurred in 2020 and enhanced again in 2021
    - *Customer service, recognition of burnout and resources vs if/when there is a need for regulatory attention*



## Successes In System Collaboration

### Registration & Membership Services

- ✓ *Integration of Solis with PGME offices*
  - PGME offices can directly upload Letter of Appointments in an Excel format, which integrates into Solis with existing contacts
    - *This allows for instant data sharing between CPSO and the PGME offices*



## Commitments To Continuous Improvement

### Human Resources

- ✓ *New Compensation structure was established for staff*
  - Based on the results of the job evaluation process and market data
    - *To ensure that salaries are at competitive market rates & supporting growth through recruitment and retention.*

### Patient Relations Committee (PRC)

- ✓ *Implemented a new framework for the assessment of parameters of Therapy and Counselling*
  - A framework was developed with Legal Counsel to help the PRC assess ad hoc requests for novel requests for funding.
    - *This framework focuses the Committee's review on the purpose of the treatment and its relationship to the harm caused by the sexual abuse, fostering consistency in decision making.*

### Facilities and Maintenance

- ✓ *Completed indoor air quality test throughout the building*
  - Part of health and safety measures during COVID-19 pandemic
    - *Results continue to show that 80 College is at or below benchmark thresholds.*
    - *The building continues to perform well for air flow, humidification, and testing of all volatile substances.*
- ✓ *Implemented AODA compliant barrier-free doors*
  - Installed sensors to operate doors at garage levels and ground floor hallway
    - *Anyone entering from the parking garage carrying heavy materials, boxes, etc. will no longer struggle to get the doors open.*
- ✓ *Security Upgrades: convert remaining analog cameras to IP*
  - IP camera conversion, repositioned cameras throughout the building
    - *This provides clearer images and a wider range of view making objects easily identifiable. Footage stored digitally.*

### Tribunal

- ✓ *Appointed a full-time Tribunal chair*
  - Established the position of Tribunal Chair (originally Tribunal Director and Chair of the Discipline Committee) to provide full-time leadership for the Tribunal members and the staff in the Tribunal Office.
    - *Implemented best practices in tribunal management and adjudication, provided adjudicative leadership, reduced reliance on independent legal counsel, provided foundation to implement the change to the OPSDT.*



## Commitments To Continuous Improvement

### IMBA & (DRM) Documents & Records Management

#### ✓ *Modernized information lifecycle policies to ensure regulatory compliance*

- Complete revision and update of all CPSO retention schedules.
  - *Schedules are tied directly to Information Architecture. They are more streamlined and concise allowing for better staff comprehension, compliance to and maintenance of the schedules. Also reduced retention periods where possible to decrease overall storage demands.*

### F&O (Finance & Operations) Project

#### ✓ *F&O (Finance & Operations) Discovery Project Complete*

- 15 hours of Shadowing Sessions
- 44 hours of Discovery Workshops
- 306 user requirements identified
- Involved Finance, PMO, CI, IT
  - *Signed Statement of Work with Deloitte to begin the F&O project in 2021*
  - *Start of our journey to replace legacy Financial System Solomon which has been in use since the 90s*

### Training

#### ✓ *R1 Post-Support; Solis/Vault Intros for all College Staff*

- In Q4 2020 the Training team delivered a total of 42 live training sessions.
- Some were for R1 staff to cover system enhancements and refreshers. Remainder were for rest of CPSO staff and consisted of IG topics (e.g., OneDrive) and various high-level introductory sessions on Solis and Vault.
- The Training Team also produced 16 new QRGs, FAQs and other training aids during this quarter
  - *The continuing post-R1 training support that the Training Team provided to Registration and Membership helped to stabilize their transition to Solis and Vault and increase their comfort level.*
  - *The Solis Vault IG intro training that the Training Team provided to the rest of CPSO, including R2 SMEs, provided base level knowledge and foundation for their engagement in R2 and R3 project meetings, sprints, and elaborations.*

### Information Technology (IT)

#### ✓ *Protection of Cyber-attacks via CrowdStrike*

- Added additional layers of information security protocols
  - *Early detection warning*



## Achievements In Right-Touch Regulation

### Out of Hospital Premises Inspection Program (OHP)

- ✓ *Program Modernization*
  - Redesign and Revision of Program Standard

### Tribunal

- ✓ *Reason writing training; improved templates for reasons and orders.*
  - We revamped our templates for Orders and Reasons both in format and substance. The new templates and approach to writing reasons use more plain language, pay better attention to privacy, improve readability and conciseness.
    - *The clarity and logic of administrative tribunal reasons are key to having decisions that are upheld on appeal.*
    - *Reasons that are understandable and accessible to the public are essential for the transparency of the College's work.*
    - *Reasons and orders are also more consistent and visually appealing and promote the new brand of the OPSDT.*



## Advancing Quality Care

### Governance

- ✓ *Developed Committee Mentoring Program*
  - Committee mentoring guide provided to Chairs and Vice-Chairs across committees to support identification of mentors
    - *Guide used as a reference document to promote effective mentoring relationships and knowledge transfer across committees by seasoned mentors to mentees*
- ✓ *Compliant in Governance domains of College Performance Management Framework*
  - Submission to Ministry that fully meeting all requirements
    - *CPSO has demonstrated to the Ministry/public satisfaction of 30 measures relating to governance*



## Accomplishments In Meaningful Engagement

### Governance

- ✓ *Committee Education redesigned to accommodate virtual delivery*
  - Moved from a full day in-person education session to multiple virtual sessions throughout the year that included EDI topics
    - *Members are more engaged with shorter sessions as well as the convenience of being able to attend a two-hour evening session. Feedback has been positive with opportunity to incorporate improvements going forward*

### Policy

- ✓ *Adopted EDI strategy into recruitment for Citizens Advisory Group*
  - To appropriately represent the diversity of the Ontario population, the CAG Partnership is committed to recruiting for its membership with an EDI lens. Current efforts to recruit in this manner have been successful. The CAG welcomed three new members that identify as BIPOC, transgender, or self-reported as having a disability, expanding member representation in these areas.
    - *Improved diversity and representation of our CAG members, resulting in a broader range of perspectives and knowledge that can be drawn upon.*

### Project Management Office (PMO)

- ✓ *Transition of QI project management support to the operational business area*
  - Transitioned PMO support of QI program development to operational area as project aspect of work is complete
    - *QI Department is the product of this project*



## Accomplishments In Meaningful Engagement

### Tribunal

- ✓ ***Established Practice Advisory Group***
  - The Practice Advisory Group was established to function as a forum for the Tribunal to consult with and obtain feedback from those who practise before it regarding its processes, practices, Rules of Procedure, and practice directions.
  - Its focus is the effectiveness of the Tribunal's processes and is composed of the OPSDT Chair, individuals who regularly represent the CPSO before the Tribunal and individuals who regularly represent physicians before the Tribunal.
    - *The PAG has been consulted on rule amendments, new practice directions and administrative processes for the Tribunal.*
    - *Its feedback has been immensely helpful in ensuring that we are drafting Rules and Practice Directions that are easy to follow and result in efficient processes.*
    - *Our engagement, credibility and neutrality has been enhanced.*
  
- ✓ ***Publishing of motion decisions***
  - We started publishing our reasons and decisions on motions in legal databases. Previously, reasons and decisions on motions were only released to the parties and were not published anywhere.
    - *This increases the transparency, fairness, and consistency of our process.*
    - *Many important decisions are made in motions. With this change, reasons are now available to the public and to all defense counsel to cite as precedents.*
    - *Unlike the College, defense counsel is unlikely to have an internal database of unpublished decisions, so it increases balance.*



## Successes In System Collaboration

### Policy

- ✓ *Approval of revised Delegation of Controlled Acts policy*
  - The new Delegation of Controlled Acts policy was approved by Council in March 2021.
    - *The updated policy created a principle-based framework for delegating controlled acts rooted in risk analysis. It provided clarity on a complex issue that we often receive questions about (from both external and internal stakeholders). The review resulted in direct consultation with system partners such as the CNO, Health Canada, and stakeholders such as physicians who delegate to layperson first responders.*

### PMO/IT-Annual Renewal

- ✓ *Defined the system steps for Annual Renewal 2021*
- ✓ *Business involvement during annual renewal to support operations*
  - System steps in Solis were defined for all ARP processes (including exception processes)
  - 2 rounds of UAT were held to ensure system works as expected
  - 2021 Annual Renewal Questionnaire was reviewed and approved by business
  - 100 user stories were delivered in 2 months
  - Dashboards were prepared for efficient reporting
    - *The support provided by project team prepared business team to run and execute Annual Renewal 2021 in Solis.*
    - *183 completed work items*

### Continuous Improvement (CI)

- ✓ *Mapping and documentation of ARP 2021 related processes*
  - 40 Process Maps created
  - *The process was mapped to ensure understanding of the operational activities post-go-live and correct workflow programming in the software.*



## Commitments To Continuous Improvement

### Solis Project

- ✓ *Elaboration Sessions for Release 2 business areas*
- ✓ *Development and testing of system functionalities*
  - Spanned over 2020-Q4 to 2021-Q1
  - Elaboration sessions, data migration discussions, development and testing of system functionalities
    - *Requirements gathered were documented and SMEs tested the functionalities; started building user understanding of Solis*

### F&O Implementation Project

- ✓ *Development cycles for core finance modules completed*
  - Completed sprints 0-2 (each sprint cycle was 4 weeks)
    - *Build work of Financial System*

### VAULT Project

- ✓ *Vault Legal Go-live and migration from W: drive to Vault*
- ✓ *Elaborations for release 2 business units*
  - Vault Legal Go-Live was March 29<sup>th</sup>, 2021
  - Completed Sprints 5-8
    - *Legal started doing their document management work in Vault*
    - *Benefits included: ability to work on-demand anytime and anywhere, real-time collaboration, version control, enhanced searching, better retention management, and security*

### Training

- ✓ *Vault Training for Legal Transition to Vault*
  - Training team delivered training sessions to Legal team to prepare them for their Go-Live in Vault at end of 2021 Q1.
  - Training team continued to provide other training sessions on IG topics (e.g., OneDrive, Adobe Cloud), and Solis's basics.
  - In total, Training team provided 15 training sessions to Legal team, and 13 other sessions to various staff and committee members.
    - *The training on Vault that was provided to legal staff enabled them to transition quickly and smoothly to performing their work Vault immediately following go-live.*



## Commitments To Continuous Improvement

### Inquiries, Complaints and Reports Committee (ICRC)

- ✓ *New ICRC member orientation*
  - New members attend for 2 half-day sessions
  - Day includes the introduction to I&R, ICRC meeting logistics, Administrative Law Part 1-Intro to the RHPA, Role of ICRC and Focus of Analysis when making Decisions. Part 2 - Administrative Law Part 2 - Deliberative privilege, Working with Legal Counsel, Legal Advice, Basic Framework regarding Sexual Abuse Complaints and ICRC's relationship with the Discipline Committee and Members Notes Templates and Tips for Decision Writing Notes.
  - Members then observe several panels prior to being assigned to their first panel.
    - *New Members receive consistent and current training that allows for them to better understand the process and procedures to follow in their new role.*
  
- ✓ *ICRC applied mentorship program for new members*
  - This involves pairing a seasoned ICRC member (mentor) to assist a new member (mentee) on their first assigned panels.
  - This happens after the initial ICRC Orientation Sessions and after members have observed some ICRC panels.
  - The mentor and mentee review the same cases, discuss the process, attend for the panel meetings together and convene after the meeting to address any questions or issues.
  - The full scope of the mentorship will have a mentor(s) available to the mentee as needed for the first year.
    - *Feedback to date on this initiative has been positive.*
    - *Mentoring continues to evolve and having it be informal has worked using the mentoring guide and committee tools as resources.*
    - *Between the improved new member orientation, mentoring and resource materials, new members are gaining comfort over time.*

### Information Technology

- ✓ *Implementation of Hybrid Meetings*
  - We can provide an in-person and remote meeting experience
    - *If someone is stuck somewhere and can't attend a meeting in person, we can provide them the option to join remotely*



## Commitments To Continuous Improvement

### Information Technology

- ✓ *Email & Internet Policy updates*
  - Updated CPSO policies to align with corporate standards of use
    - *Protection of data and info*
- ✓ *Implementation of MFA - Multifactor Authentication*
  - *Extra layer of security on MS accounts adding to the prevention of security threats*

### Facilities and Maintenance

- ✓ *Increased humidification and fresh air exchanges*
  - Upgraded humidification equipment and increased fresh air supply in building, maintaining new temperature and humidity set points.
    - *Increased relative humidity to support reducing airborne infectious aerosol exposure (recommended by ASHRAE Covid-19 protocol).*
    - *Maintains clean air supply for occupants*
- ✓ *Upgraded and installed touchless amenities across the College*
  - Installed touchless faucets, soap dispensers & paper towel dispensers in all washrooms and touchless fountains in hallways
    - *Decreased a touch point opportunity to spread germs*
    - *Replaced six 37-year-old fountains with up-to-date touchless fountains/bottle filling stations*
    - *Water is fresh and chilled. Any cup or water bottle can be filled easily. Bonus - count of water bottles saved to encourage using refillable containers.*
- ✓ *Installed UV in air handler*
  - All supply air is treated with UV before flushing through to occupant's spaces.
    - *Limits re-entry of possible contaminated air by treatment. Eliminates 98% of particulate, including COVID-19 (according to opinion from mechanical engineer)*

### Governance

- ✓ *Terms of Reference Implemented Across Committees*
  - Established and finalized the Terms of Reference for all but one CPSO Committee (excluding the Tribunal and FTP Committee)
    - *Provides more clarity regarding mandate and holds Committee members accountable to their responsibilities*



## Commitments To Continuous Improvement

### Compliance

#### ✓ *Clean up of historical restriction CMS files*

- Created criteria for closing older Cease to Practice and Restriction files that had been open in compliance for anywhere from 2-5+ years to free up resources for staff to monitor newer and higher risk files
  - *Staff have more time to focus on more complex files, files where compliance not yet established; less wasted time doing routine compliance checks that were never problematic*

### Tribunal

#### ✓ *Eliminated needless paperwork and process steps, increased clarity of communications*

- We eliminated various unnecessary forms, orders, and other documents, started putting the text in the body of emails rather than attaching them as letters and created new, more plain language, consistent and concise templates.
  - *Freed staff time to work on other matters, reduced need for adjudicators to review and approve their signature on documents, increased the accessibility of the process to our stakeholders.*

### IMBA (Information Management & Business Analytics)

#### ✓ *Centralized data and reporting functions*

- Team expanded to include two more data analysts. Each data analyst is responsible for certain business areas across the College
  - *Developed a team of analysts that understand business functions and processes to effectively report on operational and corporate metrics. Centralizing the data analytics had ensured a single source of truth for College KPIs and operational metrics.*



## Commitments To Continuous Improvement

### Human Resources

#### ✓ *Pay Equity Study*

- CPSO elected to conduct a pay equity analysis to ensure our compensation structure and salary administration plan is gender-neutral and compliant with pay equity legislation.
- We did this by ensuring female job classes are paid at least as much as an equal or comparable male job class or classes.
  - *Confirmed CPSO pay practices are being applied equitably across all pay bands and positions.*
  - *Compliance to Pay Equity legislation*

#### ✓ *Enhanced benefit plan & retiree benefits*

- Worked in collaboration with People Corp and Canada Life to determine most cost-effective enhancements to College extended health benefits which included an increase to paramedical, dental, and medical coverage.
  - *Improved benefits to all current employees.*

### Registration & Membership Services (Inquiries)

#### ✓ *Membership onboarded to Solis in stages*

- Team expanded to include two more data analysts. Each data analyst is responsible for certain business areas across the College
- While the portal went live during 2020-Q3, majority of members did not access the portal until ARP which resulted in large call volumes.
- In addition to Inquiries staff, an external call center was hired to assist members with accessing and troubleshooting the portal.
  - *45,000+ new members added in total*
  - *Almost all members have completed their portal registration and are now using its functions such as portal messages, address updates, CPC requests, SSR submissions, OHP registration, etc.*

### Training

#### ✓ *Transition to Solis platform for 2021 Annual Renewal Process*

- Training team provided training session and FAQs for Inquires staff to assist them with calls members during annual renewal. Training team participated in IT's testing of annual renewal process in Solis prior to April launch.
  - *Training team's contributions to testing of annual renewal process in Solis and training of Inquiries Advisors played a key role in the overall successful transition of the annual renewal process to the Solis platform.*



## Achievements In Right-Touch Regulation

### Independent Health Facilities (IHF)

- ✓ *Revision and creation of new Facility Standards (Clinical Practice Parameters) for IHFs in Ontario*
  - Hiring of new Standards Advisor to create new Facility Standards for IHFs to replace outdated standards.
    - *Revision of the content, structure, and organization of the Standards to incorporate RTR principles, optimize assessor consistency, with the goal of improving facility compliance.*

### Complaints

- ✓ *Sexual abuse training for investigators*
  - Updated and refreshed training
    - *Added to the number of staff who manage these specific types of investigations.*

### Tribunal

- ✓ *Changed pre-hearing approach to apply intensive case management*
  - Increased the number and improved the quality of pre-hearings and case management conferences
    - *Fewer adjournments, less hearing time before the full panel, shorter hearings, fewer procedural issues argued at hearings, more settlements.*



## Advancing Quality Care

### Independent Health Facilities (IHF)

- ✓ *Revision of IHF assessment process*
  - Incorporation of risk-based assessment process with defined timelines and criteria for completion
    - *Timely assessments with recommendations that are proportionate to risk to the public*

### Registration & Membership Services

- ✓ *CaRMS Workaround*
  - *Successfully completed annual peak registration season*
- ✓ *Cancellation of MCCQE Part 2 exam and creation of LMCC policy*
  - LMCC confirmed its cancellation of the Part 2 exam. Fast action was required to accommodate applications in progress, including future applications. A new policy was drafted, considered by RegComm, and ultimately approved, and used to replace the interim provisional policy. Processes and resources were created for staff to accommodate new policy.
  - Collaborated with MCC to fast-track LMCC designations for eligible applicants.
    - *Physicians were issued an Independent Practice certificate.*



## Accomplishments In Meaningful Engagement

### Governance

- ✓ *Strengthened Council Election Process with new criteria and processes*
  - Introduced a cooling off period and refinements to the Council elections eligibility criteria.
  - Fostering relationships with Indigenous Association of Canada and Black Physicians Association of Canada
    - *Strengthening eligibility criteria ensures an appropriate minimum is satisfied by candidates*

### Communications-EDI

- ✓ *EDI- Language Line Launched*
  - Ensured that three most commonly spoken Indigenous dialects in ON included.
    - *Greater accessibility for those for whom English is not a first language (access to translation in over 240 languages)*



## Successes In System Collaboration

### PMO/IT/CI-Annual Renewal

- ✓ *Annual Renewal 2021 went live on April 19<sup>th</sup>, 2021*
  - All physicians used Member Portal to submit their questionnaire and pay fees as well
    - *For first time, annual renewal was completed in Solis during 2021. Over 35,000 physicians renewed their license through Member Portal.*
    - *Having defined this process last year, Registration team is now running this year's Annual Renewal themselves.*



## Commitments To Continuous Improvement

### Solis Project

- ✓ *Requirement gathering for release 2 business areas*
- ✓ *Facilitated user understanding of Solis through system demos*
  - Process walkthroughs and system demonstrations were held for all Release 2 business teams
  - *User understanding was further enhanced through end-to-end system demonstrations*

### VAULT Project

- ✓ *Vault Elaborations for R2 BUs completed*
- ✓ *Collaborated with F&O on their SharePoint requirements*
  - Provided Legal Hypercare for 2 months
  - Completed Sprints 9-12
  - Identified F&O storage requirements

### Training

- ✓ *Start of delivery of R2 Solis Vault training*
  - From April 1 to June 30/21, training team prepared content and delivered 54 live training sessions across nine R2 business units in Q2 of 2021.
    - *By end of Q2 2021, about one-third of the total R2 training had been delivered to R2 business units.*
    - *This set the stage for their further training in Q3 and readied them for UAT and R2 go-live in August.*

### F&O Implementation Project

- ✓ *Development cycles for subledger modules completed*
  - Completed sprints 3-4 (each sprint cycle was 4 weeks)
    - *Build work of Financial System*

### Inquiries, Complaints and Reports Committee (ICRC)

- ✓ *Revised all templated cover letters prior to Solis's launch and which enabled the release of decisions electronically*
  - Decisions are released electronically with OneDrive links to parties of complaints through a central ICRC support mailbox.
  - Revised letters allow for templates on Solis to generate
    - *Simplified format*



## Commitments To Continuous Improvement

### Facilities and Maintenance

- ✓ *Chiller upgrade/refurb*
  - Overhauled chiller, cooling tower and control boards.
    - *Original equipment prior to refurb was costly, energy inefficient, and difficult to maintain due to obsolete parts.*
- ✓ *Implemented an online event management system*
  - Acquired meeting room management software.
  - Configuration complete; demos shared with stakeholders; secured internal training support
    - *Eliminates waste: All staff will be able to book meeting rooms on-site without wasting time waiting for confirmation of bookings.*
    - *All room availabilities are shared to better arrange schedules for committee and staff meetings*

### Out of Hospital Premises Inspection Program (OHP/IP)

- ✓ *Restructured staffing model*
  - Hired 4 full-time nurse inspectors and redeployed 3 assessment coordinators
  - Hired 2 additional Accreditation assistants
    - *Responsible for full carriage of inspection process*
    - *Quicker turnaround time in processing staff affiliations.*

### Complaints

- ✓ *Moved from in-person to virtual review and approval of ADR cases*
  - *Reduced timelines and expenses; flexibility of scheduling interviews; with video, still engaging with others for improved customer service.*
- ✓ *Standardized EDI language decision templates developed*
  - Worked with Dr Sharda, our EDI lead, to develop standardized EDI language for various areas of concern to decisions to address concerns sufficiently with proper lens
    - *Better reasons for decisions, addressing HPARB concerns with previous decisions*



## Commitments To Continuous Improvement

### Human Resources

#### ✓ *New touchpoint process*

- Touchpoints replaced the long and onerous performance assessments of the past.
- These short, concise meetings provide an opportunity for staff and managers to have an open, honest conversation about what they need to be most successful in their roles.
- Discussions are captured in UKGPro attached to an employee's file.
  - *Positive impact by encourages open dialogue between managers and staff.*
  - *These discussions provide a space for exploring continuous improvement ideas.*

#### ✓ *Mandatory policy sign-off (HR)*

- Employees were required to acknowledge receipt, read, and sign off on mandatory HR policies in UKG
  - *Key policies are reviewed and updated as required on a regular basis. Staff understand mandatory HR policies and CPSO Code of Conduct*

#### ✓ *COVID-19 Screening Tool (HR)*

- HR sourced and developed a screening tool for all staff to use before entering the building; all staff were required to register for the tool.
- Questions are continuously reviewed to remain in line with public health guidelines.
- Daily checks of the screening tool results are compared against occupancy schedules to ensure all staff on site have completed their COVID-19 screening.
  - *Ensured a safe environment for those who were required to be in the office.*

### Independent Health Facilities (IHF)

#### ✓ *Revision of IHF assessment process*

- Incorporation of risk-based assessment process with defined timelines and criteria for completion
  - *Timely assessments with recommendations that are proportionate to risk to the public*



## Commitments To Continuous Improvement

### IMBA (Information Management & Business Analytics)

- ✓ *Development and execution of a data auditing program to ensure high-quality data*
  - Followed up with 3,000 physicians to ensure we had a complete address on our Register, corrected 1,000 investigation files to display correctly on the contact record, coached business units on data entry practices and follow up when issues arise
    - *Improved the value of organizational data to provide more accurate and timely performance metrics*
  
- ✓ *Enhanced College's overall physical records lifecycle management*
  - *Complete transfer of all onsite paper I&R investigations files to Iron Mountain~ 760 boxes; ~5,000 complaints files sent offsite*
  - *Quality of long-term records preservation improved by increased use of secure storage, highly functional vendor database, maintenance of integrity for paper documents, ensuring quick, consistent access to physical records*

### Information Technology

- ✓ *Implemented Bitlocker*
  - Although we still have users on McAfee encryption we are slowly but surely move all users over to Bitlocker encryption to centralize all tools to MS
    - *System security*

### Quality Assurance

- ✓ *QAC – examination of business processes such as OTA-interview*
  - QAC agreed to change the format of the interview from in-person to virtual and reduce the number of attendees present at the meeting.
    - *Moving to only 3 QAC members and a Decision Administrator present during an interview with a subject physician and doing interviews virtually has reduced the stress on the subject physician. This is a pilot to determine the efficacy of this new process and/or determine whether it is necessary moving forward now we have more involvement of a CPSO Medical Advisor.*



## Commitments To Continuous Improvement

### Registration and Membership Services

- ✓ *Virtual Onboarding of Permanent /Temporary Credentialing Staff*
  - In-office Registration training and onboarding relied heavily on one-on-one training and observation over a period of weeks/months, with minimal written resources.
  - Created additional training guides for new staff and utilized Nexus guide for system guidance. Utilized Teams meetings for group demonstrations, with recordings made for future reference and training, building on existing resources for a digital work.
    - *Reduced onboarding times, quality of training, and allowed for better allocation of training responsibilities across the team with group training sessions and group chats for questions.*

### Tribunal

- ✓ *Organized training for adjudicators on myths and stereotypes in sexual misconduct cases*
  - Jill Witkin, Crown Counsel and Chair of the Sexual Violence Advisory Group in the Ministry of the Attorney General, provided education to all Tribunal members. The presentation and materials were made available to all adjudicators and new adjudicators are asked to watch the video and review the materials.
    - *Adjudicators understand well the law that applies to sexual abuse and other cases involving sexual misconduct. This training reduces the likelihood of errors based on improper approaches to the issue of sexual assault.*



## Achievements In Right-Touch Regulation

### Registration & Membership Services

- ✓ *Automation of standard CPCs*
  - CPC Service Requests were automated in August 2021 where clear CPCs (no history to report) were automatically generated upon request.
  - To mitigate risk, CPC requests from members with historical information, serious concern, and/or restrictions require manual processing.
    - *Resulted in faster and convenient service for members requesting a CPC that is clear.*

### Tribunal

- ✓ *Creation of the OPSDT (Ontario Physicians and Surgeons Discipline Tribunal)*
  - Transformed the Discipline Committee into the OPSDT.
    - *Improved adjudication; greater perception of independence of the Tribunal from CPSO; CPSO is recognized as a leader and innovator in discipline processes among professional regulators in Canada.*
- ✓ *Created regular meetings of panel chairs*
  - Started monthly meetings of adjudicators who chair panels and conduct pre-hearings
    - *Promotes consistency among the procedural and substantive approaches taken by adjudicators; promotes a collegial tribunal.*



## Advancing Quality Care

### Quality Improvement (QI)

- ✓ *QI individual groups subset pilot and subsequent roll-out in 2022*
  - The QI-Individual-Groups Subset was piloted with 4 family medicine groups.
    - *Based on the pilot some small improvements were implemented and then this option was made available to all 2022 individuals invited into the QI Individual program. To date, 72 groups have self-formed in this subset of the QI Individuals stream.*

### Independent Health Facilities (IHF)

- ✓ *Realignment of requests for physician qualification acknowledgments for affiliation to IHFs*
  - Dedicated Medical Advisor reviews and acknowledges all requests, including those which are more complex which are escalated to the Change of Scope team.
    - *Streamlining of process; consistency of reviews; clinical expertise to review physician requests of qualification review.*
- ✓ *Increased staff complement on IHF team to address large annual caseload*
  - Growth of team with hiring of one additional Assessment Coordinator and one additional Accreditation Assistant
    - *More timely and relevant coordination of assessments to address safety and quality of services in IHFs.*
- ✓ *Revision of IHF assessment process*
  - Incorporation of risk-based assessment process with defined timelines and criteria for completion
    - *Timely assessments with recommendations that are proportionate to risk to the public*



## Accomplishments In Meaningful Engagement

### Policy

- ✓ **Roundtable Discussion: Effective Referral**
  - Hosted a virtual roundtable regarding the “effective referral” requirement in the College's Professional Obligations and Human Rights and Medical Assistance in Dying (MAID) policies, which set out policy and guidelines for physicians who choose not to provide medical services for moral or religious reasons.
  - A diverse range of participants was invited to take part in the roundtable
    - *Gathered insights on the impact of the effective referral policy requirement and the factors and considerations that go into balancing patients' need for equitable and reasonable access to health care and physicians' right to practice in accordance with their moral and religious beliefs.*
  
- ✓ **Public polling: social media**
  - A total of 806 respondents were surveyed to gain an understanding of Ontarians' perspectives on physician behaviour on social media and to support the development of new policy expectations for physicians' use of social media.
  - Specific issues explored included the potential impact of physicians' online behaviour when perceived as unprofessional, expectations of patient privacy, and CPSO's role in setting expectations/guidance around physician use of social media
    - *Directly explored the public's attitudes and expectations as it related to professionalism and privacy expectations of physicians in the context of using social media.*



## Accomplishments In Meaningful Engagement

### Tribunal

- ✓ *Recruitment of Experienced Adjudicators*
  - We posted for experienced adjudicator positions on the Tribunal. Candidates were asked to provide two decisions that they have written. We received 90 applications and 20 were selected for interviews.
  - Those interviewed were also asked to watch a mock hearing and prepare written reasons for their decision. This merits-based recruitment process resulted in five new expert adjudicators being appointed to the Tribunal.
    - *These appointments have led to an improvement in the quality, speed, and efficiency of adjudication.*
    - *There has also been a significant savings in Independent Legal Counsel costs.*
    - *Hearing panels can provide more active adjudication and improved hearing management and more concise and timely reasons.*

### Tribunal, Communications, IT

- ✓ *Implemented new logo and visual identity*
  - Developed and implemented a new logo and visual identity for the Tribunal
    - *Enhances the public and the profession's and the profession's understanding of the Tribunal's role and independence; increases confidence in the Tribunal's process and decisions.*
- ✓ *Created Tribunal website*
  - Independent bilingual website houses all pertinent information related to the Tribunal's members and rules, as well as improved hearing schedules.
  - 259 completed work items
    - *The new website gives the feeling of separation from the College and has its own brand.*
    - *Enables public visibility on upcoming tribunal sessions and recent decisions.*



## Commitments To Continuous Improvement

### Training

- ✓ **Completion of R2 Solis Vault training prior to R2 Go-Live**
  - During Q3, in the five-week period before leading up to R2 go-live on August 9, the Training team completed a total of 92 live training sessions across ten business units.
  - The training team also prepared over 100 Quick Reference Guides to assist R2 staff in carrying out their work in Solis and Vault.
    - *The training sessions and reference guides provided to R2 business units were a critical component in the successful go-live of Release 2 of the Solis Vault project.*

### Solis Project

- ✓ **Release 2 go-live in August 2021**
  - Solis Release 2 including Investigations, Compliance Monitoring, Inquiries, PAS, QI, Committees, CPC, Conflict Screening, QA
  - Support provided to R2 business areas during hyper care
    - *First time all CPSO departments had been in a single cloud-based solution instead of launching multiple applications on their system.*
    - *Process re-engineering and automation, streamlining hand-off between departments, and creating consistent member experience using the member portal.*
    - *Member portal includes visibility into Investigations and Compliance Monitoring Cases.*
    - *User collaboration was enhanced as they did not have to use emails for sending requests between different teams.*
    - *775 user stories delivered*
- ✓ **Solis Release 3 started in September 2021**
  - Solis Release 2 including Investigations, Compliance Monitoring, Inquiries, PAS, QI, Committees, CPC, Conflict Screening, QA
  - Start of Release 3 including Facilities (OHP, IHF), IEP, OCP integration, Membership Discounts, Legal, Tribunals, and QIP
    - *Start of final release of Solis.*

### Vault Project

- ✓ **Vault R2 Go-live and migration from W: drive to Vault**
  - Completed and signed off R2 UAT for seven (7) BUs
  - Developed F&O database requirements
    - *80% of the College now using Vault as their document and records management system including for scanning and external sharing*
    - *Benefits included: ability to work on-demand anytime and anywhere, real-time collaboration, version control, enhanced searching, better retention management, and security*



## Commitments To Continuous Improvement

### Training

- ✓ *Post R2 Go-live additional training*
  - Following R2 go-live, the Training team provided an additional 32 live training sessions to R2 business units.
  - Some of these were refreshers, while others were targeted to specific processes.
  - Also, 16 of these sessions were for members of various CPSO committees which went live on Solis later in August and September, such as ICRC, Registration, Quality Assurance, Governance and Finance Committees.
    - *The post-R2 training support that the Training Team provided to R2 business units helped to stabilize their transition to Solis and Vault and increase their comfort level.*
    - *The training and extra support that was provided to CPSO Committee members prepared them for their switch-over to Solis and enabled them and Committee support staff to conduct their committee business with minimum slow-down to their proceedings.*

### Continuous Improvement (CI)

- ✓ *Mapping and documentation of Solis R2 related processes*
  - 130 Process Maps created
  - *The process was mapped to ensure understanding of the operational activities post-go-live and correct workflow programming in the software.*

### F&O Implementation Project

- ✓ *Design & Development Complete (including custom work & automation of statement of services rendered)*
  - Completed sprints 5-6
  - Data cleansing complete
  - Integrations between systems complete
  - User Acceptance Testing Complete (UAT involved representation of selected Council, Committee, QI Coach members to provide feedback on SSR usability)
    - *Build work of Financial System*
    - *Design & development of F&O complete*



## Commitments To Continuous Improvement

### Facilities

- ✓ *Installed new sparkling and flat-water system*
  - Two water service systems were installed: catering and 4th floor staff room these systems provide sparkling or flat water to College patrons
    - *Environmentally and financially: savings by using this system with branded CPSO bottles.*
    - *Positive feedback from all staff and during COVID-19, we can provide individual bottles to meeting participants, to maintain distancing*
- ✓ *Installed portable HEPA units in meeting rooms & gathering spaces*
  - HEPA units installed in meeting rooms and other spaces where multiple staff gather.
    - *Positive feedback from staff and management. Demonstrates College's commitment to a safe workplace*

### Governance

- ✓ *Development of eLearning program for onboarding new Council and Committee members*
  - Successfully developed 9 unique modules for public, Council, and non-Council committee members
    - *Streamlined onboarding process and improved competency/understanding of role*
- ✓ *Development of Council and Committee Database*
  - Transferred all current membership data previously contained in multiple word documents to a user-friendly sheet
    - *One source of truth regarding all Council and committee appointments*
- ✓ *New Briefing Note template created for Council and Committee*
  - Developed a more streamlined Briefing Note template for use at Council and committees
    - *Shortened and created conciseness/clarity in materials for meetings and helped to support CPMF*



## Commitments To Continuous Improvement

### Continuous Improvement (CI)

- ✓ *Mapping and documentation of HR related processes for UKGPro*
  - 30 Process Maps created
  - HR process was mapped to ensure that operational workflows regarding enhancements in UKGPro are corrected programmed

### Human Resources

- ✓ *UKGPro employee file management & scanning of employee paper files*
  - Worked in collaboration with Docuaviv and UKGPro to coordinate scanning of physical files. Configure employee file management (EFM), oversee the uploading of the files and linked employee case management (ECM) to EFM for automatic filing
    - *No more paper files.*
    - *Employee files are secured in UKGPro more accessible by HR*
- ✓ *UKGPro Employee Case Management*
  - Additional module consists of a large library of electronic forms.
  - Serving as something of a ticketing system for HR, staff can submit requests directly to HR electronically.
    - *All HR requests are in a central place where anyone in the HR team can review and action information. Staff can also keep track of their requests, and information only needs to be entered once before flowing to payroll.*
- ✓ *New Employee Directory through UKGPro*
  - Worked in collaboration with IT to eliminate our employee directory, FACES and solely use the employee directory that is built within UKGPro. This directory is accessible to all staff and is updated automatically when changes are made in UKGPro
    - *More reliable and up-to-date tool for staff to use*
- ✓ *Mandatory Vaccine Policy and Collection of Records*
  - Mandatory vaccine mandate was put into place requiring all staff, Council, and non-Councill committee members to be fully vaccinated. HR initiated a campaign to collect vaccination records.
  - Practices put into place for facilities and external vendors.
    - *Ensured a safe working environment in anticipation of a hybrid return to the office model of remote and offsite work*



## Commitments To Continuous Improvement

### Finance

- ✓ *Application of parental fee reduction during 2021 ARP*
  - During the 2021 ARP, AR manually administered the parental fee reduction from members taking leave until an automated process could be developed
    - *Provided customers with the ability to obtain the parental fee discount one year earlier than the automated process was developed.*
- ✓ *File management & scanning of paper files*
  - Worked in collaboration with DocuVault and UKGPro to coordinate scanning of physical Finance files.
    - *No more paper files.*

### HR & Finance

- ✓ *Revamping payroll process in UKGPro*
  - Transitioned to electronic payroll action forms through ECM. Simplified action forms.
    - *More reliable record keeping and reduced paper waste*

### Independent Health Facilities (IHF)

- ✓ *Improvement of statistical reporting methods*
  - Updated real-time statistical reporting on status of IHF assessments (soon to be re-adjusted for Solis's integration)
    - *Access to real-time data for IHF team, management team and stakeholder partners to address process bottlenecks at the case level*
- ✓ *Monthly case review meetings*
  - Monthly review of IHF files with coordinators and manager to address complex cases and encourage prompt follow up and completion
    - *Better communication re: file status and updates*

### IMBA (Information Management & Business Analytics)

- ✓ *Developed a Data Governance framework that created a single set of rules and processes for collecting, storing, and using data*
  - Plan created including how to streamline data and reporting requests, and an auditing plan to ensure data quality. Still in progress: execution of plan for thorough data documentation
    - *Ensures our data is readily available, of high quality and relevant.*



## Commitments To Continuous Improvement

### Patient Relations Committee

#### ✓ *Introduction of consent agendas to streamline application approval*

- Committee support staff began batching meeting minutes and some applications for funding for therapy and counselling into a consent agenda.
- Therapy Fund applications that fall under specific eligibility criteria are now presented to the Committee as part of a consent agenda with more concise materials.
  - *Support expedited review of materials and approval of funding applications in certain circumstances.*

### Public/Physician Help Centre (PPHC) & Training

#### ✓ *Creation of comprehensive user guides for Solis's launch*

- Ensured call centre had a comprehensive training manual to be used by new staff and to ensure all team members are entering information into Solis in a consistent way.
  - *Ensures consistency across the team and assists new staff with training.*

### Tribunal

#### ✓ *Staff restructuring*

- Tribunal Office staff positions were restructured to facilitate more effective division of administrative and professional work.
  - *Removing administrative tasks from Tribunal Counsel allows them to focus on legal work.*
  - *The streamlining of the division of labour also means that there is a clear demarcation of tasks and no question of whose positions they fall within*

#### ✓ *Updated training program for adjudicators*

- Enhanced the training for new physician and public Tribunal members and developed new training aimed at the specific needs of experienced adjudicator members.
  - *Increases the competence and skill of Tribunal adjudicators.*



## Achievements In Right-Touch Regulation

### Public/ Physician Help Centre (PPHC)

- ✓ *Focus on courtesy calls and resolution of low-level concerns*
  - PPHC initiates approximately 80 courtesy calls per month to resolve low-level concerns.
    - *These courtesy calls have lowered the number of formal complaints received by the College and have resulted in concerns being resolved quickly and positively.*

### Independent Health Facilities (IHF)

- ✓ *Realignment of Facility Review Panel (FRP)*
  - Focus of expert panel to address cases of highest risk to quality and safety; minimization of role of panel in non-complex/straightforward assessments, which previously contributed to a significant work backlog
    - *Optimization of expertise to be proportionate to risk, resulting in faster turnaround and completion of IHF assessments.*
    - *Ongoing engagement with MOH on this strategic direction for the IHF program.*

### Tribunal

- ✓ *Updated Tribunal Rules of Practice of Procedure*
  - Amended the rules to make all documents electronic-only after the pandemic; established criteria to apply to determine when hearings (post-pandemic) will be virtual or in person; simplified and clarified the process for reinstatement; allowed more matters to be decided in writing and updated the rules on protections for vulnerable witnesses (i.e., testifying from another room or behind a screen in an in-person hearing or having the physician's video off in a remote hearing).
    - *Provided more clarity for the parties about the electronic nature of our process and ensured we are ready for the choices to be made post-pandemic; made hearings less traumatic for complainants and other patients when needed.*



## Advancing Quality Care

### Out of Hospital Premises Inspection Program (OHPIP)

- ✓ *Drafted pain standard requirements*
  - Drafted standards at public consultation stage
    - *Greater clarity for the use of guided imaging equipment*

### Quality Assurance (QA)

- ✓ *Conducted over 600 peer and practice assessments during the pandemic*
  - Utilized creative strategies to ensure both assessors and subject physicians were safe during the pandemic
    - *We were able to move to virtual assessments for those physicians who had an EMR system to reduce potential exposure for our assessors and subject physicians. When this was not possible, we ensured that both the assessor and subject physician had appropriate PPE in place and practiced social distancing.*
- ✓ *Conducted roughly 83 registration and change of scope assessments on-site during the pandemic*
  - Since there is an observation component involved, we either utilized similar processes as we did in peer or delayed the on-site aspect until it was safe to do so.
    - *We completed the record review and the interviewing component virtually.*
    - *We did on-site observation where permitted and in one instance the observation component was completed utilizing AI at the hospital.*



## Accomplishments In Meaningful Engagement

### Governance

- ✓ *Developed a Council and Committee Satisfaction Survey*
  - Support an understanding of overall satisfaction, identify opportunities for succession planning and opportunities for enhancement
    - *Helps identify suitable leadership candidates, aid in succession planning, and provide insights into further education and improvement opportunities*

### Communications

- ✓ *Website - Career Opportunities page.*
  - New section called "Fun Factor" added to showcase the robust engagement events available to staff. Infographic created as well.
    - *Attract desirable candidates and showcase the value that CPSO puts on work-life balance.*

### Independent Health Facilities (IHF)

- ✓ *Engagement with Ministry of Health (MOH) to address program modernization*
  - Quarterly meetings with senior leadership (CPSO Registrar, MOH ADM -OHIP, Drugs, Devices, Directors and Managers to update on current modernization strategies
    - *Improved engagement with MOH partners to address long-standing modernization requirements of IHF program*
- ✓ *Establishment of monthly Working Group partnership between MOH and CPSO (Directors, Managers)*
  - Monthly meetings to discuss and outline potential options for modernization of IHF program
    - *Improved engagement with MOH partners to address long-standing modernization requirements of IHF program*



## Accomplishments In Meaningful Engagement

### Policy & Communications-EDI (Equity, Diversity, and Inclusion)

- ✓ *Roundtable Discussion: Professional Obligations & Human Rights policy*
  - Hosted a virtual roundtable to review CPSO's Professional Obligations and Human Rights policy.
  - A diverse range of participants was invited to take part including physicians, EDI leaders, groups that represent specific patient populations (BIPOC, LGBTQ2S, disability, obesity), mental health providers, Indigenous leaders, and others.
    - *Gathered insights on what pragmatic policy expectations or guidance can be provided for physicians to create a better environment where care is delivered in a non-discriminatory, culturally sensitive, and safe way.*
    - *This was the first time we meaningfully engaged with EDI leaders & others who represent diverse patient populations and likely would not have heard their views via our standard consultation processes.*
  
- ✓ *Public polling: End of Life policy*
  - Surveyed 807 Ontario residents to gather insights on public perceptions around the legal decision that physicians are not obligated to seek permission or consent, or to inform patients prior to their decision to write a no-CPR order where CPR would be inappropriate to provide, and to explore options for increased comfort with physicians' ability to write no-CPR orders.
    - *Directly explored the public's attitudes and expectations as it related to recent legal developments regarding the withholding of CPR to directly inform the policy review process*
  
- ✓ *Public polling: Effective Referral Expectations & EDI*
  - Surveyed 810 Ontario residents to 1) gather insights on public perceptions around the effective referral requirement and what actions physicians should take to connect patients, and 2) to start exploring public perceptions around physician obligations related to EDI
    - *Directly explored the public's attitudes and expectations related to physicians who choose not to provide services for conscience/religious reasons.*
    - *This helped us measure public support for our expectations (and we could track over years as we polled on this several times in the past) and informed our policy position. We also directly explored the public's attitudes and expectations related to new issues regarding EDI and it informed our policy position. This also helps support our CPMF requirement to understand and respond to the changing attitudes of the public.*



## Accomplishments In Meaningful Engagement

### Tribunal and Communications

#### ✓ *Equity, Diversity, and Inclusion Initiatives*

- The Tribunal has significantly increased racialized representation among Tribunal members, asked parties and witnesses to provide pronouns and name pronunciations before every hearing, placed a land acknowledgement on the website, and incorporated equity into all training for adjudicators.
- We ensured that our templates and website are bilingual and that persons needing to communicate with us in French can do so.
- The Tribunal held its first entirely French pre-hearing conferences and hearing on a motion.
- During adjudicator recruitment, we reached out to organizations of equity-seeking groups to encourage candidates from those groups.
  - *While there is more to be done, the Tribunal better reflects Ontario's population, increasing the public and profession's confidence in our process and decisions.*
  - *Respect for hearing participants is improved by ensuring that they are not misgendered and their names are correctly pronounced.*
  - *While the Tribunal currently cannot hold a merit hearing in French due to the fact there are not sufficient French-speaking public members appointed by the government, all our other services are readily available and provided in French.*



## Successes In System Collaboration

### Communications-EDI

- ✓ *Cross-divisional EDI work across the organization during 2021.*
- ✓ *Full details can be found in EDI Report on CPSO website.*
  - 1. Strengthened relationships with various stakeholders including RCPSC, HPRO, FMRAC (anti-racism working group), OMA, and Nishnawbe Aski Nation. EDI Lead gave several internal and external (invited) presentations on EDI in healthcare/regulation
  - 2. Developed a process for complaints of discrimination including ensuring appropriate language used in dispositions (naming the discrimination), communicating to SPs in complaint notifications about importance of EDI, creating EDI resource library for investigators so appropriate resources can be sent to SPs and to ICRC, collaborative education sessions with legal for ICRC on EDI, EDI Lead available to ICRC for EDI cases
  - 3. Eight 2-hour education sessions on EDI topics for Council and committees with external expert speakers
  - 4. Internal EDI Corner for staff on various EDI topics
  - 5. Incorporated EDI education into new committee member orientation module
    - *Renewed vigor for collaborating on EDI work with stakeholders. CPSO EDI Lead being invited to give numerous external presentations (such as keynote at NOSM 2022), establishing CPSO as leader in the field.*
    - *Incorporating past HPARB feedback into complaints process (e.g., ensuring committee taking an appropriate anti-discrimination lens when relevant) thus reducing risk of HPARB return, developing high quality educational materials in EDI (feedback from committees and SPs that this has been very helpful)*
    - *High satisfaction rates on education sessions (e.g., 96% satisfied or highly satisfied); translation of ideas into policy and procedure (e.g., into Complementary and Alternative Medicine Policy), feedback that more EDI sessions would be welcome and needed.*
    - *Signals to patients of Ontario that we are aware and committed to being a more equitable regulator*



## Commitments To Continuous Improvement

### Solis Project

- ✓ *Elaboration of business units for release 3 go-live and data migration*
  - Elaborated requirements for Tribunal Office, OHP, IHF
- ✓ *Requirements gathered and system developed to map business processes with Solis*
  - Elaboration sessions, data migration discussions, development and testing of system functionalities
  - System Demonstrations were completed
  - Development completed and system functionalities tested in 5 sprints
  - Work on change requests and enhancements began
    - *User requirements were known and user understanding of the project methodology as well as Solis improved*
    - *100 test scripts created for Solis R2-R3*
    - *20 UAT session managed for UAT*
    - *5 Process Maps created*
    - *Support in managing ADOs in Dev Ops*
    - *Data Migration for OCP (support)*

### Vault Project

- ✓ *Kicked-off elaborations for release 3*
  - Started elaboration sessions for business unit not in release 3 Solis

### Training

- ✓ *Start of delivery of R3 Solis Vault training*
  - From Oct 1 to Dec 31/21, the training team prepared content and delivered 40 live training sessions across seven R3 business units.
    - *By end of Q4 2021, about two-thirds of the total R3 training had been successfully delivered to R2 business units. This set the stage for the remainder of their pre-go live training in Jan/22 and readied them for UAT and R3 go-live on Jan 24.*

### Continuous Improvement (CI)

- ✓ *Mapping and documentation of Solis/Vault R3-related processes*
  - 135 Process Maps created for Solis R3
  - Mapping and documentation of 10 Vault related processes
    - *The process was mapped to ensure understanding of the operational activities post-go-live and correct workflow programming in the software.*



## Commitments To Continuous Improvement

### F&O Implementation Project

- ✓ *F&O system went live with Finance*
  - F&O Go-Live was Oct 4th, 2021
  - Post go-live support and Hypercare continued until Oct 28th, 2021
  - Work on change requests and enhancements began
    - *3,216 ADO items were addressed over the course of the project*
    - *256 decisions were made*
    - *322 user stories delivered*
    - *The live use of the new financial system after 23 years of using the previous legacy system*
    - *Wins resulting from go-live: Ability to pay by EFTs, Digital SSR submissions, In-system workflow approvals, Reduction in paper-based processes/documents; Secure cloud-based platform*
    - *Three months post go-live has resulted in 3,501 submissions to F&O (all of this would have been paper-based prior to the launch of F&O)*
    - *The implementation of F&O to move from a paper-based process to an electronic submission and record keeping process for AP, AR and Purchasing. This also allowed the College to move to EFT payments.*
    - *Provides a customers and stakeholders with a more efficient and lean process for the submission of financial requests.*

### Continuous Improvement (CI)

- ✓ *Mapping and documentation of financial (F&O) related processes*
  - 70 Process Maps created
    - *Process Maps used in the interim Annual Finance Audit as core documents.*
    - *Process was mapped to ensure understanding of the operational activities post-go live.*
    - *Process Maps have also been used in training materials*
- ✓ *Kick off CPSO Gemba sessions*
  - 4 Business Units with Gemba sessions (I&R, Finance, Membership, Governance)
    - *During the Gemba sessions, it was identified gaps in the current process and issues were addressed (risk prevention)*



## Commitments To Continuous Improvement

### Continuous Improvement (CI)

- ✓ *Tracking of CPSO improvements for 2021 (with hosting Kaizen sessions to identify improvement opportunities)*
  - 4 Business Units with Gemba sessions (I&R, Finance, Membership, Governance)
  - 404 Improvements identified in 2021 (target of 397) and 397 implemented
    - *Besides a real improvement in the day-to-day activity of the BU, it helps in consolidate the Lean Six Sigma culture in CPSO*

### Facilities

- ✓ *Completed security camera & alarm point upgrades along with upgraded security laptops with new remote access software*
  - Installed additional hardware which integrated to security system to better detect vandalism. Added additional cameras to building perimeter providing full exterior coverage
    - *Provided better imaging at the entrance door and sensors to detect glass breakage, signals to alarm monitoring station. Entire security system accessible remotely anytime*
- ✓ *Security communications improvements*
  - Upgraded internet speed for security system.
  - Upgraded from basic telephone line monitoring to IP line monitoring
    - *Upgraded speed allows for real-time viewing of CCTV footage offsite via laptops (allows for accurate reporting in critical times).*
    - *IP line monitoring provides nearly instant transmission of alarms to the monitoring station.*
- ✓ *Established multiple connections with Toronto Police*
  - Established multiple connections with police regarding building vandalism.
    - *Police provided positive feedback on security equipment and basic processes after upgrades in 2021.*
    - *Police also volunteered to conduct a lunch and learn safety seminar for staff*



## Commitments To Continuous Improvement

- ✓ *Installed hardware for meeting rooms and wayfinding*
  - iPad tablets installed outside all meeting rooms, providing details of bookings for each space from EMS booking software.
  - A large monitor screen was installed in the main hallway
    - *Provides details of meetings and organizers outside each meeting door.*
    - *Better awareness of availability of rooms for administrators*
- ✓ *Retrofit of basement storage*
  - Retrofitted basement level storage room to reclaim 3 parking stalls
    - *Additional parking on site for increased requests for parking*
- ✓ *Painted building*
  - Painted all occupied floors, refreshing the building throughout.
    - *Refresh building, welcome environment to return to office, colour theme matched to College's brand*

### Inquiries, Complaints and Reports Committee (ICRC)

- ✓ *Training and education for all ICRC members*
  - Occurs in Q1 and Q4
  - Education specific to EDI, Refresher on ICRC Sexual Misconduct Complaints, Legal Training on Roles Panelists, MAs, Assessors, Writing Tips for Members Notes, Best Practices for Presenting cases at panel meetings, Debriefs following panel sessions.
    - *Training and Education allows for ICRC members to carry out their core functions required and to plan to equip members with knowledge and skills required for succession planning and leadership roles.*

### Governance

- ✓ *Developed Succession Planning Framework*
  - Term limits came into effect across CPSO Committees beginning in December 2020
    - *Advance understanding of future succession planning needs within and beyond current year or cycle.*



## Commitments To Continuous Improvement

### Communications

- ✓ *Launched French website*
  - Provides French versions of most of the resources under the “Public” section of the site, including complaints information and the Continuity of Care Guide, as well as all the College’s policies.
    - *Greater accessibility for French-language users*

### Compliance

- ✓ *Started preparations for pilot project of low-level clinical supervision*
  - Working with various College staff determining process for standardizing low-level supervision including retaining our own supervisors. Supervisors receive set remuneration for low-level supervision in line with other jurisdictions
    - *Goal is to potentially remove any conflict of interest/bias with respect to clinical supervision and determine whether supervision reports and reassessment reports become more consistent.*

### IMBA & (DRM) Documents & Records Management

- ✓ *Transitioned College reporting to PowerBI*
  - *Automated updating of department metrics*
- ✓ *Developed a digitization strategy to ensure the College has timely access to high-quality electronic records*
  - Adherence to Digitization Standards including:
  - 100% of documents undergo initial quality assessment (QA) by operator; secondary QA performed on 10% of all documents scanned; return rate of 1% or less
  - Developed service level agreement to ensure requested records are digitized within 2 business days
    - *As of 2021-Q4-Secondary QA at 26% and Return rates at 0.5%*
    - *Improved the overall quality of all documents being digitized*
    - *Ensures the reliability, authenticity, and usability of the scanned image as the authoritative record*
    - *Ensures consistency with document scanning, indexing, and routing*

### Quality Improvement & Quality Assurance

- ✓ *San'Yas Training (EDI)*
  - 16 staff of the QA/QI team completed the San'Yas Training
    - *Goal is for all quality management team members to complete training. The impact is to raise awareness of Indigenous matters and ensuring we always have a lens on equity and diversity; and fair, transparent, and unbiased assessments.*



## Commitments To Continuous Improvement

### Quality Improvement

#### ✓ *Inter-rater reliability exercise with QI Coaches*

- Blinded exercise with all coaches - they reviewed the same 10 PIPs and then we evaluated the results and shared with coaches.
  - *The outcome of this exercise demonstrated consistent and reliable results amongst all coaches. We did identify areas to improve and agreed upon a consistent approach to coaching decisions.*

### Quality Assurance

#### ✓ *Disbanded existing Assessor Pool and move to small group of dedicated Assessors*

- Moved from our existing pool of 450 peer assessors to 22 assessors.
  - *Having the smaller pool of assessors completing approximately 20-30 assessments each year will promote proficiency and consistency. In addition, whereas we used to have bi-annual assessor conferences due to the large volume, we are moving to monthly virtual meetings to provide ongoing guidance.*

#### ✓ *Development of two generic assessor tools: one for procedure-based specialties and another for office-based specialties*

- Developed two generic assessment tools (office-based/procedural based) using the Peer Redesign framework which was approved by QAC.
  - *The peer redesign tools that were specialty specific and others in an old protocol format that made it challenging at times for QAC to render decisions.*
  - *As specialty-specific tool design is time-consuming, the remaining specialties that do not have a specialty specific tool will be utilizing the new generic tools to complete peer assessments.*

#### ✓ *Completely revamped Peer Assessor Training*

- Reviewed existing training material and revised for the new assessor pool. Virtual Training to take place on Jan 31<sup>st</sup> for 22 new assessors.
  - *Working in conjunction with the Education Lead, we reviewed and completely revamped our existing training tools for assessors.*



## Commitments To Continuous Improvement

### Quality Assurance

- ✓ *Inter-rater reliability exercise with QAC members on Assessment Reports*
  - As MSI panels are a continual mix of members of the QAC, members were 3 different Opportunity to Address decision outcomes (OTAc/OTAmA/OTAi) and divided the QAC into three groups to review whether they could reach the same decision.
    - *This exercise is the first time we have ever done inter-rater reliability. Committee members were very happy and want to continue doing this exercise a few times per year.*
    - *The plan is to incorporate this exercise into each business meeting.*

### Tribunal

- ✓ *Engaged a new court reporting company*
  - After research and costs comparisons, the Tribunal transitioned to a new court reporter service and electronic hearing support in October 2021.
    - *Reduced costs for supporting hearings.*



## Achievements In Right-Touch Regulation

### Out of Hospital Premises Inspection Program (OHPIP)

- ✓ *Alignment of PIC with other Committees*
  - Training and Orientation Sessions
    - *In progress work*
- ✓ *PIC Training and Education*
  - Legal reviewing roles and responsibilities; Review OHP Standards and Medicine Act; PIC's authority
    - *Better clarity for decision making on inspection report reviews*



## Commitments To Continuous Improvement

### Facilities & Information Technology (IT)

- ✓ *Hoteling EMS Software Acquired*
  - Hoteling software acquired; planning for a pilot project with IT and CI/PMO in the first quarter to provide feedback before deploying further.
  - Book and secure a meeting room with visual representation of the room or area
    - *Will support College's goal of flexibility by offering hoteling in various workspaces; untethers staff and supports hybrid plan of remote and on-site work*
    - *Central workspace to view and monitor workspace*

### Information Technology (IT)

- ✓ *Moved fax services to a cloud-based solution*
  - Tested and SOW signed to roll in Q1 of 2022
    - *Cloud-based fax solution for ease of access and integration options*

### PMO-F&O Project, IMBA, Finance

- ✓ *PowerBI Financial Statement of Operations is live*
  - Statement of Operations has been upgraded to using PowerBI platform.
    - *Statement of Operations is on a Microsoft-based platform that facilitates the visualization of information & dashboard*



## Commitments To Continuous Improvement

### Solis Project

- ✓ *Release 3 went live on January 24<sup>th</sup>, 2022*
  - Release 3 included Facilities (OHP, IHF), IEP, OCP integration, Membership Discounts, Legal, Tribunals, and QIP
  - User Acceptance Testing by all teams and sign-off received
  - 10 business areas were moved and integrated with Solis
  - Records were migrated from legacy systems to Solis
  - Over 250 user stories delivered in 4 months
  - Project team completed 1,695 work items
    - *All business teams are now using Solis collaboratively.*
    - *Major wins: all business processes are now digital; no more paperwork, information is available to teams at any time and within few clicks; one stop-shop system for all information and business use*
    - *Final release of Solis, introducing remaining functions and enhancements including membership discounts for annual renewal fees, end-to-end facilities processes, legal case management, etc. CPSO now end-to-end digital regulator.*

### Vault Project

- ✓ *Supported Solis R3 go-live with migrations for Tribunal, OHP, IHF*
- ✓ *Continuing with the remaining Vault R3 business units*
  - Developed Vault for Tribunal Office, OHP, IHF and migrated their W: Drive contents
  - Project team completed 612 work items
    - *90% of the College now using Vault as their document and records management system, including for scanning and external sharing*
    - *Benefits include ability to work on-demand anytime and anywhere, real-time collaboration, version control, enhanced searching, better retention management, and security*

### Training

- ✓ *Completion of R2 Solis Vault training prior to R2 Go-Live*
  - During January, up until Q3 go-live on January 24<sup>th</sup>, the Training team delivered 14 further training session for R3 business units.
  - The training team also prepared nearly 100 Quick Reference Guides to assist R3 staff in carrying out their work in Solis and Vault.
    - *The training provided to R2 business units was a critical component in the successful go-live of Release 2 of the Solis Vault project.*



## Policy & Communications

- ✓ *On-going development of physician and patient COVID-19 FAQs*
  - Provided up-to-date guidance and resources to the public and the profession during a challenging and uncertain period, while supporting Public Health initiatives aimed to maintain the overall capacity of the health-care system.
  - Developed and updated frequently asked questions and answers for physicians and patients on topics related to providing/accessing care during the pandemic, including physician and patient safety, prevention and treatment, prescriptions, etc.
  - Offering advice on various complex issues to members of the public (i.e., masking, exemptions, where to get vaccinations, in-person, and virtual care, etc.)
    - *FAQ was updated more than 90 times that reliably provided stakeholders with up-to-date information*
    - *From Mar. 17, 2020, to Jan. 31, 2022, the Physician FAQs received 181,714 page views*
    - *From Mar. 17, 2020, to Jan. 31, 2022, the Patient FAQs received 13,389 page views*
    - *Demonstrating transparency, reliability, consistency, and timely communication with Ontario's doctors.*



## Communications

- ✓ *On-going stakeholder engagement during COVID-19*
  - Collaborated with several key stakeholders throughout the pandemic to ensure alignment on messaging and approaches for the public and physicians
    - *The public and the physicians in Ontario received consistent and timely guidance from multiple stakeholders (i.e., OMA, OCFP, OHA, CMPA, CMOH and other government) because of positive stakeholder engagement*



## Communications-EDI

- ✓ *EDI materials for Governance/Council*
  - Created promotion materials and planning for CPSO Council Elections, creating recruitment pieces in *Dialogue*, social media, and the website.
    - *Campaigns created to encourage applicants from various backgrounds, possessing a wide range of expertise, skills, and experience. Promoted diversity and inclusion of new and historically unheard voices at the table.*





### Communications

- ✓ **Messages to the profession during pandemic**
  - Engaged the profession in several ways during the pandemic to offer guidance on several complex subjects: Virtual vs in-person care; exemption notes; vaccinations, misinformation.
    - *Positioned the CPSO as leaders among regulators by taking a position and communicating those expectations to the membership - Average open rate of 52% (industry standard 15%-25%)*



### Communications

- ✓ **Physician and Public Engagement**
  - Highlighted and marketed special days of recognition through messages to the profession and on social media (i.e., Doctor's Day, Compliment a Physician, Black History Month, etc.)
    - *Allowed us to have a voice on certain important topics and engage with the public and the profession.*



### Communications

- ✓ **Staff engagement during the pandemic**
  - Regular ongoing messages to staff from Nancy during the pandemic.
    - *Kept staff engaged during the pandemic as we moved to a new virtual environment. Addressed several important topics throughout the two-year period.*



### Communications

- ✓ **Outreach Activities**
  - CPSO conducted over 80 presentations to various groups - most of which were virtual
    - *We were able to continue to engage with various audiences and continue to educate and inform despite being in a pandemic and being virtual. We did a variety of presentations on a range of topics from how to avoid a complaint, CPSO Update, to ADR and complaints process.*



### Communications

- ✓ **Annual Report refresh**
  - Refreshment of design and content for the Annual Report in 2020 and 2021
    - *Part of our commitment in continuous improvement to enhance communicating information to our stakeholders*



## Communications

### ✓ *Media Relations Program*

- The Communications team has continued its program to overhaul and modernize its media relations program.
  - *The foundation of that approach is the establishment of close relationships with media, aggressive issues management and a focus on preventing high-profile critiques of the College.*



## Communications

### ✓ *Ongoing communication initiatives to support annual renewal and enterprise projects*

- Reviewed and edited key messaging for the new Enterprise System and Annual Renewal processes for members. Sent messages to end-users on new changes and on-boarding, as well as Annual Renewal process
  - *Helped inform members about the new changes to their online experience and interactions with CPSO, by reviewing, editing, and disseminating information on how to create their new Member Portal account, updating their profiles, and completing their Annual Renewal survey and payment online (a new concept for many members who completed their payments via cheque and mail in the past). Set up troubleshooting FAQs and technical support webpage.*



## Complaints/Communications

### ✓ *Creation of new EDI investigation guide for investigators*

- Responding to HPARB feedback, societal focus, EDI focus, etc.
  - *Staff and ICRC responding to context of care, not just clinical concerns raised.*



## Complaints

### ✓ *Added an index of guides and ongoing updating*

- *Ongoing training, focus on principles of investigation and considerations instead of 'rules'*



## Complaints

### ✓ *Centralized management of Physician Health Program (PHP) reports*

- *Focused and consistent review of PHP reports to assess for next steps, if any.*



### Complaints

- ✓ *Cleanup on backlogs using Lean techniques (2020 onwards)*
  - Enhanced use of Kanban/Power BI/Dashboards for workload tracking
    - *Streamlining efforts, adding efficiencies, enhanced use of resources (time, people, investigative options/steps)*



### Complaints

- ✓ *Revised and updated all templated letters prior to Solis's launch during 2020-2021*
  - *Also encouraged use of portal and email over snail mail (where possible)*



### Complaints

- ✓ *Updating process for privacy and confidentiality in investigations*
  - Updating our privacy, confidentiality, and redacting practices
    - *Protecting privacy of physicians, patients, and other sources - contact information and PHI*



### Complaints

- ✓ *Facilitating diagnostic images for ICRC to view*
  - Pilot project with ICRC and IR staff to address the issues of DI and Assessor/ICRC access to them.
    - *Reduced ICRC challenge in reviewing images, reduced deferrals for images*
    - *Consistent imaging for Assessors and ICRC.*



### Complaints

- ✓ *Restructuring of I&R triage teams along with restructuring of sign off process for early disposition files*



### Continuous Improvement (CI)

- ✓ *Change Management for Solis-F&O-Vault*
  - Management of a consultant (CSPN) for Solis/Vault and creation of major documentation for the projects' change management - i.e., Scope of changes, readiness table, report, etc.
    - *Assist colleagues bridge the gap between strategy and execution, acting as change consultants to help transform and improve projects, and ensuring that improvements are sustainable and scalable*
    - *Provide coaching and support to leadership and staff*



## Continuous Improvement (CI)

### ✓ *Development of a Lean Six Sigma culture (on-going)*

- Show business how to absorb Lean principles throughout various CI initiatives (presentations, trainings, communications emails, etc.).
  - *Set the standards for process improvement and change management across the College, and we educate staff on the principles of Lean, Six Sigma, and Agile methodologies.*



## Governance

### ✓ *Conducted 3 separate Council Elections*

- Successfully ran 2 Council Elections and 1 By-Election to fill 12 vacancies. 6 positions in June 2020, 5 positions in June 2021, and 1 position for the By-Election in early 2022 (to replace a retired Council member)
  - *Council members fulfill the mandate to serve the public trust in Ontario health care and support physicians.*



## Governance & Communications

### ✓ *Committee/Governance education*

- Supported Governance Education team to create and package testimonials of Council and Committee members as part of Orientation modules.
- Created branding and visuals and audio testimonial clips of Council members, Committee members, Peer Assessors, and other CPSO groups.
  - *Audio and visual elements help with the onboarding of new Council and Committee members and peer assessors, allowing newly appointed individuals to get a more in-depth understanding of the different departments, processes, and functions of the College, and feel comfortable starting their new roles at CPSO.*



## Government Relations

### ✓ *Outreach activities-MPP meetings*

- Met with MPPs from all four major political parties and shared information about CPSO's role, mandate, and issues of current focus.
  - *Contributed to ongoing relationship building between CPSO and all MPPs/political parties, positioning CPSO as a trusted partner and resource as issues or questions arise. Reinforces the College's vital mandate and the importance of our role.*



## Government Relations

### ✓ *Public Member Advocacy: Appointments and Reappointments*

- Through regular and routine communications and meetings with the Minister of Health's office and Ministry staff, engage in heightened and coordinated advocacy to support public member appointments/reappointments.
  - *Through improved communications and clarified processes, CPSO has seen consistent reappointment and appointment of public members to Council.*



## Government Relations

### ✓ *Public Member Advocacy: Remuneration and processes*

- Initiated process improvements to better support and expedite public member's expense and service claims through regular communications with the Health Board Secretariat, in seeking pre-approvals, and facilitating problem-solving with delays to service and expense reimbursements.
  - *Clear processes help streamline internal work and ensure public members of Council are supported by CPSO.*



## Human Resources

### ✓ *Top 100 GTA*

- Extensive application completed on an annual basis.
- Involves collecting detailed College data, information, and photos to include with submission.
  - *Awarded Top 50 GTA Employer for 10+ years consecutively.*
  - *Being a top employer provides increased exposure to potential new talent, enhances CPSO brand, helps to retain talent and boosts employee morale.*



## Human Resources

### ✓ *Staff Engagement Survey*

- Worked with WorkTango to develop and launch a staff engagement survey. Conducted survey twice per year. Provided managers with educational sessions to help them understand how to interpret the results of the survey and develop action plans.
  - *Employee engagement survey results help to create a positive workplace culture, increase employee productivity, and create a happier and satisfied workplace. It demonstrates that employee opinion matters. Helps leaders to identify areas for improvement and develop action plans.*



### Information Technology (IT)

#### ✓ *Nutanix Host reduction*

- Reducing the numbers of server hosted by almost 50%
  - *Reduced running cost of on prem systems*



### Information Technology (IT)

#### ✓ *Solis operational tickets from 2021-2022*

- 876 completed work items
  - *Enhancements and fixes to CPSO Enterprise system and Member Portal.*

### IMBA (Information Management & Business Analytics)

#### ✓ *Creation of the Information Governance (IG) Program*

- Began in 2020-Q1 however is ongoing and includes:
- Creation of new and update of policies, standards, manuals, and other documentation
- Digitization strategy rollout to include the Digitization Standard, Centralized Scanning Manual, and scanning QA system
- Auditing program to maintain data quality in Solis and Vault
- Creation and maintenance of new Active Directory (AD) Groups, which is less than half of CPSO's legacy AD groups
- New IG page on Nexus
- Adobe Sign rollout
- External communication guidelines (OneDrive, Encrypted Email, Vault Ext. Sharing)
  - *Establishes the guidelines and processes required to provide College staff with data and information that they can trust and easily access to make business decisions*
  - *The longevity of Solis and Vault depends on Information Governance to establish the authorities, supports, processes, capabilities, structures, and infrastructure to enable information to be a useful asset. Upon satisfying the requirements with the Canadian Standard, CPSO's electronic records will become the authoritative records.*



## Registration and Membership Services

### ✓ *Standard (CPSO Staff), specific (parental), and circumstantial waivers*

- In 2021-Q2, eligible members had the option of submitting a parental-leave request via email. In 2022-Q2, eligible members will have the option of utilizing a new Service Request feature to request a parental-leave or circumstantial fee reduction before completing their annual renewal. Parental-leave reductions are applied automatically upon request.
  - *Convenient and timely self-service option for eligible physicians requesting a fee reduction.*



## QI Program

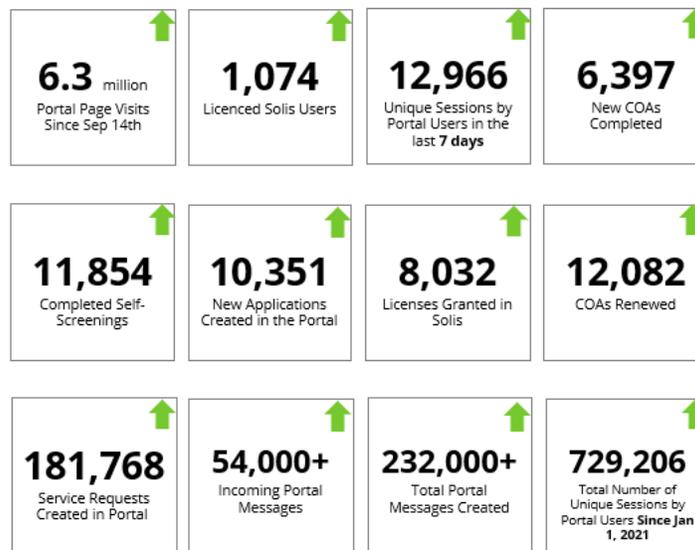
### ✓ *Medical Advisor Outreach activities*

- Outreach to MDPAC, HQO, North York FHT, Pediatric Association of Ontario, Choosing Wisely Canada, Ontario Psychiatric Association, POPLAR/SPIDER for DDQI, OMA, OCFP, Ontario Association of Pathologists, Ontario Association of Radiologists
- Active management/participant in engagement of hospitals/chiefs of staffs

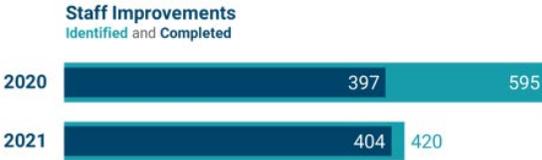
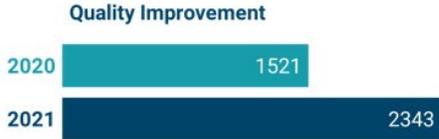
R2 Operational Metrics



SOLIS / PORTAL ADOPTION



Key Performance Indicators:  
**2020 vs 2021**



## APPENDIX B: Interesting Stats – IT

4 Year Total Photocopies Volume	
<b>2021</b>	451 567
<b>2020</b>	614 244
<b>2019*</b>	1 579 835
<b>2018</b>	3 245 114

Desktop/laptop usage	
<b>Before Solis/Vault</b>	Most staff were using a desktop in the office; some staff also had a laptop
<b>After Solis/Vault</b>	Almost all staff (99%) have a laptop and the majority are working from home

**Number of staff phone lines ported over to Microsoft Teams: 455**

**NOTE: phone lines & phones no longer needed since Teams is used for this purpose**

### Ransomware

Attacks blocked weekly; also, daily incidents are also blocked

Nutanix Hosts Number of Devices Connected to ON- Prem Servers	
<b>Before Solis/Vault</b>	800 machines
<b>After Solis/Vault</b>	400 machines

SolarWinds Licenses at November Renewal	
<b>2019</b>	20
<b>2020</b>	58
<b>2021</b>	90

	Helpdesk tickets opened	Helpdesk tickets closed
<b>2019*</b> <small>subscribed to new ticket system in November 2019</small>	14	2
<b>2020</b>	6582	805
<b>2021</b>	15,328	19,706

Member Portal Payments			
	Received by cheque/cash	Received via credit or debit card	Received via Electronic Funds Transfer
<b>2020</b>	3198	65780	114
<b>2021</b>	182	77718	0

## APPENDIX C: Legal Operational Work

### Completed matters involving appeals, applications, in 2020/2021 include the following:

- 5 Appeals completed
- 2 appeals abandoned part way through the process
- 2 leaves to appeal dismissed
- 28 court applications (mostly judicial review applications) completed
- 21 HPARB registration appeals that were resolved at some point in the process
- 3 HPARB registration appeals argued to completion
- 2 Court injunctions against unregistered practitioners

### Outstanding civil matters

- 15 applications for judicial review
- 4 motions for leave to appeal to higher court
- 5 appeals
- 2 injunctions against unregistered practitioners
- 4 HPARB registration appeals

### On the non-litigation side:

In addition to regular program (QA/QI, IHF, OHP, I&R, Exec, Council, Governance) and member-specific case support and advice:

- Supporting and advising Governance department (with significant staffing transitions) and Governance Committee with governance modernization initiatives, including:
  - By-law amendments for, and implementation of, term limits, new eligibility criteria, disqualification and rescission, changes for OPSDT
  - committee terms of reference
  - Redrafted / updated Declaration of Emergency by-law
  - In-depth review of content for governance orientation program
  - Submissions to government proposing legislative change for governance modernization
  - Updating district election processes
- Official mark (trademark) protection for CPSO logos and design (protection for OPSDT logos and design in progress)
- Created and implemented Contract Review Process across CPSO departments to inform them of process and facilitate it and create efficiencies. (Presented process to Finance Audit Committee).
- Involvement with review and negotiation of all IT and PMO contracts with Deloitte and other vendors relating to the Solis / Vault/F&O builds.
  - Also advised on procurement (RFP) processes with Deloitte.
  - This is in addition to many other contract reviews for other areas of CPSO
- Prepared submission to government on private sector privacy law consultation (2021)
- Legal support on Protecting PHI Policy working group

### On the non-litigation side (con't):

- Updated internal technology and privacy documents and protocols; created Protocol for Access to CPSO Information for Monitoring and Review
- Advised on transition of Data Sharing program
  - From spring – end of 2021, over 35 data sharing agreements / cases
- Assisting and reviewing communications, providing interviews as needed

### Other activities:

Participating with meetings and activities related to the implementation of the OPSDT (counsel working group, submissions on rule amendments, process changes required, etc.)

In addition to discipline cases, exceptionally busy time in appeals, applications, etc.

The communications and litigation around COVID-19 have been tremendously resource-intensive

## APPENDIX D: Policy Operational Work

### Approval of Revisions to Blood Borne Viruses Policy

Concerns were raised about the application of the Blood Borne Viruses policy to emergency medicine physicians and specifically, the requirement to undergo routine testing. Revisions were made to the policy to clarify the application of the policy to this group of physicians.

- *These revisions were made ahead of the usual policy review cycle and addressed concerns raised by emergency medicine physicians in a timely manner demonstrating CPSO's commitment to being a nimble regulator.*

### Approval of revised Medical Records Management and Medical Records Documentation policies

The previous Medical Records policy was re-organized and divided into two, newly titled policies that cover distinct topics related to medical records. The new policies reflect right-touch regulation in action, as they are principle-based and broadly applicable to all specialties.

- *The review resulted in clarifying medical records requirements through the update and creation of two distinct medical records policies, which are foundational to the work of other CPSO departments and external stakeholders (e.g., U of T Medical Record-Keeping course, and Peer Assessments).*
- *The update resulted in new expectations to address areas of concern/gaps identified during the consultation process*

### Approval of Protection Personal Health Information Policy

The policy had not been updated since 2005. It was reviewed to consider significant evolutions in technology, its adoption by physicians in clinical practice, and patient expectations regarding its use by physicians.

- *This policy update adopted progressive expectations to support reasonable e-communication practices and clarified legal requirements for physicians regarding privacy and confidentiality obligations.*

### *Telemedicine Policy Review Kick-Off*

Officially kicked off at September Council with an interactive presentation and discussion amongst Council members to get a sense of Council's experiences with virtual care, views on the advantages and risks that need to be managed and issues the profession might be looking for guidance on.

- *Piloted a new approach to Council engagement, by enlisting input earlier in the policy review process. Council feedback helped identify key issues for consideration that informed the strategic direction of the policy review. This new approach represents responsiveness to Council feedback requesting more policy input earlier in the process.*

### *Development of a Competency Framework for the PRWG*

A competency framework was developed for the Policy Review Working Group to inform recruitment, measure performance, and provide guidance to working group members regarding their responsibilities.

- *Supports a more equitable and transparent process that is more aligned with good governance practices.*

### *PRC reviewed and approved 31 applications in 2020 and 18 applications in 2021 for funding for therapy and counselling*

- *By administering the funding for therapy and counselling program, the PRC not only assists patients in getting the help they need but in doing so makes an important statement about the College's commitment to providing appropriate support for these patients.*
- *Through this fund, the College recognizes the harm caused when physicians sexually abuse their patients.*

### *Approval of new Advertising policy*

The Advertising policy is an entirely new CPSO policy, clarifying expectations that are set out in an outdated Regulation that are difficult to understand and apply in practice. It includes new expectations, particularly in regard to the use of Before and After photos and videos in advertising.

### *Rescission of the Mifegymiso, Naloxone and Physician Administration of Edaravone statements*

Three drug-related statements were rescinded after a determination was made that they were no longer needed because the factors motivating CPSO to develop the statements in the first place did not exist anymore

- *We removed three statements that were not being used, referenced, or relied upon, resulting in fewer statements on CPSO's website overall. This is an example of the application of right-touch regulation as the three statements were no longer needed to guide the membership.*

### *Policy Review Kick-Off: Planning for and Providing Quality End-of-Life Care, Medical Assistance in Dying, and Professional Obligations and Human Rights policies*

Facilitated an education/discussion session at the December 2020 Council meeting with facilitated break-out rooms in a virtual environment where pertinent issues related to the 3 policies were discussed.

- *Building upon an earlier kick-off, this activity provided background education on the complex and/or controversial issues related to the policy reviews that were starting and obtained Council's feedback on the key issues/questions to consider for the reviews.*
- *Given the nature of the policy reviews, we engaged with Council earlier in the policy review process than we typically do, and their feedback helped shape the direction of the reviews.*

### *Continuity of Care Guide for Patients and Caregivers developed and posted on our website*

CPSO and the Citizen Advisory Group co-designed the Continuity of Care Guide for Patients and Caregivers to help patients and caregivers understand doctors' responsibilities with respect to continuity of care (as set out in the CPSO's policies) and to outline the steps they can take to complement doctors' efforts. The Guide also includes important information about the health-care system and has fillable and printable tools that can be used by patients and caregivers.

### *Policy Review Kick-Off: Planning for and Providing Quality End-of-Life Care, Medical Assistance in Dying, and Professional Obligations and Human Rights policies*

Facilitated an education/discussion session at the December 2020 Council meeting with facilitated break-out rooms in a virtual environment where pertinent issues related to the 3 policies were discussed.

### *Rescinding of Methadone Maintenance Treatment for Opioid Dependence policy and Methadone Maintenance Treatment Program Standards and Guidelines*

The CPSO policy and standards and guidelines were rescinded. The Prescribing Drugs Advice to the Profession was amended to address the use of methadone maintenance therapy for opioid use disorder. Other national OUD guidelines were developed at the time by CAMH to replace CPSO's program standards.

- *Removed real and/or perceived barriers for physicians wanting to include MMT in their practice, which compromised access to and delivery of quality care to patients. Supported consistency and standardization of approaches to OUD treatment across provinces.*

### *Approval of Professional Responsibilities in Medical Education policy*

Combined 2 policies (Professional Responsibilities in Undergraduate Medical Education and Professional Responsibilities in Postgraduate Medical Education) into one.

- *Combining policies streamlined our expectations on professional responsibilities in medical education and resulted in a 27% reduction in word count when compared to the two existing policies. The combined policy also has new expectations for physicians to address violence, harassment, and discrimination in the medical education environment.*

### *Female Genital Cutting/Mutilation policy rescinded, replaced with a statement*

The Female Genital Cutting/Mutilation policy was rescinded and replaced with a statement that denounces the practice of FGC/M, outlines physicians' reporting obligations with respect to FGC/M and directs physicians to helpful resources.

- *A policy was removed that was not being used, referenced, or relied upon by the profession, and a regulatory tool was adopted that was a better fit for purpose. This was an example of the application of right-touch regulation in having the right regulatory tool for the right problem. A policy was no longer needed to guide professional behavior, and a statement was appropriate to achieve Council's aim of denouncing the practice of FGC/M.*

### *Approval of Third-Party Medical Reports policy*

Combined 2 policies (Third Party Reports & Medical Expert) into one.

- *This streamlined our expectations on third party processes and resulted in a 30% reduction in word count when compared to the two existing policies.*
- *Resulted in some new expectations (e.g., to provide testimony when ordered, to have an active certificate of registration to conduct an Independent Medical Examination (IME), only accept requests to do IMEs/act as medical experts if within scope/have K, S, J, to give subjects the option of having an observer present during intimate examinations, to permit subjects to have an observer present in certain circumstances).*

### *Rescinding the Fostering Collaborative Relationships with Nurse Practitioners, Physician Working Relations with Pharmacists, and Midwives statements and replacing them with one statement*

Three statements all relating to interprofessional collaboration were replaced with a single, broader statement about interprofessional collaboration.

- *The new statement continues to promote interprofessional collaboration to ensure patients have access to services and receive high-quality healthcare; supports developing collaborative relationships with all health-care professionals more generally; and removed duplicative content from CPSO's website.*
- *The new statement also expands our reach beyond the three previously named professions and articulates our commitment as it applies across the health sector.*

### *Approval of Complementary and Alternative Medicine (CAM) policy*

This policy had not been updated since 2011. After engaging and meeting with stakeholders from the CAM space, including both physicians and patient groups, we were able to approve a policy that worked for both stakeholder and CPSO needs. The policy clarifies expectations for physicians providing CAM, including the risk-benefit analysis they must undertake and how they should consider evidence for CAM treatments.

- *A key phase of the Policy Redesign project was completed with the approval of this policy as it was the last policy to retain previous drafting conventions. Positive feedback was received from stakeholders about the experience of working with the CPSO to help inform the final product.*

### *On-going policy consultations*

Held 17 public consultations over the last two calendar years (two of which are extended indefinitely) to solicit feedback from stakeholders to help shape updates to current policies and statements and to refine updated drafts before final Council approval. CPSO members and stakeholders (including those representing or advocating for the interests of diverse and/or vulnerable groups to ensure the policy development process unfolds with an EDI lens) are invited to participate and the campaigns are promoted via our usual social media channels.

- *Feedback received from membership, organizational stakeholders, and members of the public help to assess our guidance and expectations to support us in fulfilling our mandate to serve in the public interest. Received over 15,000 individual pieces of feedback over the last two calendar years.*

### *Policy-Citizens Advisory Group (CAG)*

#### *Oversaw the organization and management of all CAG engagements activities within the last two calendar years*

As Partnership Chair and strategic lead, the Director of Policy and Policy support staff oversaw all CAG-related activities and engagement opportunities for 2020 and 2021.

- *The Partnership, which is comprised of 21 health regulatory colleges in Ontario, engaged with CAG members 33 times over the last two calendar years using a variety of engagement methods including: in-person meetings, focus groups, newsletters, and online surveys.*
- *11 of these 33 engagement activities included CPSO as a sponsoring partner.*
- *Helped support health regulators' work in protecting the public interest. Ensured the public voice is included in health regulator decision-making and incorporated in standards of practice, policies, and priorities directed at the public.*

# Council Briefing Note

March 2022

<b>Topic:</b>	Proposed By-law Amendments re Tribunal References
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Meaningful Engagement Continuous Improvement
<b>Public Interest Rationale:</b>	Accountability: Holding regulated health professionals accountable to their patients/clients, the College and the public
<b>Main Contact(s):</b>	Marcia Cooper, Senior Corporate Counsel & Privacy Officer David Wright, Chair, OPSDT

## Issue

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- Amendments to the General By-Law are proposed to change discipline committee references to the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT).

## Current Status and Analysis

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- There are a number of references to the discipline committee in the General By-law.
- These should be changed to refer to the Tribunal.
- This is a housekeeping change.
- The proposed by-law amendments (set out in the motion) can be enacted by Council without circulation to the profession.
- I note that some of the references to the discipline committee are contained in By-law s. 49(1) and s. 50.1. Since these provisions relate to the register, they are required to be circulated to the profession before they can be enacted. These references have been included in a separate package with other register by-law amendments so they can be circulated as one package.

## Questions for Council

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1. Does Council approve the proposed amendments to the General By-law?

# Council Motion

<b>Motion Title</b>	General By-law Amendments – Housekeeping Changes to References to Discipline Committee (By-Law No. 147)
<b>Date of Meeting</b>	March 3, 2022

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council of the College of Physicians and Surgeons of Ontario proposes to make the following By-law No. 147:

### **By-law No. 147**

1. Paragraph (a) of subsection 22(1) of the General By-law is amended by deleting the reference to “discipline committee” and substituting it with “Ontario Physicians and Surgeons Discipline Tribunal”.
2. Paragraph (a) of subsection 27(1) of the General By-law is amended by deleting the reference to “discipline committee” and substituting it with “Ontario Physicians and Surgeons Discipline Tribunal”.
3. Paragraph (a) of subsection 36(1) of the General By-law is amended by deleting the reference to “discipline committee” and substituting it with “Ontario Physicians and Surgeons Discipline Tribunal”.
4. Section 40b of the General By-law is amended by adding the following at the end of the section:
 

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.

# Council Briefing Note

March 2022

<b>Topic:</b>	By-law Amendments for Reduced Membership Fees for Parental Leaves
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation
<b>Public Interest Rationale:</b>	Equality: Promoting equality of regulatory obligations among health care professions
<b>Main Contact(s):</b>	Marcia Cooper, Senior Corporate Counsel and Privacy Officer Samantha Tulipano, Director, Registration & Membership Services

## Issue

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- The proposed amendments to the Fees and Remuneration By-law to reflect the reduced membership fees for parental leave have been circulated to the profession and are now being brought back to Council for final approval.

## Background

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- Amendments to the Fees and Remuneration By-law to reflect the reduced membership fees for parental leaves were considered by Council in December, 2021 and then circulated to the profession.
- The amendments reflect the reduced annual fee for members taking extended parental leave, which was approved in principle by Council in September 2020, as well as two housekeeping changes.

## Current Status and Analysis

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- No comments or feedback have been received about the proposed by-law amendments to-date.

## Questions for Council

---

1. Does Council approve the proposed amendments to the Fees and Remuneration By-law?

# Council Motion

<b>Motion Title</b>	Fees and Remuneration By-law Amendments – Parental Leave Reduced Annual Fee (By-Law No. 143)
<b>Date of Meeting</b>	March 3, 2022

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council of the College of Physicians and Surgeons of Ontario proposes to make the following By-law No. 143:

### **By-law No. 143**

(1) 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 and other than a certificate of registration authorizing supervised practice of a short duration;

(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

(c) Notwithstanding subsections 4(a) and (b), 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 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(c) only applies to annual fees for membership years commencing on or after June 1, 2020.

(2) Section 4.1 of By-Law No. 2 (the Fees and Remuneration By-law) is revoked and substituted with the following:

**4.1** Annual fees for a holder of a certificate of authorization, as of January 1, 2017, are \$175.

# Council Briefing Note

March 2022

<b>Topic:</b>	Proposed Register By-law Amendments
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Meaningful Engagement Continuous Improvement
<b>Public Interest Rationale:</b>	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
<b>Main Contact(s):</b>	Marcia Cooper, Senior Corporate Counsel & Privacy Officer
<b>Attachment(s):</b>	Appendix A: Proposed Amendments to General By-law

## Issue

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- Amendments to the General By-Law are proposed to add and amend certain information displayed on the CPSO public register.

## Current Status and Analysis

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- There are several amendments proposed to the register provisions of the General By-law for the reasons explained below.
- The amendments are shown in Appendix A; the redlining indicates the changes to the current By-law provisions.

## 1. Hospital Privileges and Voluntary Leaves of Absence: By-law s. 49(1)12 (revision)

- Hospitals<sup>1</sup> are required to provide a written report to CPSO if they have revoked, suspended or imposed restrictions on the member's privileges, for reasons of professional misconduct, incompetence or incapacity. (*Health Professions Procedural Code* s. 85.5(1))
- In addition, hospitals (and the other persons listed in the footnote) are required to provide a written report to CPSO if a member has resigned, or voluntarily relinquished or restricted their privileges or practice:
  - a) where the hospital reasonably believes this is related to the member's professional misconduct, incompetence or incapacity, or
  - b) during the course of or as a result of an investigation by the hospital into allegations of misconduct, incompetence or incapacity. (Code, s. 85.5(2))
- The *Public Hospitals Act* (s. 33) requires similar mandatory reporting.
- The General By-law (s. 49(1)12) provides that the information in these mandatory reports are to be posted on the public register.
- The wording of the By-law is broad and would include a leave of absence voluntarily taken by a member in the context of such allegations or in the face of a hospital investigation.
- We had occasion to recently consider posting a voluntary leave of absence taken by a member while the hospital sorted out a matter. The hospital had sent a mandatory report about this to CPSO. After discussions, it was thought that it may create a deterrent for a member to take a voluntary leave of absence in situations where this approach might be helpful and conducive to resolving the issues at the hospital. While CPSO would still get the report and be able to monitor or follow up as necessary, it may not be important to advise the public of the leave of absence.
- I note that what is proposed is a carve-out for voluntary leaves of absence only. CPSO would continue to post a member's resignation in face of an investigation, for example, and also suspensions and revocations of a member's hospital privileges. This would be in keeping with hospital expectations that these would be posted to make the public aware of changes in a physician's privileges at their facility.

## 2. Appeals of Tribunal Findings: By-law s. 49(1)14 (revision)

- Where findings of the Discipline Committee (Tribunal) are appealed, the Code (s. 23(2)16) requires a notation that the findings under appeal are to be posted on the register until the appeal is finally disposed of.
- It has been CPSO's practice to also include information about the status of the appeal and the disposition of the appeal on the register, and to keep that information on the register.

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<sup>1</sup> This also applies to employers, other persons who offer privileges to a member, or are associates (partners) of members for the purpose of offering health services. The written report is also required if such an employer or associate terminates the member's employment or dissolves a partnership or other association with a member for reasons of professional misconduct, incompetence or incapacity.

- We recommend that there be a by-law amendment to reflect this practice and clearly indicate the authority for including this additional information.

### **3. Reinstatement Applications: By-law s. 49(1)17 (revision)**

- The General By-law provides for certain information to be posted about applications by former members to have their certificate of registration reinstated with CPSO.
- Currently, the fact of the application for reinstatement is to be posted once a hearing has been scheduled.
- David Wright has suggested that the applications be posted at an earlier time, once they have been referred to the Tribunal by the Registrar (in accordance with the Code and the Tribunal Rules).

### **4. Applications to Vary Tribunal Orders: By-law s. 17.3 and 17.4 (new)**

- Under Rule 16 of the OPSDT's Rules of Procedure, a member can apply to the Tribunal to have an order varied, suspended or cancelled on the grounds of facts arising or discovered after the order was made.
- David Wright suggested that these applications should be noted on the register to inform the public that a member is seeking to have an order changed, and indicate if an application is denied or advise of changes in terms, conditions or limitations if the application is allowed.
- This is largely consistent with the practice of posting applications for reinstatement, already provided for in the General By-law.

### **5. References to Discipline Committee in By-law s. 49(1) and s. 50.1 (revision)**

- There are a number of references to the discipline committee in Sections 49(1) and 50.1 of the General By-law. These should be changed to refer to the Tribunal.
- This is a housekeeping change. However, since s. 49(1) and s. 50.1 relate to the register, they are required to be circulated to the profession before they can be enacted.
- Accordingly, we are including these with the other register by-laws for circulation as one package.

## **Next Steps**

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- If Council approves of the proposed By-law amendments, the proposed changes will be circulated to the profession and brought back to a subsequent Council meeting for approval.

## **Questions for Council**

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

## Appendix A

### Proposed Amendments to General By-law

#### Re Register Provisions

*Redlining indicates the changes to the current By-law provisions.*

#### Content of Register Entries

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

- ...
12. The identity of each hospital in Ontario where the member has professional privileges, and where known to the College, all revocations, suspensions, restrictions, resignations and, relinquishments of the member's privileges or practice, and rejections of appointment or reappointment applications, reported to the College by hospitals under section 85.5 of the Health Professions Procedural Code or section 33 of the *Public Hospitals Act*, but excluding voluntary leaves of absence by members, in each case commencing from the date the relevant portion of this by-law goes into effect.
  13. If an allegation of professional misconduct or incompetence against the member has been referred to the ~~discipline committee~~Ontario Physicians and Surgeons Discipline Tribunal and not yet decided,
    - i. a summary of the allegation if it was referred to the ~~discipline committee~~Ontario Physicians and Surgeons Discipline Tribunal prior to September 10, 2013,
    - ii. a summary of the allegation and/or the notice of hearing if it was referred to the ~~discipline committee~~Ontario Physicians and Surgeons Discipline Tribunal after September 10, 2013,
    - iii. an indication that the matter has been referred to the ~~discipline committee~~Ontario Physicians and Surgeons Discipline Tribunal,
    - iv. the anticipated date of the hearing, if the date has been set,
    - v. if the hearing has been adjourned after September 10, 2013 and no future date has been set, the fact of the adjournment, and
    - vi. if the decision is under reserve, that fact.
  14. If the result of a disciplinary proceeding in which a finding was made by the ~~discipline committee~~Ontario Physicians and Surgeons Discipline Tribunal in respect of the member is in the register,
    - i. the date on which the ~~discipline committee~~Ontario Physicians and Surgeons Discipline Tribunal made the finding, ~~and~~
    - ii. the date on which the ~~discipline committee~~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.

...

17. If an application ~~to the discipline committee~~ for reinstatement has been ~~scheduled~~referred to the Ontario Physicians and Surgeons Discipline Tribunal,
- i. that fact,
  - ~~i.~~ii. the dates on which the application is scheduled to be heard,
  - ~~ii.~~iii. if the hearing has been adjourned after September 10, 2013 and no future date has been set, the fact of that adjournment, and
  - ~~iii.~~iv. if the decision is under reserve, that fact.

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

...

17.3 If an application to vary, suspend or cancel an order of the Ontario Physicians and Surgeons Discipline Tribunal has been filed,

- i. that fact,
- ii. the dates on which the application is scheduled to be heard,
- iii. if the hearing has been adjourned and no future date has been set, the fact of that adjournment, and
- iv. if the decision is under reserve, that fact.

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

## Public Information

**50.1** (1) All information contained in the register, other than:

...

g. if,

- (i) terms, conditions or limitations were directed to be imposed upon a member's certificate of registration by a committee other than the ~~discipline committee~~Ontario Physicians and Surgeons Discipline Tribunal, and
- (ii) the terms, conditions or limitations have been removed,

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

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

# Council Motion

<b>Motion Title</b>	By-law Amendments to Change and Add Certain Information on the Register
<b>Date of Meeting</b>	March 3, 2022

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council of the College of Physicians and Surgeons of Ontario proposes to make the following By-law No. 148, after circulation to stakeholders:

### **By-law No. 148**

(1) Paragraphs 12, 13, 14, 17 and 17.1 of subsection 49(1) of the General By-law are revoked and substituted with the following:

12. The identity of each hospital in Ontario where the member has professional privileges, and where known to the College, all revocations, suspensions, restrictions, resignations and relinquishments of the member's privileges or practice, and rejections of appointment or reappointment applications, reported to the College by hospitals under section 85.5 of the Health Professions Procedural Code or section 33 of the *Public Hospitals Act*, but excluding voluntary leaves of absence by members, in each case commencing from the date the relevant portion of this by-law goes into effect.
  
13. 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 if it was referred to the Ontario Physicians and Surgeons Discipline Tribunal prior to September 10, 2013,
  - ii. a summary of the allegation and/or the notice of hearing if it was referred to the Ontario Physicians and Surgeons Discipline Tribunal after September 10, 2013,
  - iii. an indication that the matter has been referred to the Ontario Physicians and Surgeons Discipline Tribunal,
  - iv. the anticipated date of the hearing, if the date has been set,
  - v. if the hearing has been adjourned after September 10, 2013 and no future date has been set, the fact of the adjournment, and
  - vi. if the decision is under reserve, that fact.

14. 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.

17. If an application for reinstatement has been referred to the Ontario Physicians and Surgeons Discipline Tribunal,
- i. that fact,
  - ii. the dates on which the application is scheduled to be heard,
  - iii. if the hearing has been adjourned after September 10, 2013 and no future date has been set, the fact of that adjournment, and
  - iv. if the decision is under reserve, that fact.

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

(2) The following are added as paragraphs 17.3 and 17.4 of subsection 49(1) of the General By-law:

- 17.3 If an application to vary, suspend or cancel an order of the Ontario Physicians and Surgeons Discipline Tribunal has been filed,
- i. that fact,
  - ii. the dates on which the application is scheduled to be heard,
  - iii. if the hearing has been adjourned and no future date has been set, the fact of that adjournment, and
  - iv. if the decision is under reserve, that fact.

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

(3) Clause g of subsection 50.1(1) of the General By-law is revoked and substituted with the following:

g. if,

- (i) 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,

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

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

# Council Briefing Note

March 2022

<b>Topic:</b>	Medical Psychotherapy Association of Canada Third Pathway
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	Quality Care Meaningful Engagement System Collaboration
<b>Public Interest Rationale:</b>	Quality Care: Ensuring that the care provided by individual regulated health professions is of high quality and that the standard of care provided by each regulated health professional is maintained and/or improved
<b>Main Contacts:</b>	Deanna Bowlby, Education Lead Mary Bayliss, Director, Quality Programs
<b>Attachments:</b>	Appendix A: Approval Criteria Appendix B: Medical Psychotherapy Association of Canada Report to the CPSO - 2021

## Issue

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- The Executive Committee is forwarding a recommendation to Council to consider extending the status of the Medical Psychotherapy Association of Canada as a “third pathway” of Continuing Professional Development (CPD) until September 2024.

## Background

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- A 2011 change to Ontario Regulation 114/94 under the Medicine Act, 1991 requires CPSO members to participate in Continuing Professional Development (CPD) that meets the requirements set by the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), or a “third pathway” approved by Council.
  - (2) *As evidence of a member’s participation in a program of continuing professional development, members 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.*

- A framework for approving a third pathway for CPD was approved by Council in February 2012. See **Appendix A** for Approval Criteria.
- The Medical Psychotherapy Association Canada is currently the only third pathway and was approved as a program of CPD by the Education Committee in November 2012 and Council in February 2013.
- In September 2019, Council approved by-law amendments to remove the Education Committee as a Standing Committee. In November 2019 it moved forward as the Education Advisory Group, an advisory body that makes recommendations to the Quality Management Division by consensus. It is not a formal decision-making body. The Education Advisory Group's mandate includes "reviewing continuing professional development programs and tools for physicians in alignment with CPSO's strategic plan".

### **Current Status and Analysis**

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- In October 2021, the Education Advisory Group reviewed Medical Psychotherapy Association of Canada's fifth report submitted as part of the requirement to maintain their status as a third pathway organization for reporting and tracking continued professional development. The report covers September 2018 to September 2021. The report is provided in **Appendix B**.
- The Education Advisory Group acknowledged the Medical Psychotherapy Association of Canada's work to integrate the Royal College of Physicians and Surgeon's CanMEDS Framework into its CPD program. CanMEDS is a national competency-based framework for medical education that describes the abilities physicians require to effectively meet the needs of the people they serve. After extensive consultation with their membership, in October 2021 Medical Psychotherapy Association of Canada moved into the implementation phase of CPD Expansion to integrate the CanMEDS Roles outside Medical

Expert, and the Continuing Education category of Assessment into their program. CPD Expansion includes new web platform for improved tracking of member CPD credits. Education Advisory Group also recognized the Medical Psychotherapy Association of Canada's amendments to the system for follow-up with members who are non-complaint with the organization's requirements, including assigning a mentor to support members.

- The Education Advisory Group was in consensus that status as a third pathway of CPD should be renewed until September 2024 given the dedication with which the Medical Psychotherapy Association of Canada has undertaken the work of being a CPD tracking organization.

### **Question for Council**

---

1. Does Council agree with extending the status of the Medical Psychotherapy Association of Canada as a "third pathway" of Continuing Professional Development (CPD) until September 2024, as recommended by the Executive Committee?
-

## **Appendix A – Criteria and Indicators for Organizations Wishing to be Approved by Council as a Program of Continuing Professional Development (CPD) for members**

In February 2012, Council approved the following criteria and indicators for organizations wishing to be approved by Council as a program of continuing professional development (CPD) for members:

1. There must be clear statement of purpose for the CPD system
  - a. Describe the values, goals and objectives of the CPD system
2. Physicians are represented and included in decision making within the governance of the organization
  - a. Provide flow chart and/or description of your governance, relevant by-laws
3. The organization has specific bylaws related to its governance and the CPD roles specifically, for example monitoring and adherence to standards, appeal mechanisms, consequences for non-compliance, conflict of interest, privacy and bias
  - a. Specific bylaws are available for review
4. There must be a formal evaluation of the CPD program to respond to changing needs and requirements
  - a. Describe the methods of evaluation and frequency
5. There must be a system to define the credits assigned to specific activities, credit weightings must be informed by educational evidence and there must be a documentation system for activities and outcomes
  - a. Describe the type of learning activities, the credits for each (if applicable), and the basis upon which your organization has made assignment decisions; describe the ways in which your organization tracks the outcomes from participation in education
6. There must be a formal analysis by the organization providing a rationale about how the organization's CPD program is deemed comparable to either the CFPC or RCPSC program
  - a. Provide information to demonstrate how your organization has reviewed its comparability to the RCPSC or CFPC

7. There must be an audit system in place
  - a. Describe how the audit establishes accountability of members; describe the mechanism by which the organization tracks the number and types of credits of the organization's members
  
8. There must be a rigorous system in place to follow-up with members who are not compliant with the organization's requirements
  - a. Describe the nature and frequency of the monitoring system; describe the consequences of failing to adhere or comply with the organization's requirements
  
9. The organization must be able to transfer and share individual data with the CPSO
  - a. Will the organization enter into a data sharing agreement with the College; how will data be available in a timely and useful format
  
10. There must be the ability to validate and ensure physician identity
  - a. Does your organization use CPSO number, MINC, something else
  
11. The organization must have sustainability for its CPD system
  - a. Number of members, organization's budget, staff and Committee roles, responsibilities and expertise to promote evaluation and innovation; what accreditation system is used (if any); how the organization supports and advises individual members about their CPD



**MDPAC**  
**ACPM**

MEDICAL PSYCHOTHERAPY  
ASSOCIATION CANADA  
ASSOCIATION CANADIENNE  
DE PSYCHOTHÉRAPIE MÉDICALE

Medical Psychotherapy Association of Canada  
312 Oakwood Court  
Newmarket, ON L3Y 3C8  
Tel: 416-410-6644  
Fax: 1-866-328-7974  
info@mdpac.ca  
<http://www.mdpac.ca>

September 24 2021

Dear Dr. Janet van Vlymen, Chair - Education Advisory Group

The Medical Psychotherapy Association Canada has been authorized by the CPSO to act as a third pathway for reporting continuing education credits.

Part of this commitment is the requirement to submit a report to the CPSO every three years.

Please find enclosed our 2021 submission.

Sincerely,

Thomas Minde  
Chair, MDPAC



**MDPAC**  
**ACPMD**

MEDICAL PSYCHOTHERAPY  
ASSOCIATION CANADA  
ASSOCIATION CANADIENNE  
DE PSYCHOTHÉRAPIE MÉDICALE

**2021 REPORT TO THE  
COLLEGE OF PHYSICIAN AND  
SURGEONS OF ONTARIO**

# **MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA**

## **REPORT TO THE CPSO - 2021**

### **INTRODUCTION**

The last Annual Report of Medical Psychotherapy Canada (MDPAC) was sent to the CPSO in September, 2018. This report will be covering September, 2018 to September, 2021.

### **I. THE MDPAC BOARD OF DIRECTORS**

The MDPAC Board of Directors including the President, Chair, Treasurer and the Directors (up to 9 others) meet monthly from September to June annually. All the Policies and Procedures of the organization are reviewed regularly with the last review in April 2021.

### **II. EDUCATIONAL ACTIVITIES**

The Education Committee and the Conference Committee are listed below separately until December 2020 when these two Committees were combined and renamed the MDPAC Conference and Webinar Committee.

#### **1. Education Committee**

Several tele/video conference courses of one hour each were provided throughout each year

##### **i. September 2018 - September 2019**

In the fall of 2018 we also started to record each session. With permission from the presenters the recordings are redistributed to members who pay the same fee as to attend the session.

The fall 2018 series was a five-part series on Inter Personal Therapy (IPT).

An introduction was given by Dr. Paula Ravitz, Dr. Laura Mufson presented on IPT for adolescent depression, Dr. John Markowitz presented on IPT for PTSD, and Dr. Holly Swartz presented on IPT for bipolar disorder. Dr. Ravitz wrapped up the series with the fifth session on consolidating IPT principles and mentalizing.

#### **January 15 - February 12, 2019 - ADHD Series**

This lecture series was presented by Dr. Mary McLean, MD, FRCPC, a Psychiatrist in Private Practice. Dr. McLean has a background in adult ADHD as well as child psychiatry and psychoanalysis.

##### **1) Tuesday, January 15, 2019, 8:00 - 9:00 PM EST**

“Background on Adult ADHD and Defining it as a Disorder of Self-Regulation”. The importance of treatment both in terms of reducing symptomatology of ADHD and also reducing the co-morbidities.

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2) Tuesday, January 22, 2019, 8:00 - 9:00 PM EDT

“Introduction of questionnaires and Appropriate Detailed History Taking with Treatment Alternatives”

3) Tuesday, February 12, 2019, 8:00 - 9:00 PM EDT

“Review of Material, Q&A after Assessments have been Tried, and Problem Solving”

**iii. September 2019 - September 2020**

In the Fall of 2019, Dr. Wiplove Lamba, FRCPC presented “A Primer on Psychotherapy for Substance Use”, and Dr. Jeanne Talbot, FRCPC presented “Advances in Neuroscience and Novel Treatments of PTSD.”

The following webinars were held in 2020:

February 11, 2020 - Benefits and Challenges of Providing Group Treatment to People with Substance Use Issues Presented by Dr. Ashok Krishnamurthy, MD, CCFP , and Dr. Leslie Molnar, MSW, RSW

March 31, 2020 - Legal Issues that Intersect Mental Health and Family Law  
Presented by David Frenkel - Halpern Law Group

April 1, 2020 - Therapeutic Presence at a Distance  
Presented by Dr. Robin Beardsley and Dr. Elizabeth Parsons

May 19, 2020 - Clinical Rating Scales Used in Medical Psychotherapy and Primary Care  
Mental Health Presented by Dr. James Whyte, MD, CCFP

May 26, 2020 - Providing Therapy for Frontline Providers  
Presented by Dr. Harry Zeit, MD, Certificant MDPAC, Certified in Sensorimotor Psychotherapy

June 9, 2020 - Spiritual Emergence and Transformative Experiences  
Presented by Dr. Yvonne Kason MD, MEd, CCFP, FCFP

June 23, 2020 - Compassion and Loving Kindness Practices for Self and Our Patients During these Challenging Times Presented by Dr. Heidi Walk, MD, CCFP Physician Psychotherapist

November 17, 2020 - Psychological First Aid tools for Physicians during Pandemic  
Presented by Dr. Marcia Kostenuik , MD

All sessions were delivered by Zoom videoconferencing, and were recorded for members who attended the sessions to review, and for purchase by non-attende members for \$25. All sessions had feedback surveys and the feedback we have received has been positive. Feedback, is appreciated and helps to inform the committee’s future planning.

**MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA**  
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**2. Conference Committee**

32nd Annual Conference of the Medical Psychotherapy Association Canada

May 24 and May 25, 2019 **EXPANDING PSYCHOTHERAPY HORIZONS** took place at Radisson Admiral Hotel, Toronto, ON M5J 2N5

Keynote Speakers

Kristina Virro - Fresh Insight - Psychotherapy & Nutritional Counselling  
Modulating Mood Using Food

Dr. Bruce Ballon, Associate Professor of Psychiatry and Public Health, University of Toronto - SWIMMING IN CYBER - 21st Century Technology & Mental Health

Dr. Sheldon Joseph - Ask Dr Sheldon - Neuroplasticity Accessibility

Dr. Imants Barušs, Department of Psychology, King's University College at Western University - Advances in Consciousness Research with Implications for Psychotherapy

Afternoon workshops May 24, 2019

Session A

Update in Psychopharmacology in Mood Disorders

Dr. Roger S. McIntyre, MD, FRCPC

Session B

How to Promote Yourself Professionally in this Era of Social Media

Kristina Virro

Session C

Aging World, Aging Patients, Aging Self

Dr. Blair Roblin PhD, LLB

Workshop D

Sleep and Mental Health

Dr. Colin Shapiro, BSc (Hon), MBBCh, PhD, MRCPsych, FRCP(C)

& Dr. Dora Zalai, MD (Hun), PhD, C. Psych

Afternoon workshops May 25, 2019

Session E

Neuroplasticity Accessibility

Dr. Roger S. McIntyre, MD, FRCPC

Session F

Energy Psychology and Emotional Freedom Techniques (EFT/Tapping)

Nancy Forrester, MBA, BEd, BSc

Session G

The Future on Neuromodulation for Depression

Dr. Jeff Daskalakis MD, PhD, FRCP(C)

**MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA**  
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MDPAC 33rd Annual Conference November 6-7 2020

**PIECING TOGETHER THE PSYCHOTHERAPY PUZZLE** VIRTUAL Conference—VIA ZOOM

Keynote Speakers

Dr. Carlos Davidovich MD, EMCC Unconscious Cognitive Biases

Dr. Jon Davine MD, CCFP, FRCP(C) Somatizing: What Every Primary Care Practitioner Needs to Know

Dr. Robyne Hanley-Dafoe PhD Everyday Resiliency Through Optimal Stress, Personal Alignment and Purpose

Dr. Lawrence Martin MD, FRCP(C) ADHD: A Primer for Psychotherapists

Afternoon workshops November 6, 2020

Workshop A

Approach to Anxiety Disorders and PTSD in Primary Care

Dr. Jon Davine MD, CCFP, FRCP(C)

Workshop B

Internal Family Systems Therapy: What's All the Fuss About?

Derek Scott RSW, Founder of IFSCA

Workshop C

Good Psychiatric Management for Patients with Borderline or Narcissistic Personality Disorders

Dr. Paul Links MD, FRCP(C)

Afternoon workshops November 7, 2020

Workshop E

Trauma-informed Care Interventions

Dr. Clare Pain MD, MSc, FRCP(C), DSc(Hons), AAU

Workshop F

Interpersonal Psychotherapy, Relationships and Health

Dr. Paula Ravitz, MD, FRCPC

Workshop G

An Introduction to Sensorimotor Psychotherapy: Bringing the Body into Patient and Self-care

Dr. Harry Zeit MD, MDPAC(C) Certified in Sensorimotor Psychotherapy and Irina Dumitrache, YTTFRCP(C)

MDPAC 34th Annual Conference in the planning for November 5-6, 2021  
VIRTUAL Conference—VIA ZOOM

**MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA**  
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**3. Retreat Committee**

MDPAC Fall Retreat 2018

The seventh annual MDPAC Fall Retreat “Cultivating Mind-Body Self Care and Renewal: The Hakomi Method” presented by Hugh Smiley and co-facilitated by Dr. George Lewis. It took place on the weekend of October 19, 2018 at Geneva Park Conference Centre just outside of Orillia, Ontario. There were 19 registrants. The Fall Retreat has continued to maintain its focus on physician self-care taking an experiential and collegial approach to the programming.

MDPAC Fall Retreat 2019 October 25 - 27 2019 at Geneva Park - Mind-Body Self-Care: A Shamanic Perspective. The facilitator was Gaisheda Kheawok of Whispering Song who presented a weekend of interactive mindfulness and self-care from a Shamanic energy perspective. There were 23 registrants

MDPAC Fall Retreat 2020 was cancelled due to COVID-19.

**MDPAC Fall Retreat 2021 - plans are underway**

**4. Medical Psychotherapy Training Program Committee**

There were 25 registrants. The program started in June 2018 so reported in last report to the CPSO in September 2018 but the rest of the Course took place in the following reporting year September, 2018 to September, 2019.

Module 1 June 22- 24, 2018

Initial Assessment and Intake & the Therapeutic Alliance

— Dr. Alison Arnot and Dr. James Whyte

2 hours small group supervision by Zoom between Modules

Module 2 Sept. 14-16, 2018

Therapeutic Presence & Providing Patient Safety

— Dr. Robin Beardsley and Dr. Harry Zeit

2 hours small group supervision by Zoom between Modules

Module 3 Nov. 9-11, 2018

Ethics, Record Keeping, Medical/Legal Issues & Psychopharmacology

— Dr. David Murphy and Dr. Rodrigo Mansur

2 hours small group supervision by Zoom between Modules

Module 4. Feb 8-10, 2019

Trauma, Self-Care, and Burnout Prevention

— Dr. Amy Alexander and Dr. Harry Zeit

2 hours small group supervision by Zoom between Modules

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Module 5. April 12-14, 2019

Boundaries, Transference and Counter Transference

— Dr. Michael Cord and Dr. Andre Roch

2 hours small group supervision by Zoom between Modules

CFPC Accreditation

Applied for 2 credits per hour for the programs. There are 5 week-ends of 12 hours or 60 hours total. This gives us 120 credits

There were 5 supervision sessions of 2 hours each or 10 hours total - so 20 credits

Therefore a total of 140 possible credits for the entire course for all of the courses we have run - in person and virtual

Accreditation MDPAC

60 hours of MDPAC Group CE credits per 5 Modules and 10 hours of MDPAC CCI credits for the whole 5 Module Course and 10 hours of MDPAC CCI credits for the Supervision (submitted separately).

**Starting in the fall of 2020** with COVID -19 it was decided to deliver the program virtually by Zoom. The waiting list was so long it was decided to provide two sessions of the 5 Modules.

Dates for the Sessions #1 and #2 (called Group A and Group B)

Session #1 or Group A

Module 1 - Sep 11-13, 2020, -

Initial Assessment and Intake & the Alliance

--- Dr. James Whyte and Dr. Alison Arnot

2 hours small group supervision by Zoom between Modules

Module 2 - November 13-15, 2020,

Therapeutic Presence & Providing Patient Safety

--- Dr. Robin Beardsley and Dr. Harry Zeit

2 hours small group supervision by Zoom between Modules

Module 3 - February 6-7, 2021 - Ethics, Record Keeping, Medical/Legal Issues -  
Psychopharmacology

- Dr. James Whyte and Dr. Mary Priesman, a Psychiatrist from Mount Sinai

. 2 hours small group supervision by Zoom between Modules

Module 4 - April 16-18, 2021- -Boundaries, Transference, and Countertransference - - -

- Dr. Robin Beardsley and Dr. Elizabeth Parsons.

2 hours small group supervision by Zoom between Modules

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Module 5 - June 18-20, 2021 Trauma, Self-Care, and Burnout Prevention - ---  
- Dr. Amy Alexander and Dr. Harry Zeit

2 hours small group supervision by Zoom between Modules

Session #2 or Group B

Module 1: November 20-22, 2020

Topic: Initial Assessment and Intake & the Therapeutic Alliance

Dr. James Whyte & Dr. Alison Arnot

2 hours small group supervision by Zoom between Modules

Module 2: January 22-24, 2021

Topic: Therapeutic Presence & Providing Patient Safety

Dr. Robin Beardsley and Dr. Harry Zeit

2 hours small group supervision by Zoom between Modules

Module 3: April 9-11, 2021

Topic: Ethics, Record Keeping, Medical/Legal Issues & Psychopharmacology

Dr. Mary Preisman & Dr. James Whyte

2 hours small group supervision by Zoom between Modules

Module 4: June 4-6, 2021

Topic: Boundaries, Transference, and Countertransference

Dr. Robin Beardsley & Dr. Elizabeth Parsons

2 hours small group supervision by Zoom between Modules

Module 5: October 1-3, 2021

Topic: Trauma, Self Care, and Burnout Prevention

Dr. Harry Zeit & Dr. Amy Alexander

2 hours small group supervision by Zoom between Modules

**Plans for next Virtual Program for fall 2021 are underway**

**III. CPD-PROGRAM EXPANSION**

As the Education Committee of the CPSO knows, MDPAC has reported previously that the Professional Development Committee (PDC) has been working on this issue for the past number of years. This year we are happy to report that this work is now moving into the implementation phase because the Board of Directors of MDPAC approved the motions presented to it in March of 2018, involving the expansion of MDPAC's CPD Program (see Appendix A)

The purpose of that expansion was to integrate the CanMEDS Guidelines and the CE category of Assessment into our overall CPD Program. Please find attached in Appendix B the CPD Expansion Categories document related to the Board-approved CPD Program expansion.

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- 1) For the “text” of the changes made into motions that the Board approved - see Appendix A.
- 2) For the summaries of the changes in tabular form - see Appendix B CPD Expansion Categories
- 3) For Summary of the Allocation of Credit Hours - see Appendix C i. and C ii..

As stated above, we are now into the work of implementation. This work will involve the construction of an education program for our members as a whole and our Membership Committee will be tasked with the job of approving submitted CPD credits under this new system.

The Implementation Plan has included educating members about the changes to come.

1. MAY 25, 2019 - MDPAC Conference Focus Group - Power Point Presentation and question and answer period. Documents were sent in advance to those registered in preparation for the session. There were 40+ signed up. Questions were collected on index cards and read out and answered at the session. There were some unanswered questions due to lack of time but all the index cards were collected and all 26 questions typed up for the Committee to use in planning the education program going forward.

2. 23 NOVEMBER 2019 - “Internal Launch” for MDPAC Board, Membership Committee and all MDPAC Committee Members. The Board Room at the OMA was booked from 9:00 a.m. - 1:30 p.m. As we have a Zoom account, the OMA can set up the cameras/equipment for the meeting. There is also telephone conference call possible.

15 members attended in person (this includes 6 PDC members)

07 members attended by Zoom

22 total (54 were invited)

Information was sent to those invited to give them details about the changes.

The information in the Evaluation forms of this event was used to improve the education program about the Expanded CPD, which was being prepared to inform all the MDPAC members.

3. Two Joint Zoom Meetings were set up with the Members of the Membership Committee and Professional Development Committee, January 11 and January 27, 2021 to explain the changes in the new expanded program. The PowerPoint Presentation was recorded and is up on the website with other educational documents,  
**Link to the PowerPoint Video - - <https://vimeo.com/499743961/efc0e14f24>**

4. An article was placed in the MDPAC Journal - *the Medical Psychotherapy Review* - Spring 2021 ***MDPAC Update on CPD Expansion*** giving members details about the changes.

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5. Documents on Website explaining the changes have been posted on the members' side of the MDPAC Website and members were informed by e-blast about this and encouraged to go to the Website to learn about the changes.

The following documents are posted in this area of **New Expanded Continuing Professional Development**.

1. General Preamble - Appendix D
2. Link to the PowerPoint Video -  
<https://vimeo.com/499743961/efc0e14f24>
3. CPD EXPANSION - Credit requirements for CPSO/CPD Clinical, Certificant and Mentor Members - See Appendix Ci
4. CPD EXPANSION Credit requirements for Clinical Members -  
See Appendix Cii
5. FAQ - Frequently Asked Questions - Appendix E.
6. CPD EXPANSION Categories - Appendix B

The implementation work continues to be underway at present, which also involves a re-write of MDPAC's web-site program for tracking our members' CPD credits submissions.

#### **IV. LISTSERV**

The MDPAC Listserv, an integral part of the educational and collegial dimensions of MDPAC, has continued to be a vibrant and useful place of communication and discussion between our members.

Discussions can be intense and educational. In the fall of 2020 we served our membership better in this area by having a new committee, new committee chair, and we moderate the posts. We have seen many of our members participating in discussions of multiple topics - such issues as theories of psychotherapy, treatment modalities, social issues, trauma, regulation and psychopharmacology just to name a few. The Listserv has continued to function as a place to discuss potential referrals and patient needs. It is worth reiterating that participation in the Listserv is eligible for credits toward fulfilling the educational requirements of MDPAC and the College of Physicians and Surgeons of Ontario. There is, however, a limit to the number of hours that can be credited for participation in the Listserv, based on membership category.

#### **V. ATTENDING THE NATIONAL ACCREDITATION CONFERENCE (NAC)**

In 2014 four members of the then GPPA were invited and attended the NAC. Since 2015 two members of MDPAC have been invited every year and two have attended 2015, 2016, 2017, 2018 and 2019. The NAC was cancelled in 2020. The NAC has been very valuable to our Association's ongoing CPD-Program development. These conferences have been very helpful in teaching us what the Royal College and the College of Family Physicians are doing and planning around accreditation.

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**VI. STRATEGIC PLANNING MEETING - MARCH 2019**

The MDPAC Board held a Visioning Day in March 2019, the first held in 9 years. Attendees included 6 Board members and 9 non-board MDPAC members. The group developed a Vision and Mission Statement for MDPAC as follows:

VISION STATEMENT - Enhancing whole person care by supporting physicians who deliver psychotherapy and mental health care across Canada.

MISSION STATEMENT - To support and advocate for physician delivered psychotherapy and mental health care.

The top 3 strategies identified were:

STRATEGY #1 – Develop educational programs

STRATEGY #2 – Develop credentialing and change of scope

STRATEGY #3 – Develop public relations, credibility, visibility, and branding

The plan was intended for just the next 3 years as things change so quickly.

**VII. AUDIT YEAR OF 2016-2017**

Audits are carried out at the end of each membership year and those to be audited are randomly selected. The items to be audited were listed in a letter and each selected member was asked to send in the “evidence” by Feb. 28 of the next year with a reminder sent in March, if needed. Evidence is assessed and reviewed by the CPSO/CPD Committee Members, after which a letter is sent to the member stating whether the audit was successfully completed or not.

For the year 2017-2018 8 members were selected randomly for audit (of those using MDPAC as the Third Pathway) in the fall of 2018. All the evidence was obtained from 7 members but evidence was lacking for one member who was advised that another audit would be done for 2018-2019

For the year 2018-2019 6 members were audited. 5 members were randomly selected and the 6<sup>th</sup> member was doing a repeat audit. All 6 audits were completed successfully and the members were notified

For the year 2019-2020 6 members were selected randomly for audit. Five audits were completed successfully and the members were notified. However, one audit was incomplete and the member was notified that a repeat audit would be done next year.

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**VIII. REPORTING OF CE/CCI - END OF CYCLE**

The importance of completing the requirements for educational activities and reporting them continues to be emphasized to the members of MDPAC. Any member who had not fulfilled the requirements by the end of the cycle, October 1, 2017, was contacted and asked to enter into the record any activities they had omitted to enter.

If there was still insufficient CE/CCI recorded they were asked to send in a Plan of how they would make up the missing credits and have sufficient credits at the end of the next cycle. In June, 2018 registered letters were sent to members as follows:

1. Five Members short of credits from last cycle (2014-2017) and have not renewed

These members were reminded that it is only possible to use MDPAC as a Third Pathway if the physician is a member of MDPAC. They were told that their access to the reporting web-application was now closed until we have heard from them.

2. Three Members short of credits from last cycle (2014-2017) who have renewed but have not sent in a plan showing how they will make up the missing credits and be sure to have enough for the next cycle.

The importance of carrying out educational activities and reporting them was once again emphasized and they were asked to be sure to send in their plans as soon as possible.

**Board Minutes September 2018:**

MOTION: At its meeting in September 2018, the Board moved that members who are non-compliant be sent a registered letter outlining the many attempts to contact them to secure a plan, and to advise them that MDPAC is unable to act as their tracking body to the CPSO for their CPD credits and that if the member wishes to have MDPAC act as their pathway to the CPSO, they will be assigned a mentor to assist them in getting their credits in order". CARRIED

**IX. ACCREDITATION OF EDUCATIONAL ACTIVITIES**

Eleven Sponsoring Agencies, more than last year, have submitted psychotherapy and mental health related courses to be accredited since January 2018, some submitting both in the spring and the fall. Most of the applications are approved, but if not considered relevant to the topic areas of psychotherapy, psychiatry and mental health-including addictions, they are denied MDPAC accreditation. The Sub-Committee members have been very busy with reviewing these and replying to the organizations. Having an Assistant, who manages the Drop Box where these are stored, and who sets up our Internal Accreditation Forms has been very helpful. The fees charged for the accreditation covers the cost of the Assistant.

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**X. OUTREACH**

The roles of the Outreach Committee overlap with those of the MDPAC Board and include recruitment and engagement of members, publicity, and networking. The committee meets formally 4-6 times a year, although in 2020/2021 lot of outreach was done at the MDPAC Executive Level with our PR company IMPACT. From September 2018 to September 2021, the following developments occurred:

1. **CAMIMH** – thanks to our representative in Ottawa, Catherine Low, MDPAC was an active member organization in the *Canadian Alliance of Mental Illness and Mental Health*. This is a national non-profit which brings together organizations (such as CFPC, CMHA, and CPA) that advocate for mental health issues. CAMIMH initiatives have included *Mental Health Parity* (assessing the equity of funding and delivery of mental health services against physical illness, at a federal level), and advocating for an *increase of federal funding for mental health* (from the current 7.2% of public health spending, to 9%). Membership in CAMIMH really increases the credibility and visibility of MDPAC on a national stage.
  
2. **General Outreach** – due to the pandemic, all in-person medical conferences were cancelled after March 2020, so we did not display our MDPAC booth anywhere. Instead, we focused on raising awareness of and recruiting for MDPAC online, through a targeted social media campaign. Going forward, this is a more efficient and economical way of reaching the widest national audience. In November 2019, we hired Public Relations firm IMPACT to assist (as per our 2019 Strategic Planning goals). It is fortuitous that our “Doctor’s Listen” microsite/PR campaign coincided with the pandemic lockdown. With IMPACT’s help, we were able to tailor our social media “shareables” (through Facebook and Twitter), first with general tips/advice on coping during lockdown, then with targeted advertisements to the social media sites of other Physician Organizations, with the aims of education and recruitment.
  
3. **Member Recruitment and Retention** - We feel that our work with IMPACT has helped with recruitment of new members, although it is difficult to assess exactly what role our social media campaign played in the decision of individual members to join MDPAC. Retention of existing members is also a concern, so both the MDPAC Executive and the Outreach Committee members have set a goal to personally follow-up with each new MDPAC member (by email, phone, or video) in order to help them get the most out of their MDPAC experience, and hopefully find their place in the organization.

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4. **Internal Communications with MDPAC Membership** – IMPACT has also been advising us on ways to share information with and engage the membership. To this end, the MDPAC Executive has started to send out a monthly newsletter that summarizes developments and Board decisions.
  
5. **National Representation** – Although the majority of our MDPAC members reside and work in Ontario, we aim to be a national organization. But it's difficult to really know what's going on in psychotherapy in each province, unless one is actually working there. To this end, the new *Terms of Reference for Outreach Committee* state that at least half of the committee members should be from provinces other than Ontario. Already, this has substantially increased our knowledge of happenings in Nova Scotia and Alberta. Ideally, we'd like to have members from each province and territory on either the Outreach Committee, or the MDPAC Board. But this is a work in progress.
  
6. **Government Relations** – CAMIMH already has a mandate to bring mental health care funding and delivery issues to the Federal Government, and as a member organization, MDPAC keeps on top of those developments and through our representative (Catherine Low), advocates for awareness and advancement of physician-delivered psychotherapy. But it is provincial governments that distribute funding and develop programs for mental health care. MDPAC doesn't have the resources to be involved in government relations in every province and territory, however we will advocate for provincial medical organizations which do so, if it also advances our interests. For this reason, we have facilitated communications from Saving OHIP Psychotherapy to our membership, and earlier in the pandemic, collaborated on surveys to collect some information on MDPAC members' practice patterns and how they were affected by the pandemic. This information was useful in the Coalition's presentations to the Ontario Ministry of Health and may have helped in preventing the erosion of reimbursements for physician-delivered psychotherapy. Thank you to Dr. Anastasia Sky for her tireless advocacy in this area.

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**APPENDIX A - Motions Approved by the MDPAC Board - March 22, 2018**

Note: The following motions pertain to the CPD Expansion, which comes into effect at the start of the next CPD cycle, on October 1, 2021. The Medical Expert role and other roles referred to below are the various CanMEDS roles.

1) That Clinical CPSO/CPD, Certificant and Mentor members are required to do a minimum of 20 hours per year of CPD activities in any combination of CE-Group and/or CE-Self-Assessment in the Medical Expert role.

2) That Clinical CPSO/CPD, Certificant and Mentor members are allowed a maximum of 8 hours per year of CE-Self-Directed CPD activities.

(a) Of these 8 hours, a maximum of 4 hours can be claimed in roles other than the Medical Expert role.

(b) Of these 8 hours, a maximum of 4 hours can be claimed for MDPAC work done outside the actual committee meeting(s).

3) That Clinical CPSO/CPD, Certificant and Mentor members are required to do a minimum of 12 hours per year of "real time" CCI CPD activities in the Medical Expert role.

Note: a "real time" activity is defined as the live interaction of 2 or more colleagues that occurs simultaneously. This could occur in person, by phone, by Skype, by teleconference or by videoconference.

Note: participation in the MDPAC Listserv is not considered a "real time" activity.

4) That Clinical, CPSO/CPD, Certificant and Mentor members are allowed to claim a maximum of 8 hours per year of CCI credits via MDPAC's Listserv.

5) That Clinical CPSO/CPD, Certificant and Mentor members who choose to do CE CPD activities in roles other than the Medical Expert role are allowed to claim a maximum of 10 hours per year for these activities.

6) That Clinical CPSO/CPD, Certificant and Mentor members are allowed to claim a maximum of 8 hours per year of "real time" CCI in all roles other than the Medical Expert role.

7) That the ten items in the document called "CPD Expansion- Guiding Principles" be approved.

8) That the text in the 7-page table document called "CPD Expansion Categories" be approved as is, with the understanding that minor revisions may occur for purposes of clarification and/or augmentation.

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### Appendix B - CPD Expansion Categories

#### CPD EXPANSION CATEGORIES

The CanMEDS Guidelines will be incorporated into the CPD Program.  
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<http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e> Reproduced by Permission.

CanMEDS Role/Content of the CE Learning Activity	CE-Group	CE-Assessment	CE-Self Directed (SD)	CCI
	← 30 hours CE; 60% of total required CPD hours →			20 hours CCI; 40%
			Max of 12 hrs of SD in all roles; 4 hrs of these can be in roles 2 - 7 (roles other than ME)	Max of 8 hours allowed for combination of Listserv and real time CCI in non-ME roles (2 - 7)
<b>1. Medical Expert (ME)</b>	← Minimum of 20 hours of CE in ME role →			Min. 12 hrs real time Contact in ME role
<b>1. Medical Expert Practise medicine within their defined scope of practice and expertise</b>  Content of the CE learning activity is related to: - Psychotherapy, psychiatry, and mental health - <u>Note:</u> includes psychology of coaching, workshops/courses on mindfulness, designed to learn new skills - <u>Does not include</u> personal practice of mindfulness or personal psychotherapy	<ul style="list-style-type: none"> <li>- Conference</li> <li>- Course</li> <li>- Seminar</li> <li>- Workshop</li> <li>- <u>Approved</u> Online Group CE</li> <li>- <u>Note:</u> includes live "synchronous" Skype or webinar sessions, with an interactive component</li> <li>- includes approved on-line Group CE; so far only PTER approved; need to consider other on-line courses that meet the 4 criteria, e.g., Beck on-line courses</li> <li>- <u>*Note:</u> on-line asynchronous CE-Group courses (such as PTER) are <u>not</u> eligible to earn additional CCI</li> </ul>	e.g., - Supervision: psychotherapy (as supervisee) - Supervision: other (as supervisee) - Developing personal learning plan (PLP) - Practice audit - Reviewing audio or videotaped sessions with a supervisor. <u>Note:</u> not with peers, due to confidentiality considerations	<ul style="list-style-type: none"> <li>- Audio/Video tape</li> <li>- Book/Journal</li> <li>- CD-ROM</li> <li>- Internet</li> <li>- Peer assessment: preparation as assessee</li> <li>- Peer Assessor reviewing files of assessment</li> </ul>	<ul style="list-style-type: none"> <li>- Case supervision (as supervisor)</li> <li>- Case supervision (as supervisee)</li> <li>- MDPAC Meeting (Committee, Board, AGM, etc.)</li> <li>- OMA or other meeting specifically related to psychotherapy, psychiatry, or mental health</li> <li>- Discussion with colleague (e.g., case, outside circle of care)</li> <li>- Peer Assessment: Discussion (as assessor)</li> <li>- Peer Assessment: Discussion (as assessee)</li> <li>- Any eligible* 6-hour CE-Group educational activity in the Medical Expert role earns 1 hour of CCI (in the Medical Expert role)</li> </ul>

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CanMEDS Role/Content of the CE Learning Activity	CE-Group	CE-Assessment	CE-Self Directed (SD)	CCI
<b>Other Roles (Refers to Roles 2 – 7 below)</b>	<b>← Maximum of 10 hours of CE allowed in roles 2 - 7 →</b>			
			<b>Maximum 4 hrs SD in roles 2 - 7 (roles other than ME)</b>	
<p><b>2. Communicator</b>  <b>Establish professional therapeutic relationships with patients and their families and other health care providers</b></p> <p>Content of the CE learning activity is related to:            effective in-person or electronic communication (not specific to psychotherapy, psychiatry, or mental health), e.g.,</p> <ul style="list-style-type: none"> <li>- Oral or written communication skills</li> <li>- Record keeping</li> <li>- EMRs</li> <li>- Confidentiality/privacy issues</li> <li>- Cultural sensitivity training</li> <li>- Philosophy, spiritual studies, belief systems, comparative religions</li> </ul>	<ul style="list-style-type: none"> <li>- Conference</li> <li>- Course</li> <li>- Seminar</li> <li>- Workshop</li> <li>- <u>Approved</u> Online Group CE</li> <li>- <u>*Note:</u> on-line asynchronous CE-Group courses are <u>not</u> eligible to earn additional CCI</li> </ul>	<ul style="list-style-type: none"> <li>- Accredited RC or CFPC Assessment course in communication, or equivalent internationally-approved courses</li> </ul>	<ul style="list-style-type: none"> <li>- Audio/Video tape</li> <li>- Book/Journal</li> <li>- CD-ROM</li> <li>- Internet</li> </ul>	<ul style="list-style-type: none"> <li>- Any eligible* 6-hour CE-Group educational activity in the Communicator role earns 1 hour of CCI (in the Communicator role)</li> </ul>

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CanMEDS Role/Content of the CE Learning Activity	CE-Group	CE-Assessment	CE-Self Directed (SD)	CCI
<p><b>3. Leader</b>  <b>Contribute to the improvement of health care delivery in teams, organizations, and systems</b></p> <p>Content of the CE learning activity is related to: effectively working as a team, organization, or system; a leader or supervisor, e.g.,</p> <ul style="list-style-type: none"> <li>- Quality improvement</li> <li>- Enhancing systems of Care, e.g.,</li> <li>- Attendance at National Accreditation Committee (NAC) conference</li> <li>- Serving as a peer assessor, e.g., CPSO Peer Assessors Training Course</li> <li>- Leadership courses</li> <li>- Medical/office practice and administration course</li> <li>- Supervision/mentoring course</li> <li>- Health care resource Allocation</li> </ul>	<ul style="list-style-type: none"> <li>- Conference</li> <li>- Course</li> <li>- Seminar</li> <li>- Workshop</li> <li>- <u>Approved</u> Online Group CE</li> <li>- <b>*Note:</b> on-line asynchronous CE-Group courses are <u>not</u> eligible to earn additional CCI</li> </ul>	<ul style="list-style-type: none"> <li>- Accredited RC or CFPC Assessment course in leadership, or equivalent internationally-approved courses</li> </ul>	<ul style="list-style-type: none"> <li>- Audio/Video tape</li> <li>- Book/Journal</li> <li>- CD-ROM</li> <li>- Internet</li> <li>- <u>Preparatory work</u> for MDPAC committees, which is done outside the committee and does not involve personal/ phone communication with other committee members, e.g., committees such as: Membership, PDC, Accreditation Sub-committee, Conference Committee, Education Committee, Retreat Sub-committee</li> <li>- <u>Note:</u> this includes getting speakers, organization of the educational sessions, and review of the materials, but not the development of educational <u>content</u> – this is included under the “Scholar” role</li> </ul>	<ul style="list-style-type: none"> <li>- Committee meetings: OMA Council or other not specifically related to psychotherapy, psychiatry, or mental health</li> <li>- Any eligible* 6-hour CE-Group educational activity in the Leader role earns 1 hour of CCI (in the Leader role)</li> </ul>

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CanMEDS Role/Content of the CE Learning Activity	CE-Group	CE-Assessment	CE-Self Directed (SD)	CCI
<p><b>4. Collaborator</b> <b>Work effectively with physicians and other colleagues in the health care professions</b></p> <p>Content of the CE learning activity is related to:</p> <ul style="list-style-type: none"> <li>- Effective collaboration with other health-care providers (HCPs), e.g., effective consultation, referral, and handover of patient care; information sharing</li> <li>- Conflict prevention, Management, and resolution</li> <li>- Understanding scope of practice of other HCPs</li> <li>- Medical content other than psychotherapy, psychiatry, or mental health, e.g., cancer, cardiovascular, diabetes, other medical conditions, sports medicine, palliative care, rehabilitation, nutrition, exercise, etc.</li> </ul>	<ul style="list-style-type: none"> <li>- Conference</li> <li>- Course</li> <li>- Seminar</li> <li>- Workshop</li> <li>- <u>Approved</u> Online Group CE</li> <li>- <u>*Note:</u> On-line asynchronous CE-Group courses are <u>not</u> eligible to earn additional CCI</li> </ul>	<ul style="list-style-type: none"> <li>- Accredited RC or CFPC Assessment course in collaboration, or equivalent internationally-approved courses</li> </ul>	<ul style="list-style-type: none"> <li>- Audio/Video tape</li> <li>- Book/Journal</li> <li>- CD-ROM</li> <li>- Internet</li> </ul>	<ul style="list-style-type: none"> <li>- Any eligible* 6-hour CE-Group educational activity in the Collaborator role earns 1 hour of CCI (in the Collaborator role)</li> </ul>

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CanMEDS Role/Content of the CE Learning Activity	CE-Group	CE-Assessment	CE-Self Directed (SD)	CCI
<p><b>5. Health Advocate</b>  <b>Respond to the individual patient's health needs by advocating with the patient within and beyond the clinical environment</b></p> <p>Content of the CE learning activity is related to:</p> <ul style="list-style-type: none"> <li>- Advocating for accessible, quality, appropriate mental health services for a given population or community</li> <li>- Use of new media</li> <li>- Issues related to specific groups or populations, e.g., women, refugees, indigenous populations, LGBTQ, etc.</li> <li>- <u>Note:</u> Advocating for individual patients would not be included, as this is part of individual patient care</li> </ul>	<ul style="list-style-type: none"> <li>- Conference</li> <li>- Course</li> <li>- Seminar</li> <li>- Workshop</li> <li>- <u>Approved</u> Online Group CE</li> <li>- <u>*Note:</u> On-line asynchronous CE-Group courses are <u>not</u> eligible to earn additional CCI</li> </ul>	<ul style="list-style-type: none"> <li>- Accredited RC or CFPC Assessment course in advocacy, or equivalent internationally-approved courses</li> </ul>	<ul style="list-style-type: none"> <li>- Audio/Video tape</li> <li>- Book/Journal</li> <li>- CD-ROM</li> <li>- Internet</li> </ul>	<ul style="list-style-type: none"> <li>- Any eligible* 6-hour CE-Group educational activity in the Health Advocate role earns 1 hour of CCI (in the Health Advocate role)</li> </ul>

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CanMEDS Role/Content of the CE Learning Activity	CE-Group	CE-Assessment	CE-Self Directed (SD)	CCI
<p><b>6. Scholar</b>  <b>Engage in the continuous enhancement of their professional activities through ongoing learning</b></p> <p><b>Content of the CE learning activity is related to:</b>            - Teaching or resources (not specific to psychotherapy, psychiatry, or mental health), e.g., research methodology, epidemiology, statistics course, etc.</p>	<ul style="list-style-type: none"> <li>- Conference</li> <li>- Course</li> <li>- Seminar</li> <li>- Workshop</li> <li>- <u>Approved</u> Online Group CE</li> <li>- Learning activity re: teaching health care professionals or the public</li> <li>- Learning activity re: research methodology</li> <li>- Participating in a formal, structured research project</li> <li>- <b>*Note:</b> On-line asynchronous CE-Group courses are <u>not</u> eligible to earn additional CCI</li> </ul>	<ul style="list-style-type: none"> <li>- Accredited RC or CFPC Assessment course in scholarship, or equivalent internationally-approved courses</li> </ul>	<ul style="list-style-type: none"> <li>- Audio/Video tape</li> <li>- Book/Journal</li> <li>- CD-ROM</li> <li>- Internet</li> <li>- <u>Development</u> of educational materials</li> <li>- <u>Development</u> of educational <u>content</u> and materials for MDPAC learning activities, or other mental health professional learning activities, e.g., MDPAC core essentials committee, OMA learning activities, etc.</li> <li>- Writing an article</li> <li>- Publishing research</li> <li>- Critically evaluating or reviewing literature</li> <li>- Teaching preparation</li> </ul>	<ul style="list-style-type: none"> <li>- Any eligible* 6-hour CE-Group educational activity in the Scholar role earns 1 hour of CCI (in the Scholar role)</li> </ul>

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CanMEDS Role/Content of the CE Learning Activity	CE-Group	CE-Assessment	CE-Self Directed (SD)	CCI
<p><b>7. Professional</b> <b>Demonstrate a commitment to patients by applying best practices, and adhering to high ethical standards</b></p> <p>Content of the CE learning activity is related to:</p> <ul style="list-style-type: none"> <li>- Development, review, and application of standards and guidelines (not specific to psychotherapy, psychiatry, or mental health), e.g., attendance at National Accreditation Committee (NAC) conference, serving as a peer assessor, e.g., CPSO Peer Assessors Training Course</li> </ul>	<ul style="list-style-type: none"> <li>- Conference</li> <li>- Course</li> <li>- Seminar</li> <li>- Workshop</li> <li>- <u>Approved</u> Online Group CE</li> <li>- <u>*Note:</u> On-line asynchronous CE-Group courses are <u>not</u> eligible to earn additional CCI</li> </ul>	<ul style="list-style-type: none"> <li>- Accredited RC or CFPC Assessment course in professionalism, or equivalent internationally approved courses</li> </ul>	<ul style="list-style-type: none"> <li>- Audio/Video tape</li> <li>- Book/Journal</li> <li>- CD-ROM</li> <li>- Internet</li> <li>- Peer assessment: review as assessor</li> <li>- Reviewing standards or guidelines on behalf of MDPAC</li> </ul>	<ul style="list-style-type: none"> <li>- Any eligible* 6-hour CE-Group educational activity in the Professional role earns 1 hour of CCI (in the Professional role)</li> </ul> <hr/>

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**Appendix C i. - Summary of the Allocation of Credit Requirements for CPSO/CPD Clinical, Certificant and Mentor Members -**

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	<b>CURRENT (CPSO/CPD, MENTOR AND CERTIFICANT MEMBER)</b>	<b>AS OF OCTOBER 1, 2021 (CPSO/CPD, MENTOR AND CERTIFICANT MEMBER)</b>
Total Hours per 3-year cycle	<b>150 hours</b> per 3-year cycle	<b>Minimum of 150 hours</b> per 3-year cycle
Hours required per year minimum	<b>Minimum of 25 hours</b> per year, any combination of CE/CCI	<b>Minimum of 25 hours</b> per year, any combination of CE/CCI
<b><u>CE</u></b>		
Total number of hours required per 3-year cycle	<b>75 hours</b> (50% of total number of CPD hours required)	<b>Minimum of 90 hours</b> (60% of total number of CPD hours required)
Medical Expert role (Psychotherapy, Psychiatry, Mental Health)	<b>75 hours</b> per 3-year cycle  <i>Note-</i> there is a <b>maximum of 35 hours</b> (11 hours and 40 minutes per year) of self-directed learning allowed (out of the minimum 75 hours required in the Medical Expert role) per 3-year cycle	<b>Minimum of 60 hours</b> per 3-year cycle. This includes CE-Group, CE-Assessment and CE-Self-Directed  <i>Note-</i> Self- directed learning: there is a <b>maximum of 36 hours</b> per 3-year cycle ( <b>12 hours per year</b> ) of <u>self-directed</u> learning allowed (out of the minimum 60 hours required in the Medical Expert role per 3-year cycle)
Other CANMEDS roles (other than Medical Expert)	<b>0 hours</b>	<b>Maximum of 30 hours</b> per 3-year cycle. <i>Note:</i> Self- directed learning: there is a <b>maximum of 12 hours</b> per 3-year cycle ( <b>4 hours per year</b> ) of <u>self-directed</u> learning allowed in CANMEDS roles other than Medical Expert (out of the maximum 36 hours of self-directed learning allowed in total, per 3 year cycle)
<b><u>CCI</u></b>		
Total number of hours required per 3-year cycle	<b>75 hours</b> (50% of total number of CPD hours required) per 3 year cycle	<b>Minimum of 60 hours</b> per 3-year cycle (40% of total number of CPD hours required per 3-year cycle)
Medical Expert role (Psychotherapy, Psychiatry, Mental Health)	<b>75 hours</b> per 3 year cycle	<b>Minimum of 36 hours</b> per 3-year cycle ( <b>12 hours per year</b> ) of "real time" contact
Other CANMEDS roles <b><u>Optional. There is no minimum number of hours required in this Section.</u></b>	<b>0 hours</b>	<b>Maximum of 24 hours</b> per 3-year cycle ( <b>8 hours per year</b> ) of CCI from a combination of MDPAC Listserv and CCI "real time" in other CANMEDS roles (other than Medical Expert)
Maximum for Listserv	<b>35 hours</b>	See above

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### Appendix C ii - Summary of the Allocation of Credit Requirements for Clinical members

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	<u>CURRENT (Clinical)</u>	<u>As of: October 1, 2020(Clinical)</u>
<b>Total Hours per 3 Year Cycle: CE</b>	<b>72 hours</b> per 3 year cycle	<b>75 hours</b> per 3 year cycle
Total number of hours required per 3 year cycle	<b>36 hours</b> (50% of total number of CPD hours required)	<b>45 hours</b> (60% of total number of CPD hours required)
Medical Expert role (psychotherapy, psychiatry, mental health)	<b>36 hours</b> per 3 year cycle	<b>30 hours</b> per 3 year cycle. This includes both CE Group and Self Assessment and Self-Directed*.
	<i>*Note-</i> there is a maximum of 16 hours of self-directed learning allowed (out of the minimum 36 hours required in the Medical Expert role) per 3 year cycle	<i>*Note-</i> there is a <b>maximum of 12 hours</b> per 3 year cycle (4 hours per year) of <u>self-directed</u> learning allowed (out of the minimum 30 hours required in the Medical Expert role per 3 year cycle)
Other CANMEDS roles (other than Medical Expert)	<b>0 hours</b>	<b>maximum of 15 hours</b> per 3 year cycle. <i>*Note-</i> there is a <b>maximum of 6 hours</b> per 3 year cycle ( <b>2 hours</b> per year) of <u>self-directed</u> learning allowed in CanMEDS roles other than Medical Expert.
<i>*Note:</i> Maximum for <u>total</u> number of self directed CE credits	<b>16 hours per 3 year cycle</b>	<b>*maximum of 18 hours</b> per 3 year cycle ( <b>6 hours per year</b> ). This includes self-directed learning in medical expert or any of the other CanMEDS roles)
<u>CCI</u>		
Total number of hours required per 3 year cycle	<b>36 hours</b> per 3 year cycle (50% of total number of CPD hours required)	<b>30 hours</b> per 3 year cycle (40% of total number of CPD hours required per 3 year cycle)
Medical Expert role (psychotherapy, psychiatry, mental health)	<b>36 hours</b> per 3 year cycle	<b>Minimum of 18 hours</b> per 3 year cycle ( <b>6 hours per year</b> ) – of “real time” contact
	<b>0 hours</b>	<b>Maximum of 12 hours per 3 year cycle (4 hours per year)</b> of CCI from a combination of MDPAC Listserv and CCI “real time” in other CanMEDS roles (other than Medical Expert)
Maximum for Listserv	<b>16 hours</b>	- See above+`

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### Appendix D - General Preamble

#### General Preamble

The purpose of this preamble is to give MDPAC members information on the context and reasons for the new CPD Program that will be implemented October 1, 2021. The CANMEDS Guidelines will be incorporated into the CPD Program. *Copyright ©2015 The Royal College of Physicians and Surgeons of Canada. <http://www.royalcollege.ca/rcsitecanmeds-framework-e> Reproduced by Permission.*

MDPAC has had its own CPD Program since the 1st Annual Educational Conference in 1987. Membership in the association has required some total of annual CPD credits (varied by Membership Categories) since 1995.

It is assumed that most members know that MDPAC was granted Third Pathway status in **2013** by The College of Physicians and Surgeons of Ontario (CPSO). The Third Pathway allows our members from Ontario to choose to have their CPD activities tracked by MDPAC rather than by the RCPSC or the CFPC.

The tracking of all Ontario physicians' CPD activities has been made mandatory by the CPSO since 2013.

The name "Third Pathway" comes from the fact that MDPAC is the third professional association in Ontario formally allowed to track physicians' CPD, the other two obviously being the RCPSC and the CFPC.

The CPSO requires reports from the RCPSC, CFPC and MDPAC on their respective CPD Programs. These reports are about the many facets involved in being a CPD Program provider and tracker, e.g., educational offerings by the association, CPD credit audits of members, developments in the association's CPD Program as a whole, etc.

The CPSO expects MDPAC to have a CPD Program that is essentially equivalent to the programs of both the RCPSC and the CFPC, while remaining distinctly MDPAC-based.

For many years now, both the RCPSC and the CFPC have had CPD activities (given approval) under a relatively new framework known as the CANMEDS Guideline Roles. Additionally, there has been the introduction of accrediting certain educational activities under a new category called Assessment. The CPSO considers these aspects of their respective CPD Programs essential.

The CANMEDS Guidelines is a framework that identifies and describes the abilities/competencies that physicians require to effectively meet the health care needs of the people they serve. It is organized under roles and competencies any physician performs within their day-to-day professional life, irrespective of the subspecialty they practise.

CANMEDS Guidelines were first introduced in the mid-1990s by the RCPSC and have been updated several times over the years. They are now used in all undergraduate medical education, all post-graduate residency training, and are in the complex and difficult process of being integrated into the Continuous Professional Development of practising physicians across Canada, regardless of specialty.

The new CE category Assessment is a type of learning activity that is intentionally structured to evoke insight and reflection by the student about their theoretical knowledge and practice skills

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on the topic the course is addressing. This is achieved by a series of self-evaluation exercises and third party observation and evaluation. The self-evaluation aspect typically includes a pre-course evaluation, an end of course evaluation and another post-course evaluation 3-6 months later.

The intended result is better patient care because of a more consistent and coordinated approach to the training, practice, and evaluation of physicians.

Given all that, the new MDPAC CPD Program was constructed in order to fulfill the CPSO's expectation of MDPAC to have equivalence in these aspects of its CPD Program and thereby continue to be granted its Third Pathway status.

The Board tasked the PDC back in 2014 with the duty to construct the new CPD Program integrating the CPSO's expectations of MDPAC. Given that the Board wanted an MDPAC-based integration of the CANMEDS Guidelines, and **Self-Assessment**, the PDC undertook a consultative process with our members.

A Survey Monkey was constructed, asking the members at large what additional educational activities they would like CPD credits for. 47 submissions were received. In addition to the Survey Monkey, the PDC, in 2015, organized and ran a face-to-face brainstorming session in the OMA conference room in downtown Toronto where 35+ attendants added their input to the task at hand. The final document, approved by the Board in March 2018, is an integration of that substantive membership input.

In this contextualizing preamble, there are a number of specific ideas/practical principles any member needs to understand.

Members DO NOT need to change what they have always done with respect to their CE/CCI CPD activity, except for a change in the ratio of credits between CE and CCI activity. The new CPD Program makes the new apportionment: for the membership categories of Clinical CPSO/CPD, Certificant and Mentor - 30 hours of CE and 20 hours of CCI per year versus the previous apportionment of 25 hours of CE and 25 hours of CCI per year (with the same total number of CPD hours required); For Clinical members, the CE/CCI apportionment changes go from 12 hours of CE and 12 hours of CCI, to 15 hours of CE and 10 hours of CCI (an increased requirement of 1 hour of CPD per year).

There is, however, another change all members will have to understand and comply with: the maximums of the various CPD categories of MDPAC's CPD Program have also changed. The specifics of those changes will be detailed amid the overall changes that will be presented subsequently.

For those MDPAC members unfamiliar with the CANMEDS Roles/Framework/Guidelines, they are as follows:

- i. Medical Expert - the specialty a colleague does
- ii. Communicator - all matters related to effective communication, whether with patients or colleagues
- iii. Collaborator - all matters related to constructively working with any other health care provider
- iv. Leader - all matters a physician could participate in for the functioning of the health care system (at whatever level) or its constructive developments
- v. Advocate - all matters related to a physician's efforts to promote positive health outcomes for patient populations or the health care system as a whole

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- vi. Professional - all matters related to a physician's ethical behaviour
- vii. Scholar - all matters related to ongoing learning and teaching of any physician (including oneself) in matters of research methodologies, research, research results evaluation, patient safety, etc.

That very brief summary about the seven CANMEDS roles and the associated competencies therein can be thoroughly clarified for anyone who is interested, by accessing the following link: <http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>

What all MDPAC members need to understand is that the CPSO wants the RCPSC, the CFPC and therefore, MDPAC, to give their respective members, regardless of their specialty (Medical Expert), the appropriate/justifiable CPD credits for CPD educational activities that justifiably fall under the CANMEDS Guidelines beyond those activities of Medical Expert, i.e., those of ii) through vii).

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**Appendix E - FAQ - Frequently Asked Questions**

**Frequently Asked Questions Regarding MDPAC's (New) Expanded  
Continuing Professional Development (CPD) Program**

The CanMEDS Guidelines will be incorporated into the CPD Program.

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**1. Why does MDPAC need to have a new CPD system? Why can we just not stay with the current system?**

MDPAC's current CPD program does not meet the CPSO's standard for MDPAC to continue to be a 'third pathway' for the reporting of CPD. More specifically, the current system does not incorporate CanMEDS and the CE category called Assessment into its framework. The CPSO made it clear that CanMEDS needed to be included in our CPD program, so it was thought wise to go ahead and implement this. An entirely new framework needed to be developed to incorporate CanMEDS and CE-Assessment into MDPAC's CPD reporting and recording system.

**2. What is CanMEDS?**

CanMEDS is a framework developed by the RCPSC that identifies and describes the competencies physicians require to effectively meet the health care needs of the people they serve. Its main purpose is to define the necessary competencies for all areas of medical practice, and to provide a comprehensive foundation for medical education and ongoing practice in Canada. These competencies are grouped thematically under seven roles. A competent physician seamlessly integrates the competencies of all seven CanMEDS Roles (taken from [royalcollege.ca](http://royalcollege.ca)). The CanMEDS framework was officially approved by the Royal College in 1996 and updated in 2005 and in 2015.

**3. What are the CanMEDS roles?**

The seven CanMEDS roles are: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional. Definitions of each of the roles can be found at:

<http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>, with more information at:  
<http://www.royalcollege.ca/rcsite/canmeds/about/faq-canmeds-e>.

A short version of each role can be found in the document "Descriptions of CPD Activities under the Seven CanMEDS Roles." See Addendum 1 at the end of this document.

**4. How is the new system different from what we're already using?**

The main difference is that some educational activities pertaining to medical practice, but not specifically about medical conditions and their treatment, may now be included for approval. These

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are identified in the six roles other than 'Medical Expert' in CanMEDS, e.g., Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional.

A new reporting category will be added in the CE Category entitled 'Assessment.' This category will include: supervision (as a supervisee) in psychotherapy or mental health training, development of a Personal Learning Plan (PLP), Practice Audit, and reviewing audio or videotaped sessions with a supervisor. (N.B. Supervision may still also be claimed as CCI, although not as both CCI and Assessment for the same session.)

Clinical members will be required to attain 75 hours of combined CE/CCI per three-year cycle, reported as 45 hours of CE and 30 hrs CCI (current requirement is 72 hours as 36 CE and 36 CCI).

CPSO/CPD, Certificant, and Mentor members will be required to attain 90 hours of CE and 60 hrs of CCI per three-year cycle (current requirement is 75 CE and 75 CCI so the total is unchanged). The increase in CE hours reflects the inclusion of the new category of 'Assessment' and courses that fit into one of the six Non-Medical Expert CanMEDS Roles.

The new framework allows CPD credit for non-clinical medical education.

In order to ensure that sufficient CPD in the "Medical Expert" (i.e., clinical) role is attained, minimums and maximums have been introduced in some areas.

### **5. Will I need to do more CPD?**

Only Clinical members will have a change in the total number of hours required. This was necessary for technical reasons related to the new web-based CPD Tracker Program. Clinical members will have to do one more hour per year, i.e. three more hours over a three-year cycle.

### **6. Do I need to change the type of CPD I am doing if I am happy doing all "Medical Psychotherapy and Mental Health training?"**

There is no requirement to do your CPD activities in any of the Non-Medical Expert CanMEDS Roles. Thus, you can continue to do your CPD exclusively in the current areas of Psychotherapy, Psychiatry, and Mental Health. These CPD activities will be logged into the new CPD Tracker Program under the Medical Expert CanMEDS Role.

### **7. Why are there Maximum allowable credits in some areas?**

There is no limit to how much CPD learning any MDPAC member may wish to do in any of the CanMEDS roles, or in any category of CE or CCI.

However, there is a limit to how many CPD credits can be earned in specific CanMEDS roles, e.g., those other than Medical Expert, and CPD categories (see below):

- a) There is a maximum for CPD credits that can be earned in roles other than Medical Expert. This is to ensure that members continue to do at least a minimum of CPD activities in the Medical Expert role.
- b) There is also a maximum of credits that can be earned in CE-Self-Directed, and in CCI-Listserv. This is to ensure that members continue to have real time interaction with colleagues.

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**8. What are some of the new types of activities that I can claim under the new CPD framework?**

MDPAC currently approves learning activity in psychotherapy, psychiatry, and mental health (all of these will continue to be approved in the new CPD framework under the Medical Expert role).

Under the expanded CPD framework, other learning activities can be claimed if they fit under one of the other six CanMEDS roles. Some examples of these are:

Communicator role: includes learning activities pertaining to record keeping, EMRs, philosophy, cultural sensitivity, and others.

Scholar role: research activities will be included under the Scholar role to a maximum of four hours of Self-Directed CE.

Leader role: includes serving as a peer assessor, medical/office practice, and administration courses.

Collaborator role: includes medical content other than psychotherapy, psychiatry, or mental health, e.g., cancer, diabetes, cardiovascular, palliative care, nutrition, etc.

Other activities: can be claimed under their respective roles; for reference, please see the following documents:

- a) "Descriptions of CPD Activities under the Seven CanMEDS Roles." See Addendum 1 at the end of this document.
- b) "CPD Expansion Categories," which can be found as the last document in the collection of educational material.

**9. How will some of the current CPD activities be accredited in the new CPD framework?**

Supervision (including Peer supervision) may be entered under EITHER (but not both) CCI or the new category of CE-Assessment.

The Self-Care Retreat would qualify for accreditation under the role of "Professional" as well as for CCI. Details would depend on the number of hours spent doing specific activities.

**10. Do I really need to change how I report my CPD?**

There is no need to change the type of CPD you do if you want to continue to do all of your activity in the Medical Expert role (clinical psychotherapy, psychiatry, and mental health). However, you will need to use the new CPD tracking system to record your activity as the current CPD tracking system will no longer be available.

**11. Can some CPD activities belong under more than one CanMEDS role?**

Yes, some CPD activities can overlap and fit under more than one role. For example, the CPSO Peer Assessors training course can fit under either the CanMEDS role of Leader or the CanMEDS role of Professional. In these cases, simply enter the credit under one of the appropriate roles.

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**12. What is the current requirement for CE-Self-Directed compared to the new system?**

For Clinical CPSO/CPD, Certificant, and Mentor members, the new system allows for a maximum of 12 hours of CE-Self-Directed CPD activity per year; a maximum of four hours of these 12 hours can be in CanMEDS Roles 2 – 7, e.g., roles other than ME. The maximum number of hours for CE-Self-Directed CPD activity in the current system is 11 hours and 40 minutes.

For Clinical members, the new system allows for a maximum of six hours of CE-Self-Directed CPD activity per year; a maximum of two hours of these six hours can be in CanMEDS Roles 2 – 7, e.g., roles other than ME. The maximum number of hours for CE-Self-Directed CPD activity in the current system is five hours and 20 minutes.

**13. What is the new “Assessment” category?**

The new CE Category of “Assessment” is a type of learning activity that is intentionally structured to evoke reflection and insight by the learner about their theoretical and practice skills on the topic the course is addressing. This is achieved by a series of self-evaluation exercises and third-party observation and evaluation. The self-evaluation aspect typically includes a pre-course evaluation, an end-of-course evaluation and another post-course evaluation three to six months later.

Please note the above description so far makes no reference to the course subject matter because this new category of CE is about the quality of the course. Thus, as you will see on the new Web Tracker Program under “CE-Assessment,” there are many types of possible CE activities that qualify for the CE-Assessment type of CPD.

Note: Supervision (as supervisee) was given Board approval as “CE-Assessment”-quality CPD (and thus no longer just CCI) at the very outset of the CPD Program Expansion construction work. The Board recognized that supervision is intrinsically structured to evoke reflection and insight about one's theoretical and practice skills, and does so in an ongoing way, e.g., the supervisee is doing continuous “self-evaluations.”

In the CPD program expansion, the member gets to choose which type of credit they would like to claim for any one Supervision session, e.g., you can claim EITHER (but not both) CE-Assessment or CCI, for any one supervision session.

**14. Will the new web application keep track of the minimum and maximum requirements?**

The new Web Tracker Program will automatically track the “Credited” CPD activity subject to maximums. The Tracker Program will also show all “Approved” CPD activity subject to maximums. Thus the Tracker will show all the CPD activity as “Approved” (if it is “Approved” by a Membership Committee “Approver”), and also automatically show the “Credited” activity to the appropriate maximum. For example, in any one year, a member may submit for approval 30 hours of Self-Directed CE in the form of book reading under the CanMEDS Role of Medical Expert, e.g., books related to psychotherapy, psychiatry, or mental health. If the Approver approves all those book-reading hours, the Tracker will show 30 hours of “Approved” Medical Expert Self-Directed

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CE, but show “Credited” for only 12 hours because that is the maximum of Medical Expert CE-Self-Directed per year.

Now if a different member submitted six hours of CE-Self-Directed CPD activity in the form of book reading on psychotherapy, psychiatry, or mental health under the Medical Expert CanMEDs Role, and six hours of CE-Self-Directed CPD activity in the form of book reading under a Non-Medical Expert Role (let's say the Professional Role because the book was on Medical Ethics in general), and all activities and hours were “Approved” by the “Approver,” the new Tracker Program would automatically show the total number of hours “Approved” and it would automatically show that the six hours of Medical Expert CE-Self-Directed hours were “Credited,” but it would automatically show that only four hours of Non-Medical Expert Role (Professional Role, in this hypothetical example) would be “Credited” as CE-Self-Directed activity because that is the maximum of CE-Self-Directed activities for Non-Medical Expert Roles. In this example, the member would still have two hours of available CE-Self-Directed activity that they could submit for “Credited” status under the Medical Expert Role, because while they reached the maximum of four hours of CE-Self-Directed in Non-Medical Expert (ME) Roles (four hours), they have not yet “hit” the yearly maximum of CE-Self-Directed of 12 hours, e.g., they have a “Credited” total of six hours of ME CE-Self-Directed, and a “Credited” total of the maximum allowed for Non-ME CE-Self-Directed of four hours, making a total of 10 hours of “Credited” CE-Self-Directed. The new yearly maximum of CE-Self-Directed CPD activity is 12 hours. So two hours of “Creditable” CE-Self-Directed CPD are still available to this hypothetical individual but they would have to be done in the Medical Expert Role content to be “Credited.”

The new CPD Tracker Program will automatically do all the accurate “accounting.”

**15. Will there be a carry-over of credits from the current system to the new system in October 2021?**

Yes; however, the technical (programming) issues of doing this have not yet been worked out.

**16. Who can I contact if I still have a question after reading all the educational material about the expanded CPD program?**

Stephen Sutherland – [stephenjsutherland@gmail.com](mailto:stephenjsutherland@gmail.com)

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**ADDENDUM 1**

**MDPAC CPD Program: Descriptions of CPD Activities**  
**under the Seven CanMEDS Roles**

**1. Medical Expert**

**Practise medicine within their defined scope of practice and expertise.**

For MDPAC members, that means the content **of the CE learning activity** is related to:

- psychotherapy, psychiatry, and mental health
- Note: includes psychology of coaching, workshops/courses on mindfulness, designed to learn new skills
- does not include personal practice of mindfulness or personal psychotherapy

**2. Communicator**

**Establish professional therapeutic relationships with patients and their families and other health care providers.**

Content **of the CE learning activity** is related to effective in-person or electronic communication (not specific to psychotherapy, psychiatry, or mental health):

- oral or written communication skills
- record keeping
- EMRs
- confidentiality/privacy issues
- cultural sensitivity training
- philosophy, spiritual studies, belief systems, comparative religions

**3. Leader**

**Contribute to the improvement of health care delivery in teams, organizations, and systems.**

Content **of the CE learning activity** is related to:

- effectively working as a team, organization, or system; a leader or supervisor, e.g., quality improvement
- enhancing systems of care, e.g., attendance at National Accreditation Committee (NAC) conference
- serving as a peer assessor, e.g., CPSO Peer Assessors training course
- leadership courses
- medical/office practice and administration course
- supervision/mentoring course
- health care resource allocation

**4. Collaborator**

**Work effectively with physicians and other colleagues in the health care professions.**

Content **of the CE learning activity** is related to:

- effective collaboration with other health care providers (HCPs), e.g., effective consultation,

# MEDICAL PSYCHOTHERAPY ASSOCIATION CANADA

## REPORT TO THE CPSO - 2021

referral, and handover of patient care; information sharing

- conflict prevention, management, and resolution
- understanding scope of practice of other HCPs
- medical content other than psychotherapy, psychiatry, or mental health, e.g., cancer, cardiovascular, diabetes, other medical conditions, sports medicine, palliative care, rehabilitation, nutrition, exercise, etc.

### 5. Health Advocate

**Respond to the individual patient's health needs by advocating with the patient within and beyond the clinical environment.**

Content **of the CE learning activity** is related to:

- advocating for accessible, quality, appropriate mental health services for a given population or community
- use of new media
- issues related to specific groups or populations, e.g., women, refugees, indigenous populations, LGBTQ, etc.
- Note: advocating for individual patients would not be included, as this is part of individual patient care

### 6. Scholar

**Engage in the continuous enhancement of their professional activities through ongoing learning.**

Content **of the CE learning activity** is related to:

- teaching or resources (not specific to psychotherapy, psychiatry, or mental health), e.g., research methodology, epidemiology, statistics course, etc.

### 7. Professional

**Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards.**

Content **of the CE learning activity** is related to:

- development, review, and application of standards and guidelines (not specific to psychotherapy, psychiatry, or mental health), e.g., attendance at National Accreditation Committee (NAC) conference
- serving as a peer assessor, e.g., CPSO Peer Assessors training course

# Council Motion

<b>Motion Title</b>	Medical Psychotherapy Association of Canada Third Pathway
<b>Date of Meeting</b>	March 4, 2022

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

The Council of the College of Physicians and Surgeons of Ontario extends the status of the Medical Psychotherapy Association of Canada as a third pathway of Continuing Professional Development (CPD) until September 2024.

# Council Briefing Note

March 2022

<b>Topic:</b>	College Performance Measurement Framework
<b>Purpose:</b>	For Discussion
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation, Quality Care, Meaningful Engagement, System Collaboration, Continuous Improvement
<b>Public Interest Rationale:</b>	The Ministry of Health’s College Performance Measurement Framework aims to strengthen accountability and oversight of Ontario’s health regulatory colleges and to help the colleges improve their performance.
<b>Main Contact(s):</b>	Susan Klejman, Director, Information Management & Business Analytics Craig Roxborough, Director, Policy Heather Webb, Senior Policy Analyst
<b>Attachment(s):</b>	Appendix A: Draft College Performance Measurement Framework, 2021

## Issue

- The Ministry of Health has released its College Performance Measurement Framework (CPMF) for the 2021 reporting year, which sets out expectations and reporting requirements for all health regulatory Colleges.
- Council is provided with the CPSO’s draft CPMF report for 2021 (Appendix A)<sup>1</sup> for review.

## Background

- Launched last year, the Ministry requires all health regulatory Colleges to complete the CPMF report on an annual basis with the aim of assessing how well the Colleges are executing their mandate to act in the public interest.
- CPSO’s CPMF report for the 2020 reporting year, in which CPSO fulfilled all of the Ministry’s requirements, is available on CPSO’s [website](#).

<sup>1</sup> Staff are aware of minor formatting inconsistencies in this document, which is the Word version of the CPMF report supplied by the Ministry. These inconsistencies will be fixed prior to finalization.

- For the 2021 reporting year, Colleges are required to post their completed CPMF reports on their respective websites and share them with the Ministry by March 31, 2022.

### **Current Status and Analysis**

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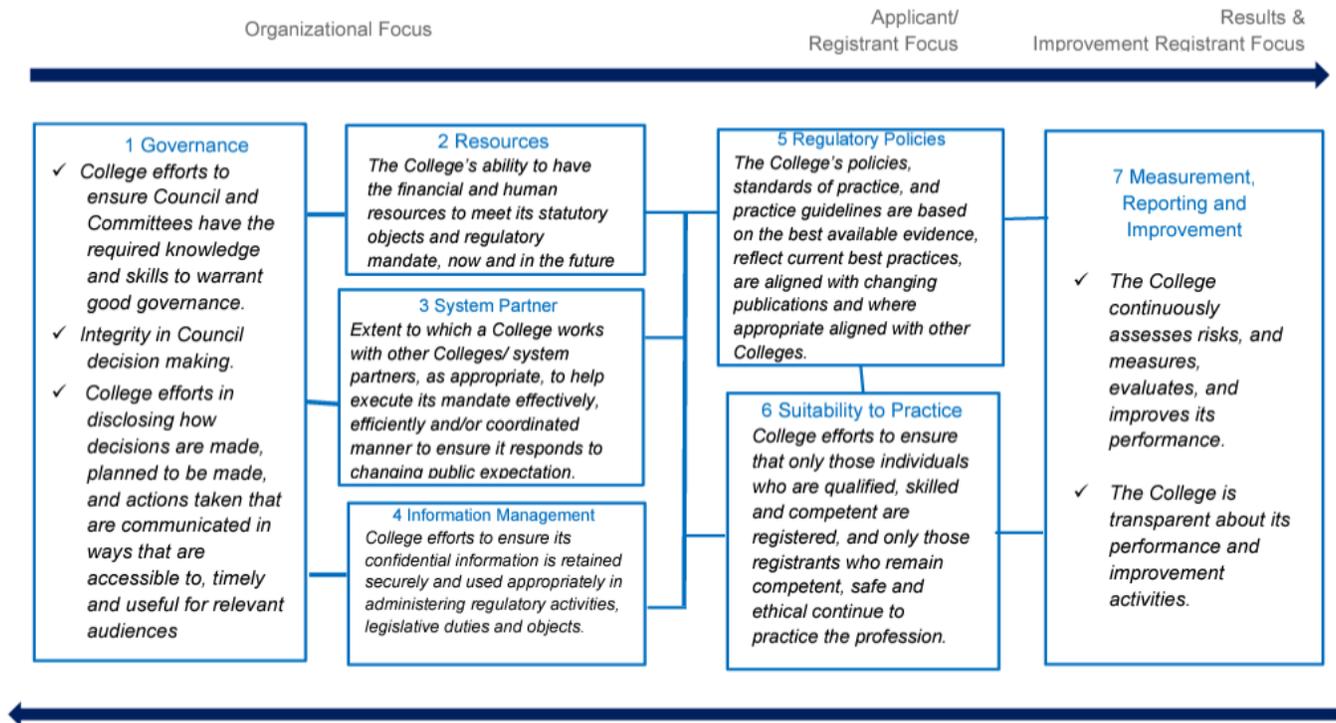
- Staff have prepared the draft CPMF report for review by Council and posting by the March deadline. An overview of significant updates to the 2021 report, CPSO's overall performance, and the anticipated Ministry response is set out below.

#### Updates to the 2021 CPMF Report

- The Ministry has made a number of updates to the 2021 iteration of the CPMF report in response to feedback from Colleges, the public, and experts.
- Many of these changes were designed to make the report easier to complete. They include new drop-down menus, bookmarks, and additional interpretive guidance, as well as a Technical Specifications document to assist Colleges in providing the statistical information required by the CPMF.
- In some cases, questions in the 2021 report were carried over unchanged from the 2020 report. The Ministry has indicated that where a question is unchanged and a College fully met the requirement last year, the College may opt to respond with "Meets Standard" to illustrate that the current response is consistent with last year's response.
  - This response has been provided in a number of places in CPSO's 2021 CPMF report. In other instances, CPSO has nevertheless provided updated information for 2021 because it was deemed relevant and helpful.
- In other cases, the Ministry has updated and refined questions from last year's report. Where a question has been revised, Colleges are required to provide responsive information even if they met the requirement last year.
  - CPSO has therefore re-responded in these cases and, where appropriate, included some responsive information that had been provided in last year's report.
- New questions have also been added to the CPMF to highlight the Ministry's three new focus areas: Equity, Diversity, and Inclusion; Risk Management; and Use of Technology.
- Finally, the Ministry is aware that College processes and procedures were likely impacted by COVID-19 in 2021, resulting in responses that may be inconsistent with the last reporting cycle. It has committed to working with the Colleges to ensure that this context is clearly communicated to help the public better understand the information provided.

CPSO’s Overall Performance

- The CPMF consists of seven Domains for measuring regulatory excellence, which are illustrated below.



- Each Domain is broken down into separate Standards (performance-based activities that a College is expected to achieve and against which the Colleges are measured).
- To assess Colleges’ performance against the Standards, the CPMF is divided into two parts:
  - Part 1: Measurement Domains is narrative-based and requires Colleges to provide evidence of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant Standards.
  - Part 2: Context Measures requires Colleges to supply statistical data that will provide helpful context about a College’s performance related to the Standards.

**Part 1: Measurement Domains**

- In all of the domains, CPSO is fully meeting the Ministry’s requirements of health regulatory colleges. The 2021 CPMF report demonstrates how CPSO was able to fulfill the Ministry’s

objectives while meeting the priorities of the Strategic Plan, including in the following key areas:

- In meeting the Ministry’s Standards in the Governance Domain, CPSO highlighted the implementation of the Governance Orientation eLearning Program and significant updates to training received by new members of the Ontario Physicians and Surgeons Discipline Tribunal, which help ensure that Council and Committee members are prepared for their role and understand their responsibilities.
  - In response to the Ministry’s new focus on Equity, Diversity, and Inclusion, CPSO highlighted the considerable work undertaken in 2021 in this space in the CPSO’s work, including training for Council, committee members, and staff; complaint investigations; and policy analysis.
  - CPSO’s new enterprise management system and data management system were highlighted in response to the new Ministry priority areas of Risk Management and Use of Technology, including how these systems enable increased staff productivity, promote remote work, improve interactions with members of the profession, and mitigate potential cyber risk.
  - CPSO’s commitment to system collaboration and meaningful engagement is identified in a number of CPMF domains, with examples provided of CPSO’s work with members, patients, the public, and stakeholders in order to respond to changing needs and practice expectations.
- A snapshot of CPSO’s performance regarding the CPMF Standards is provided below, with the full draft report found in the Appendix.

Domain	Standard	Is CPSO Meeting Requirements? (Yes/Partially/No)
<b>Governance</b>	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	Yes
	2. Council decisions are made in the public interest.	Yes
	3. The College acts to foster public trust through transparency about decisions made and actions taken.	Yes
<b>Resources</b>	4. The College is a responsible steward of its (financial and human) resources.	Yes
<b>System Partner</b>	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.	Yes

	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.	Yes
<b>Information Management</b>	7. Information collected by the College is protected from unauthorized disclosure.	Yes
<b>Regulatory Policies</b>	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.	Yes
<b>Suitability to Practice</b>	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.	Yes
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.	Yes
	11. The complaints process is accessible and supportive.	Yes
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public	Yes
	13. The College complaints process is coordinated and integrated.	Yes
<b>Measurement, Reporting and Improvement</b>	14. The College monitors, reports on, and improves its performance.	Yes

**Part 2: Context Measures**

- With respect to the Context Measures, the statistical results provided for 2021 are fairly consistent with the results provided in 2020.
- In all areas, CPSO has utilized the recommended data collection and reporting method preferred by the Ministry.
- It should be noted that the kind of data the Ministry requires in the report, and the method in which it must be supplied, is unique to the CPMF.
  - The data supplied by CPSO may therefore not align with how the Key Performance Indicators are reported to Council.
  - In addition, certain data points required by the CPMF are not collected, coded, or applicable in CPSO’s context. In this case, the relevant field has been left blank.

### Anticipated Response to the CPMF Report

- The Ministry has indicated that, like last year, the purpose of this year's CPMF report is to provide baseline information respecting a College's activities and processes and, where relevant, the College's performance improvement commitments.
- At this time, Colleges will not be assessed or ranked against each other on the degree to which they have implemented the CPMF Standards and/or how well they are performing in adhering to their mandate.
- Instead, the Ministry will provide each College with performance feedback (and potentially identify opportunities for improvement), seek opportunities to foster collaboration among Colleges, and draft an overall systems-level report that will be posted on the Ministry's website.

### **Next Steps**

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- Following review by Council, the final report will be posted and submitted to the Ministry of Health by March 31, 2022.

### **Questions for Council**

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

Serving the people of Ontario through  
effective regulation of medical doctors

## College Performance Measurement Framework (CPMF) Reporting Tool

March 31, 2022

DRAFT

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## Introduction

### The College Performance Measurement Framework (CPMF)

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

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
2. help Colleges improve their performance.

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

**Table 1:** CPMF Measurement Domains and Components

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



Figure 2: CPMF Domains and Standards

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

## The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the ministry and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

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

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

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: [health.gov.on.ca/en/pro/programs/hwrob/regulated\\_professions.aspx](https://health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx), and

In French: [health.gov.on.ca/fr/pro/programs/hwrob/regulated\\_professions.aspx](https://health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx)

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to
- undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.<sup>1</sup>

### Completing the CPMF Reporting Tool

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

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

### What has changed in 2021?

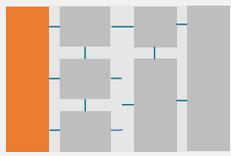
Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in Column Two.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

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<sup>1</sup> Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

## Part 1: Measurement Domains

		Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.		
DOMAIN 1: GOVERNANCE  STANDARD 1		Required Evidence	College Response	
		a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> <li>i. meeting pre-defined competency and suitability criteria; and</li> </ul>	The College fulfills this requirement: <ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: Choose an item <i>If yes, please insert a link to where they can be found, if not please list criteria.</i></li> </ul> CPSO outlines both minimum eligibility requirements to determine the suitability of professional members of Council, as well as desired competencies that are highlighted as part of any call for nominations. <p>Minimum eligibility requirements (or exclusion criteria) are set out in s. 13(1) of CPSO's <a href="#">General By-law</a>. These set out foundational criteria to assess suitability and include requirements that potential members not be the subject of any disciplinary or incapacity proceeding; that they not, and have not been within one year before the date of the election, a director or officer of any major stakeholder organization (e.g. the Ontario Medical Association); that they are not, and have not been within five years before the date of the election, an employee of the College; and so on.</p> <p>Provided a professional member candidate meets the minimum eligibility requirements for Council, he or she is then assessed in accordance with CPSO's competency framework. In 2020, a Council Profile was developed and approved by Council, including diversity attributes, technical skills and behavioural competencies that Council members should possess to ensure that Council can carry out its strategic objectives. Since CPSO submitted its last CPMF to the Ministry of Health in 2020, the Council Profile was shared with the Public Appointments Secretariat and the Minister's Office to inform the process of selecting public members for appointment to CPSO's Council. As part of the election process to Council, professional members are asked to highlight in their nomination statement the skills and experience they bring as they relate to the Council Profile.</p> Link: <a href="https://www.cpso.on.ca/en/About/Council/Council-Elections">https://www.cpso.on.ca/en/About/Council/Council-Elections</a>	Meets Standard
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	N/A
	<i>Additional comments for clarification (optional):</i>			

	<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link to the website if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>All professional members who wish to stand for election must complete CPSO’s Governance Orientation eLearning Program, approximately 1-1.5 hours in duration. The online program can be completed at the professional member’s desired pace and includes a combination of presented information, case studies and quizzes to provide opportunities to demonstrate the knowledge gained. Staff are also available to connect with professional members to answer questions or clarify any information provided in the Governance Orientation eLearning Program.</p> <p>The list of training modules for professional members include: Introduction to the College; By-Laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; A Day at Council; and Council Election Process.</p>	<p>Meets Standard</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>N/A</p>
		<p><i>Additional comments for clarification (optional):</i></p>	
	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• The competency and suitability criteria are public: <b>Choose an item</b></li> <li>• <i>If yes, please insert a link to where they can be found, if not please list criteria.</i></li> </ul> <p>Click <a href="#">here</a> to view the skills and qualifications that are expected of all Committee members.</p> <p>Statutory committees are comprised of Council members as well as non-Council members. As for professional members of Council (outlined above in 1.1.a.i.), CPSO outlines both minimum eligibility requirements to determine the suitability of professional members of committee, as well as desired competencies that are highlighted as part of any call for applications.</p> <p>Minimum eligibility requirements (or exclusion criteria) are set out in s. 35(1) of CPSO’s <a href="#">General By-law</a>. These set out foundational criteria to assess an individual’s suitability to sit on committee and include requirements that potential members not be the subject of any disciplinary or incapacity proceeding; that their certificate of registration not have been revoked or suspended in the six years preceding the date of the appointment; and so on. In addition, s. 36(1) of the By-law sets out separate grounds that would disqualify a professional committee member from sitting on committee.</p> <p>Provided a candidate meets the minimum eligibility requirements, he or she is then evaluated against the competency framework and specific needs identified by the particular committee. When appointing a Council member to statutory committees, the Governance Committee considers the member’s skills, experience and commitment and makes appointments based on the competencies required for the statutory committee. The Governance Committee recruits non-Council members to</p>	<p>Meets Standard</p>

			<p>statutory committees using competencies, qualifications, and suitability criteria that the particular committee requires, which are publicly available on CPSO’s website when committee vacancies are posted. Using the Council Profile as a model, CPSO continues to develop and refine the skills, competencies and diversity attributes for each statutory committee to better inform the recruitment and appointment process.</p> <p>For example, the recruitment of new members of the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT, the CPSO’s Discipline Committee) underwent some significant changes in 2021. In 2021, the College recruited five new experienced adjudicators to the OPSDT. They were appointed following a competitive process. Among the required qualifications was at least five years of part-time or full-time experience as an adjudicator. The job posting specifically invited applications from members of equity-seeking groups and was sent to associations of lawyers and physicians representing members of such groups. In addition to a rigorous skills-based interview, the candidates were also required to write a decision. Staff prepared a mock Notice of Hearing and Agreed Statement of Facts. Lawyers made legal arguments on the appropriate penalty as if it were a real case. Staff recorded the arguments, the candidates watched the video and had two weeks to write a decision, which was then scored anonymously.</p>
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item</p>
		<p><i>Additional comments for clarification (optional):</i></p>	
	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Meets Standard</p>
		<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link to the website if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p>All new committee members must complete CPSO’s Governance Orientation eLearning Program prior to beginning their committee work. The online program provides a robust orientation to CPSO, its governance structure and the role of a committee member. The program is approximately 1-1.5 hours in duration and can be completed in one sitting or at the member’s desired pace. The program includes a combination of presented information, case studies and quizzes to provide opportunities to apply the knowledge gained. Staff are also available to connect with members to answer any questions or clarify any information provided in the Governance Orientation eLearning Program.</p> <p>For non-Council committee members, the list of training modules include: Introduction to the College; By-Laws, Legislation and Regulation; Fiduciary Duty and Serving the Public; Confidentiality and Communications; Council Overview; and A Day at Committee. (The training modules for publicly-appointed Council members, who are cross-appointed to various statutory committees, are covered below in 1.1.c.)</p> <p>Depending on the committee, there may be additional training provided to committee members to support their work. The committee specific orientation topics are listed below:</p> <p><b>Ontario Physicians and Surgeons Discipline Tribunal (Discipline Committee) and Fitness to Practise Committee:</b> For new physician and public members, staff conduct a virtual one-day session including an introduction to discipline principles and process, jurisdiction and procedural fairness, rules of evidence, a presentation on myths and stereotypes in sexual misconduct cases, and an introduction to inclusive and accessible adjudication. Members also watch at least one hearing before sitting.</p> <p>For new experienced adjudicator members, staff conduct one full-day and two half-day virtual sessions. Topics include an introduction to College complaints and investigations, common allegations of professional misconduct, incompetence and Fitness to Practise cases, considerations on penalty, and an advanced reason-writing workshop. The sessions also include discussion of professional discipline values, rules of evidence, joint submissions, the reason writing and review process, reprimands, reinstatements, vulnerable witnesses, a presentation of myths and stereotypes in sexual misconduct cases, and victim impact statements.</p> <p><b>Executive Committee:</b> Informal onboarding for new Executive Committee members is provided by senior staff and the topics vary according to the issues before the Committee at any given time. These can include the Strategic Plan and Key Performance Indicators, the CPSO Leadership Team, Legislative and Regulatory Framework, Government Relations Initiatives, and Governance Modernization.</p> <p><b>Inquiries, Complaints and Reports Committee:</b> Topics for orientation include a welcome and introduction to ICRC outlining basic responsibilities of ICRC and introducing the Investigations and Resolutions area, Meeting Logistics, the Pre/Post/During ICRC Panel overview, Administrative Law Part I, Role of the RHPA, Role of ICRC and their focus of analysis in Decision Making, Administrative Law Part II, Deliberative Privilege, Legal Counsel Advice, Basic framework re sexual abuse and ICRC relationship with</p>	

the Ontario Physicians and Surgeons Discipline Tribunal

- Duration of training: 2 half-day sessions on the above topics. In addition, new members observe several panels (3-4 types), after which, based on their comfort level, they are assigned as an active member to a panel. New members also have mentors assigned to them. For their first panel as a participant, the mentor also attends and is available to assist as needed.
- Format: virtual. Staff from I&R leadership, Legal, and committee support are in attendance.

**Patient Relations Committee:** Topics for orientation include the Committee Terms of Reference, Funding for Therapy and Counselling, Benchmarks, Privacy/Confidentiality, Webmail, Legal Opinions, Decision Components, Application Package, Legislation, Annual Report

- Duration of training: a 1.5 hour session.
- Format: virtual. New members are also provided with a committee-specific orientation manual that they are asked to read in advance of the training.

**Quality Assurance Committee:** Topics for orientation include a Committee Primer and Competency Framework, Policy Minutes, QAC Regulations, QAC Meeting resource material, Remuneration, Sample Peer Report, Orientation to CPSO Technology, Privacy and Confidentiality. New members also receive an orientation package including the following material:

- Welcome letter
  - Staff Contact List
  - QAC Members List and 2022 meeting dates
  - QAC Primer & Competency Framework
  - Sample of Policy Minutes (from the last meeting)
  - QAC Regulation
  - QAC Meeting Material Resources
  - Sample Statement of Services Rendered (reimbursement claim form)
  - Sample Peer Assessment report (redacted)
  - Privacy & Confidentiality
  - Acronyms
  - Instructions for Solis (CPSO's member database) and Finance & Operations Quick Reference Guides [in development]
- Duration of training: 2 hour session
  - Format of training: virtual. New members also attend member-specific issue (MSI) meetings as an observer to see how they are conducted and are paired with a mentor who they can reach out to at anytime to discuss cases if needed. Once a member is comfortable with the MSI process and how decisions are made, they commence presenting their assigned cases. Generally new members observe 2-3 MSI meetings first before they start presenting.

**Registration Committee:** Topics for orientation include CPSO [registration policies](#), CPSO [Practice Guide](#), CPSO Best Practices – Privacy & Confidentiality (internal), CPSO [CPD website](#) (internal, contains resources assisting Committee and staff when making education-related decisions), information and background on the Registration Regulation, information on the practice of medicine (for public members), conflict of interest and bias, and SOLIS (CPSO's member database). The application questions are also reviewed with new committee members.

- Duration of training: The hands on-orientation is roughly a 2-3 hour session. Material, links and a PowerPoint presentation are provided in advance so new members have time to review in advance of the meeting, and they also have access to this material afterward. There is also an informal mentoring program, which connects each new member with an existing member, and lasts for about a year. Newest members sit as observers without voting ability at several meetings (3 to 6) in order to understand the process and nuances, and to gain a robust understanding of CPSO policies and Regulation.

		<ul style="list-style-type: none"><li>• Format: The hands on-orientation portion is currently virtual.</li></ul>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	N/A
		<i>Additional comments for clarification (optional):</i>	

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		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link to the website if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>Public members who are appointed to the CPSO Council by the Lieutenant Governor-In-Council are required to complete the following programs as part of their orientation to Council: the Council on Licensure and Enforcement and Regulation (CLEAR)’s Introduction to Regulatory Governance course (3-4 hours online) and CPSO’s Governance Orientation eLearning Program (1-1.5 hours online).</p> <p>The CPSO’s Governance Orientation eLearning Program provides a robust orientation to CPSO, its governance structure and the role of a committee member. The program is approximately 1-1.5 hours in duration and can be completed in one sitting or at the member’s desired pace. The program includes a combination of presented information, case studies and quizzes to provide opportunities to apply the knowledge gained. Staff are also available to connect with members to answer any questions or clarify any information provided in the Governance Orientation eLearning Program.</p> <p>The list of training modules for public appointments to Council include: Introduction to the College; By-Laws, Legislation and Regulation; Fiduciary Duty and Protecting the Public; Confidentiality and Communications; A Day at Council; A Day at Committee; and Remuneration. Within each of these categories are various topics which include references to CPSO by-laws and the documents contained in the Declaration of Adherence package. The Governance eLearning Program also provides helpful resources to support public members in learning more about equity, diversity and inclusion in the context of health care.</p>	<p>Meets Standard</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>N/A</p>	
<p><i>Additional comments for clarification (optional):</i></p>				

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	The College fulfills this requirement:	Meets Standard
	<ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials where (updated) Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: Choose an item</li> <li>• <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i></li> </ul> Nothing to complete, Meets Standard/No Change	
	If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?	
Additional comments for clarification (optional)		

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Meets Standard</p>
			<ul style="list-style-type: none"> <li>• A third party has been engaged by the College for evaluation of Council effectiveness: Yes</li> <li>• <i>If yes, how often over the last five years? Once</i></li> <li>• Year of last third-party evaluation. 2020</li> </ul> <p>Over the last 5 years, CPSO has engaged a third party to conduct a targeted evaluation of Council’s effectiveness once, in 2020.</p> <p>In addition, Council conducts an annual assessment using a tool developed by a third party to evaluate its effectiveness and benchmark with other not-for-profit health care boards. Information about CPSO Council’s assessment tool can be found <a href="#">here</a>. CPSO made some minor updates to the tool in 2021 to better tailor it to the needs of Council. Council is also provided education about what makes an effective board member, so that when they conduct the annual assessment they have an educated place from which to do so.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>N/A</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

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	<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training.</li> <li>• Please insert a link to Council meeting materials where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last year</u>.</li> </ul> <p>Each Council meeting concludes with an in-camera Meeting Reflection Session so that Council members may share observations about the effectiveness of the meeting and the engagement of members. Certain CPSO committees (e.g. Governance Committee) conclude in the same fashion. In addition, Council members are requested to complete an anonymous survey following each Council meeting to assess the appropriateness of the meeting agenda, the effectiveness of the conduct of the meeting, the adequacy of background materials, and the level of support provided by Council support staff. Members are also specifically prompted to provide information about areas they feel Council should focus on in the future. Results from these surveys are collected by senior CPSO staff to develop and enhance subsequent Council agenda topics relating to education and training.</p> <p>In 2020, the Governance Committee initiated education on equity, diversity, and inclusion issues for its Committee. With the creation of an EDI role and strategy within CPSO, a broader education and training program for all committees and Council was initiated. The new Governance Orientation eLearning Program, described above in 1.1., was designed so that all new Council and committee members receive the necessary resources and training to embed EDI in the work they do.</p> <p>Over the course of 2021, external guests held a number of virtual sessions for Council and committees, sharing their expertise and lived experience of topics including unconscious bias, anti-Indigenous racism, privilege and allyship, and how we can embed an equity analysis into our work. These 1.5-2 hour sessions were extremely well-received by attendees.</p> <ul style="list-style-type: none"> <li>• Dr Lisa Richardson: Wise Practices for Reconciliation in Health Care (Council), March 2021</li> <li>• Dr Javeed Sukhera: Understanding Equity, Diversity, Inclusion, and Belonging in a Regulatory Context (Council and Committee), April 2021</li> <li>• Dr Lisa Richardson: We Are All Treaty People: Reconciliation in Health Care (Committee), May 2021</li> <li>• Anna Dewar-Gully, Tidal Equality: Equity Sequence (Council), September 2021</li> <li>• Drs Stephanie Nixon and Ed Connors: Toward Peacemaking, Part 1: An Introduction to the Coin Model of Privilege and Critical Allyship (Committee,), October 2021</li> <li>• Drs Stephanie Nixon and Ed Connors: Toward Peacemaking, Part 2: Embracing Alternatives to a Colonial Mindset (Committee), November 2021</li> </ul> <p>Relevant feedback from the Council EDI education sessions in March, April, and September 2021 helped inform the development of the November 2021 session, as well as the CPSO’s 2022 EDI plan. Topics slated for 2022 include anti-Black racism and LGBTQ2S+ issues as they relate to health care.</p> <p>In the spirit of collaboration, CPSO has provided ongoing updates and suggestions to other health regulatory colleges regarding its EDI work. Some colleges have engaged the above-noted speakers to initiate conversations within their Councils and staff, and HPRO also invited our EDI Lead to present our EDI work and discuss with them how they could move forward with EDI work within their Colleges. Our EDI Lead has also been invited to give presentations at a number of other external organisations, including hospitals and faculties of medicine. Finally, in September 2021 Council members received an education session relating to Governance Best Practices, which had been identified as an area of interest for more learning by Council.</p>	<p>Meets Standard</p>
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			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	N/A
			<i>Additional comments for clarification (optional):</i>	

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	<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training.</li> <li>• Please insert a link to Council meeting materials where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last year</u>.</li> </ul> <p>Although CPSO’s work on this topic had already begun, EDI became a clear focus for us following the death of George Floyd in May 2020 and the release of the report In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care in November 2020. Both of these events occurring within a short time of each other, and the resulting, notable cultural shift among the public and CPSO members, helped CPSO to translate some of these important issues into education opportunities. As noted above, in 2021 Council received a series of well-received education sessions on topics including unconscious bias, anti-Indigenous racism, privilege and allyship, and how we can embed an equity analysis into our work. Video from these sessions have been archived on the CPSO’s internal website for access by staff, Council members, and committee members.</p> <p>Education on these topics was also provided to all committee members via mandatory education sessions. The Inquiries, Complaints and Reports Committee (ICRC) also received two additional sessions on best practices for managing complaints of discrimination. These were case-based discussions led by our EDI Lead and Senior Legal Counsel. CPSO’s EDI work will continue into 2022 with a focus on Anti-Black Racism and LGBTQ2S+ Health. Feedback from Council and committees has been incorporated into the planning of these 2022 sessions, including more opportunities for small group discussion as well as a case-based approach.</p> <p>More information about our overall EDI Strategy and work in 2021 can be found <a href="#">here</a>.</p> <p>In addition to other ways that CPSO gathers insights from the public to inform its work, CPSO relies on its government-appointed public members to provide insights into how expectations among Ontarians more broadly are evolving. Public members have an opportunity to suggest topics for discussion and/or further training and education at Council as well as within committees. As part of CPSO’s efforts to ensure that we are responding to evolving public expectations, staff and the Governance Committee review the Council and committee training and education annually to ensure it reflects new and/or emerging priorities as they relate to our mandate to serve in the public interest.</p> <p>Finally, in September 2021 Council members received an education session relating to Governance Best Practices in order to learn about effectively managing internal and external risk and addressing organizational challenges. This training covered best practices, the need for and value of competencies, the need to understand board composition in terms of key skills, and the importance of viewing the board as composed of members each contributing different skills and assets (and understanding that no member is expected to be an expert in every domain).</p>	<p>Meets Standard</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>N/A</p>	
<p><i>Additional comments for clarification (optional):</i></p>			

<b>DOMAIN 1: GOVERNANCE</b>	<b>STANDARD 2</b>	<b>Measure</b> 2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
		<b>Required Evidence</b>	<b>College Response</b>	
		a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is: <ul style="list-style-type: none"> <li>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</li> </ul> <p><u>Further clarification:</u></p> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.	The College fulfills this requirement:	<b>Meets Standard</b>
			<ul style="list-style-type: none"> <li>• Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated.</li> <li>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review.</li> </ul> Both the Council Code of Conduct and the Conflict of Interest Policy were updated and approved by Council in December 2021. The Code of Conduct was revised to reflect evolving expectations pertaining to email and technology use as a result of the virtual work environment. The Conflict of Interest Policy was revised to require Council members to affirm that they do not have a conflict of interest to declare (previously Council members could leave the response blank if there were no conflicts – providing confirmation creates a clearer process for reporting conflicts).	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	<b>Choose an item</b>
	Additional comments for clarification (optional)			

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was discussed and approved.</li> </ul> <p>Council discussed and approved the Code of Conduct and Conflict of Interest policy in December 2021. The link to the materials is here: <a href="https://www.cpsso.on.ca/admin/CPSO/media/Documents/about-us/council/council-meetings/council-materials-2021dec.pdf">https://www.cpsso.on.ca/admin/CPSO/media/Documents/about-us/council/council-meetings/council-materials-2021dec.pdf</a> (pages 108-122)</p> <p>The final documents can be accessed here: <a href="https://www.cpsso.on.ca/Admin/CPSO/media/Documents/about-us/council/elections/declaration-of-adherence-documents.pdf">https://www.cpsso.on.ca/Admin/CPSO/media/Documents/about-us/council/elections/declaration-of-adherence-documents.pdf</a> (p. 7 for the Code of Conduct and p. 17 for the Conflict of Interest policy).</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Meets Standard</p> <p>Choose an item</p>
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Cooling off period is enforced through:</li> <li>Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.                             <ul style="list-style-type: none"> <li>Please provide the length of the cooling off period.</li> </ul> </li> <li>How does the college define the cooling off period?                             <ul style="list-style-type: none"> <li>– Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced;</li> <li>– Insert a link to Council meeting where cooling of period has been discussed and decided upon; <b>OR</b></li> <li>– Where not publicly available, please describe briefly cooling off policy.</li> </ul> </li> </ul>	<p>Meets Standard</p>
		<p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>Nothing to complete, Meets Standard/No Change</p>	

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>N/A</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.  <u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the _____ completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></li> </ul>	<p>The College fulfills this requirement:</p>	<p>Meets Standard</p>
		<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated.</li> <li>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: <b>Choose an item</b></li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire.</li> </ul> <p>CPSO has a Declaration of Adherence that all Council members are asked to review and complete on an annual basis. The Declaration of Adherence is reviewed annually to ensure it reflects leading governance best practices (the document can be accessed <a href="#">here</a> at p. 4).</p> <p>Included among the Declaration of Adherence material is a Conflict of Interest form that requires members to identify any potential conflicts of interest. Council members are reminded at each meeting of the potential for conflicts of interest and are prompted to identify any existing or new conflicts of interest that relate to the agenda items being discussed. Staff proactively monitor and work with the President to proactively identify any potential conflicts of interest and work with Council Members as needed.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Meets Standard</p>	
			<ul style="list-style-type: none"> <li>Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale.</li> </ul>		
			<p>Nothing to complete, Meets Standard/No Change</p>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item</p>
<p><i>Additional comments for clarification (if needed)</i></p>					

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		<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide the year the formal approach was last reviewed.</li> </ul> <p>At least annually.</p> <ul style="list-style-type: none"> <li>Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities.</li> </ul> <p>See below.</p> <p>The CPSO actively participates in activities relating to the FMRAC Integrated Risk Management System (FIRMS), a risk management tool used by Canadian medical regulatory authorities (MRAs), with valuable contributions from the Healthcare Insurance Reciprocal of Canada (HIROC). FIRMS provides a model and framework for ongoing integrated risk management and quality improvement; its standards address, among other things, governance and the core mandate of MRAs (registration, complaints, QA of medical practice, and facilities review /accreditation). FIRMS works to reassure an MRA’s Council, Registrar, staff, and external stakeholders that their MRA meets, as best it is able, its goals of integrated risk management and quality improvement.</p> <p>FIRMS is a voluntary, continuous, systematic process to understand, manage and communicate risk within the CPSO and among MRAs. The framework supports strategic decision making to fulfill the organizational mandate. To help ensure integrated risk management and due diligence, CPSO has incorporated FIRMS into day-to-day operational decisions. In addition, through HIROC, there is a review of CPSO cybersecurity and facilities with FM Global.</p> <p>The results from FIRMS are reviewed <b>annually</b> and the tool is updated every year, if not sooner as in the case of changing/pending/threatening risks (e.g. COVID, cybersecurity risks).</p> <p>As an example of risk being discussed and addressed by CPSO Council, at the end of 2020 the CEO/Registrar and Council identified that there was cybersecurity risk posed by CPSO’s financial system after hospitals and other regulatory bodies were breached. There was direction to staff to transform the system and move it to the cloud, which was completed and reported on at the December 2021 Council meeting (materials can be accessed <a href="#">here</a>).</p> <p>Moreover, the CPSO’s new Enterprise Management System, for which rollout began in 2020 and will conclude in 2022, consolidates and shores up multiple databases/systems to support data integration across the organization. This includes the implementation of Solis (CPSO’s member database), Vault (CPSO’s document management system), and the new Finance and Operations (F&amp;O) system. In moving all CPSO data to the cloud, it also minimizes cybersecurity risk and duplication, supports improved data quality (consistency across systems), supports improved registrant and case management, and enables a single source of information.</p>	<p>Meets Standard</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

STANDARD 3	Measure		
	3.1 Council decisions are transparent.		
	Required Evidence	College Response	
	a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Meets Standard
		<ul style="list-style-type: none"> <li>Please insert a link to the webpage where Council minutes are posted.</li> <li>Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>Nothing to complete, Meets Standard/No Change</p>	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		N/A	
<i>Additional comments for clarification (optional)</i>			

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		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Councilor discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</li> <li>iv. if decisions will be ratified by Council.</li> </ul>	<p>The College fulfills this requirement:</p>	<b>Meets Standard</b>	
			<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes / meeting information are posted.</li> </ul> <p>Click <a href="#">here</a> to see the Terms of Reference for the Executive Committee as well as the meetings that have been scheduled for the year. From time to time there may be ad hoc meetings to address time sensitive matters, for example timely committee appointments to statutory committees so that they can carry out their work effectively. As outlined in our <a href="#">General By-Law</a>, section 29(4), decisions that will be ratified by Council are generally required to be discussed with the Executive Committee first:</p> <p style="padding-left: 40px;">The council shall, and may only, consider,(a) at a special meeting, the matter for decision at the meeting contained in the requisition deposited with the registrar; (b) at a regular meeting, a motion made and seconded in writing, (i) on behalf of the executive committee; (ii) in a report by a committee which has received prior review by the executive committee; (iii) of which a notice of motion was given by a councillor at the preceding council meeting; or 17 (iv) which the councillors agree to consider by a two-thirds vote of those in attendance; and (c) at any meeting, routine and procedural motions in accordance with the rules of order.</p> <p>Thus, when matters such as policy reviews come to Council, they have been reviewed first by the Executive Committee. In situations where the Executive Committee has acted on behalf of Council, those decisions are communicated to Council members by email after the Executive Committee meeting. The Executive Committee’s decisions are made available again to Council and to the public in the Executive Report that is included in subsequent Council meeting materials. Click <a href="#">here</a> to see an example of the Executive Committee Report (p. 29)</p>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<b>Choose an item</b>
			<p><i>Additional comments for clarification (optional)</i></p>		

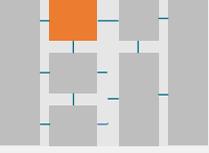
Measure 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	
	Meets Standard Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted. i. Notice of Council meetings and materials are posted 2.5 weeks in advance ii. Council meeting materials are accessible on the CPSO website going back at least five years <a href="https://www.cpso.on.ca/en/About/Council/Council-Meetings">https://www.cpso.on.ca/en/About/Council/Council-Meetings</a>	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	
	N/A <i>Additional comments for clarification (optional)</i>	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	
	Meets Standard <ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul> Link to Upcoming Hearings on the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) website: <a href="https://opsdt.ca/hearings/upcoming-hearings">https://opsdt.ca/hearings/upcoming-hearings</a> The hearings listed take place in the next 60 days.	

	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item
	<i>Additional comments for clarification (optional)</i>	
<b>Measure</b>		
<b>3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.</b>		
<b>Required Evidence</b>	<b>College Response</b>	
a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s DEI plan.</li> <li>• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved.</li> </ul> <p>The CPSO’s EDI Lead, Dr. Saroo Sharda, was announced in January 2021 and a comprehensive, cross-organisational strategy was planned, with the focus for 2021 being implicit/unconscious bias and anti-Indigenous racism. The results of that work, which can be accessed <a href="#">here</a>, were presented in the end of year EDI Report at the <a href="#">December 2021 Council meeting</a>, along with the EDI plan for 2022. (The EDI program was included in CPSO’s 2022 Budget, which was also presented and approved at the December 2021 Council meeting – see <a href="#">December Council meeting materials</a> beginning at p. 123.)</p> <p>CPSO’s EDI plan is grounded in the principles of CPSO’s Strategic Plan, including meaningful engagement, quality care, continuous improvement. These core priorities are supported by our EDI work from an engagement, process/program, and quality perspective. Through 2021, specific education and training opportunities were also offered to staff in divisions across CSPO. Overwhelmingly, the response was positive and staff reported that they would use these learnings in their everyday work. Specific education and training opportunities included:</p> <ul style="list-style-type: none"> <li>• Over 200 College staff completed the multi-hour, facilitated <a href="#">San’yas</a> anti-racism Indigenous cultural safety training program.</li> <li>• Multiple departments completed the <a href="#">Tidal Equality</a>, equity sequence training that provided concrete tools of how to embed an equity analysis into our work. Following this training, a review of CPSO’s recruitment and onboarding practices was undertaken and staff engaged in a review and update of existing Human Resources policies, as well as the development of new and current policies and events through an equity lens.</li> <li>• The College’s EDI Lead engaged with key College departments to share information on our EDI activities, seek feedback and answer questions.</li> <li>• An “EDI Corner” was created on the intranet and featured articles, interviews, resources, and highlighted recent developments in EDI and healthcare. Staff are encouraged to submit their own ideas for EDI corner to the EDI Lead.</li> <li>• Further training opportunities are planned for 2022, to align with the 2022 areas of focus of anti-Black racism and LGBTQ2S+ Health.</li> </ul>	Meets Standard
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item
	<i>Additional comments for clarification (optional)</i>	

	<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted.</li> </ul> <p>While CPSO does not have a formal Equity Impact Assessment tool, we are actively building equity into our policies, processes, and decision-making. Several examples follow and additional details can also be found within our <a href="#">2021 EDI Report</a>.</p> <p><b>Citizen’s Advisory Group</b></p> <p>The <a href="#">Citizen Advisory Group (CAG)</a> helps to bring the patient voice and perspective to healthcare regulation in Ontario. The CAG is made up of patients and caregivers from across the province and provides essential feedback on important regulatory issues such as standards of practice, professional rules, policies, strategic priorities, and communications directed at the public. CPSO Chairs the Citizen Advisory Group on behalf of a partnership of 21 health regulatory colleges. In 2021, consistent and determined efforts were made to diversify the group and recruiting focused on adding members from equity seeking and underrepresented groups. As described more fully below in Measures 5, 6, and 8, an EDI lens is being built into the CAG in order to reflect changing public attitudes and expectations. This work will continue into 2022 and beyond.</p> <p>Policy staff and the EDI lead also worked with Nishnawbe Aski Nation during the review of the Complementary and Alternative Medicine policy. As a result of this consultation, Indigenous (and other) traditional medicines and traditional healing are now specifically mentioned in the policy.</p> <p><b>New Land Acknowledgment</b></p> <p>A new land acknowledgment was developed and presented to Council that recognized the role that health regulators may play in perpetuating colonization and racism and the work needed to action reconciliation. The land acknowledgement was supported by Council and well received by the broader community. An archived video of the land acknowledgement from December 2021 can be viewed here: <a href="https://www.youtube.com/watch?v=5x8mo6C3f28">https://www.youtube.com/watch?v=5x8mo6C3f28</a> .</p> <p><b>Patient and Public Help Centre</b></p> <p>With the support of an audio interpretation service, patients calling CPSO can now connect with an interpreter in one of 240 languages, including the three most commonly spoken Indigenous languages in Ontario. The interpreter can facilitate communication, and ensure any questions or concerns are accurately presented. These languages were added to help support the public and communities and to address the impact of inequity.</p> <p><b>CPSO Pay Equity Analysis</b></p> <p>In 2021 CPSO retained Korn Ferry, in collaboration with the Human Resources Department, to conduct a pay equity analysis to ensure our compensation structure and new salary administration plan, introduced in 2020, was gender-neutral and compliant with pay equity legislation. The analysis identified and adjusted the compensation of underpaid female job classes so that they are paid at least as much as an equal or comparable male job class or classes. The results of the analysis were posted for staff review.</p>	<p>Meets Standard</p>
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		<p><b>Complaints Involving Discrimination</b></p> <p>Our EDI Lead worked with leadership in Investigations and Resolutions and Senior Legal Counsel to develop training and resources for investigators and ICRC members to assist with managing complaints of discrimination. The ICRC has been provided with the relevant tools, information, and training to assist members in examining complaints of discrimination through the appropriate lens (e.g. anti-racism lens). As part of this process an EDI library of up-to-date, credible resources was created by the EDI Lead and our CPSO librarian. These resources are provided by the investigator to the subject physician and the ICRC to allow both parties to have appropriate and relevant information regarding EDI. Decision administrators have developed tools to support the committee to ensure appropriate language and context are employed in the writing of the decision. This is aligned with expectations from bodies such as HPARB and FMRAC regarding the management of complaints of racism or other forms of discrimination.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

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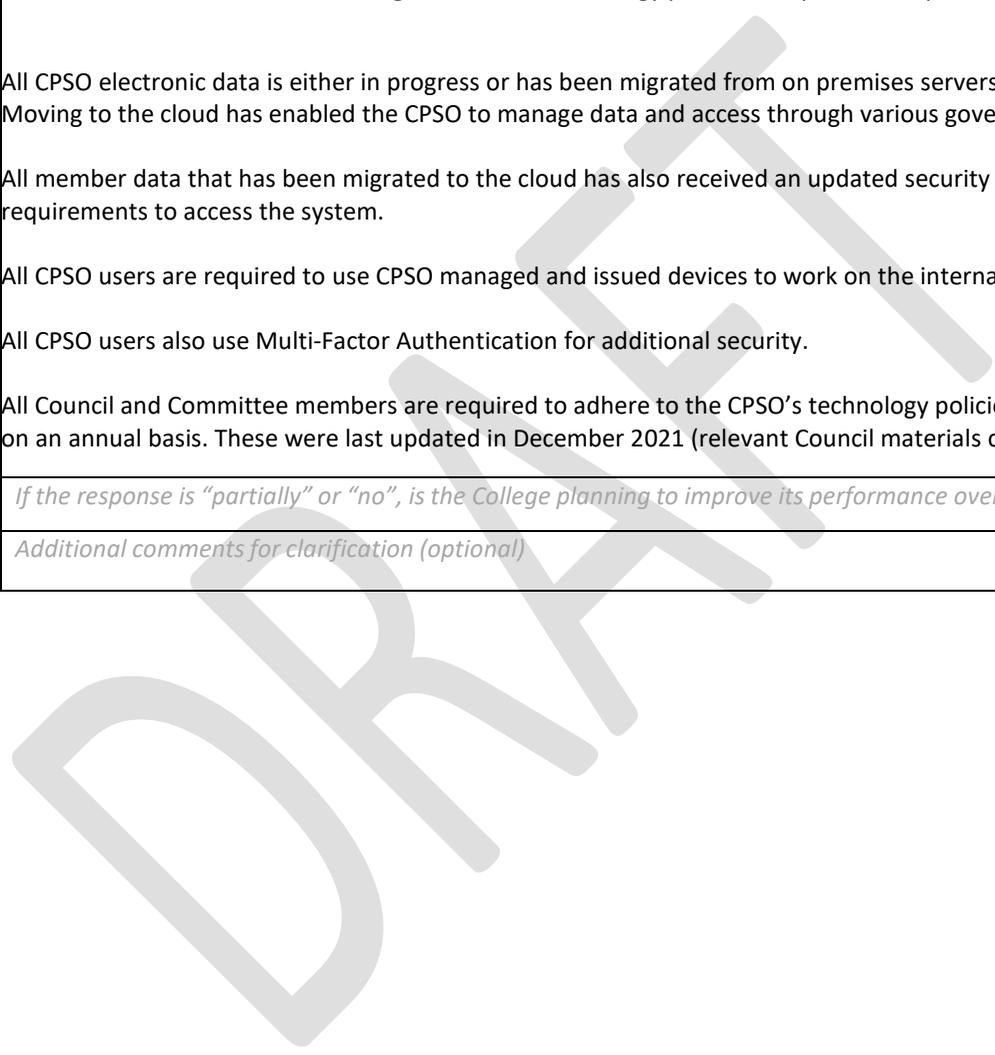
	<p><b>Measure</b></p> <p>4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</p>		
	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 2: RESOURCES</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 4</p>	<p><b>Required Evidence</b></p>	<p><b>College Response</b></p>
<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <b>AND</b> a link to most recent approved budget.</li> <li>• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li> </ul> <p>The strategic plan and the associated resources were discussed at two meetings of the Finance and Audit Committee and presented to Council along with any new requirements.</p> <p>The 2022 CPSO budget outlines the associated costs of each of the College’s activities with the resources needed to support the College’s strategic plan. The budget, approved by Council in December 2021, can be found in <a href="#">these materials</a> beginning at p. 123.</p> <p>For example, Council was fully informed of the recent changes in our Enterprise Management System. This consisted of updates to Solis (CPSO’s member database), Vault (CPSO’s document management system), and Finance and Operations (F&amp;O) systems. These upgrades to our systems were identified in our <a href="#">strategic plan</a> as a Continuous Improvement measure and the Registrar gave an update at each 2021 Council session as to the progress of the Solis, Vault and F&amp;O systems.</p> <p>In addition, as part of our best practices, a reserve fund was set up to support Continuous Improvement to our systems.</p>	<p><b>Meets Standard</b></p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
		<p><i>Additional comments for clarification (optional)</i></p>	

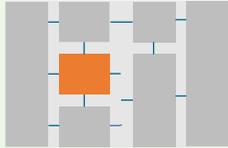
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	The College fulfills this requirement:		Meets Standard		
			<ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? Choose an item</li> </ul> <p>Nothing to complete, Meets Standard/No Change</p>				
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item	
			<p><i>Additional comments for clarification (if needed)</i></p>				

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		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>Please insert a link to Council meeting materials where the operational policy was last reviewed.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>Operational policies, being operational in nature, are not generally issues for Council decision-making. With that said, CPSO has a recruitment policy to address current and future staffing needs, posted internally. In addition, CPSO ensures organizational success with a sustainable human resource complement through a number of processes and tools, including position management practices within the Human Resources department and the annual budget planning process. The latter is designed to ensure that managers and directors plan staffing requirements for the following year, taking to account new and upcoming vacancies and departmental budgets.</p> <p>Every year, as part of Budget process, current and projected staffing needs are identified and assessed by the Finance and Audit Committee. Decisions of the Committee relating to staffing are then presented to Council for approval. (The 2022 budget, approved by Council in December 2021, can be found in <a href="#">these materials</a> beginning at p. 123.)</p> <p>In addition, during the CEO/Registrar’s annual performance review, the Executive Committee and Council see the balanced scorecard, a strategy performance management tool that includes a review of the Key Performance Indicators and feedback from stakeholders, Council surveys and assessments, and staff engagement surveys. In that review, Council has opportunity to discuss any succession planning, HR, and resources concerns it may have.</p> <p>Succession planning will be a focus of CPSO for 2022 now that most of the work on internal enterprise system (described above in 4.1.a.) is concluding.</p> <p>Finally, many operational policies are included in the <a href="#">Declaration of Adherence package</a>, with which all Council members are required to comply each year.</p>	<p>Meets Standard</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		

		<p>ii. regularly reviewing and updating the College’s data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Meets Standard</p>
		<ul style="list-style-type: none"> <li>Please insert a link to the College’s data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>All CPSO electronic data is either in progress or has been migrated from on premises servers to the cloud, which started in 2019 and will be completed by early 2022. Moving to the cloud has enabled the CPSO to manage data and access through various governance models and protect with multiple layers of security.</p> <p>All member data that has been migrated to the cloud has also received an updated security model that does not allow devices that no longer meet the security requirements to access the system.</p> <p>All CPSO users are required to use CPSO managed and issued devices to work on the internal CPSO systems or technology that meet our security standards.</p> <p>All CPSO users also use Multi-Factor Authentication for additional security.</p> <p>All Council and Committee members are required to adhere to the CPSO’s technology policies as outlined in the Declaration of Adherence that they are required to sign on an annual basis. These were last updated in December 2021 (relevant Council materials can be found <a href="#">here</a> beginning at p. 117).</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item</p>
		<p><i>Additional comments for clarification (optional)</i></p>		



<b>DOMAIN 3: SYSTEM PARTNER</b>		
<b>STANDARD 5 and STANDARD 6</b>		
<b>Measure / Required evidence: N/A</b>	<p><b>College response</b></p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>	
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li>• <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li> </ul> <p>System Collaboration is one of the five elements of CPSO’s <a href="#">Strategic Plan</a>. To achieve system collaboration, CPSO will continue to develop open and collaborative relationships that support a connected health system and promote interprofessional collaboration and share best practices.</p> <p><b>Health Profession Regulators of Ontario:</b> CPSO frequently collaborates with other health regulatory Colleges through the Health Profession Regulators of Ontario (HPRO). CPSO attends and participates in regular board meetings and biweekly information-sharing sessions to share resources, practices, and learnings. Where possible, we seek and maximize opportunities to achieve consistency across our regulatory functions.</p> <p>CPSO also participates in <b>HPRO’s Practice Advisors network</b>, designed for practice advisors across the different Ontario health regulatory bodies to share experiences, learnings, and issues across the colleges. For example, a college may be developing or implementing a new internal policy/protocol or external policy, and they may ask other colleges for feedback on their implementation process or policy. This work directly contributes to and promotes alignment between colleges on key practice issues.</p>	

All policy reviews include a jurisdictional scan looking at alignment with other health/medical regulatory authorities as appropriate, and this can involve outreach to and collaboration with other health regulatory colleges on specific issues and files. For example, in the context of the Dispensing Drugs policy review, CPSO worked closely with the **Ontario College of Pharmacists** to ensure alignment of expectations for pharmacists and physicians. In addition, the Delegation of Controlled Acts policy review included particular efforts to work with the **College of Nurses of Ontario** to align our understanding and implementation of concepts of delegation. This review also closely considered the HPRO's [Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario](#) to ensure alignment across the sector. CPSO conducts regular meetings with the **Ontario Medical Association** and the **Ontario College of Family Physicians**. These meetings allow CPSO to share updates and perspectives on emerging or developing policy and practice issues. Over the last two years, it has also allowed CPSO to develop and promote consistent messaging to help physicians understand practice expectations and respond in a pandemic environment.

Through late 2020 and early 2021, CPSO worked closely with key stakeholders including the **Professional Association of Residents of Ontario** and the **Medical Council of Canada** to enable residents to safely transition to independent practice following challenges experienced during the pandemic with the Medical Council of Canada Qualifying Examination (MCCQE) Part II. In early 2021, CPSO worked quickly to create an immediate path for licensure for residents who had not completed the MCCQE Part II, and in the fall of 2021, created a [policy solution](#) for residents to enable a path for licensure following the discontinuation of the MCCQE Part II in June 2021. This work, which also included additional supporting [guidance and information](#) for physicians, was completed in close consultation with other colleges, PARO, and the MCC.

In June 2021, CPSO participated in a two-day **Think Tank for the Advisory Group for Regulatory Excellence (AGRE)** organized by the College of Nurses of Ontario. The objective was to generate common guiding principles and/or draft competencies related to digital compassion. The Think Tank resulted in a report outlining guiding principles and competencies that were then considered as part of the research undertaken for CPSO's Telemedicine policy review.

CPSO collaborated with Ontario's **Chief Medical Officer of Health** to help communicate to and support physicians in understanding pandemic-related issues, including the restrictions and resumption of services at various points in the pandemic, the balance between in-person and virtual care, and the scope of appropriate medical exemptions for the COVID-19 vaccine. This work includes but is not limited to developing a [COVID-19 FAQ for Physicians](#) and a [communication to physicians](#) in eDialogue, which began in the summer of 2021 and is still ongoing.

In the fall of 2021, CPSO worked with the **Federation of Medical Regulatory Authorities of Canada** on a [Statement on Indigenous-specific Racism in recognition of the inaugural National Day for Truth and Reconciliation](#). CPSO Medical Advisor and Equity, Diversity, and Inclusion (EDI) lead Dr. Saroo Sharda is a member of the national working group (the FMRAC Working Group on Anti-Racism) leading this work. The CPSO EDI Lead also represented the CCPSO at Federal meetings on anti-Indigenous racism in 2021. Key themes from those meetings were brought back to inform CPSO EDI work.

Finally, CPSO administers and Chairs the **Citizen Advisory Group (CAG)**, a partnership of over 20 health colleges that serves as a forum to consult with patients and the public, and facilitates collaboration between the colleges on a variety of issues of policy and practice. Through 2021, CPSO has worked with the CAG partnership to mature the CAG, including by implementing member Terms of References and a Code of Conduct. This content is being co-developed with CAG members and demonstrates an effort to use member engagement to improve the quality of that engagement.

**Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

All of the CPSO's collaborative work highlighted above in Standard 5 also apply to Standard 6 as examples of our efforts to serve the people of Ontario through effective medical regulation, demonstrating our commitment to being accountable and responsive to the public. CPSO also regularly engages with health system stakeholders specifically to respond to changing public/societal expectations. While not an exhaustive list, a few different examples are included to highlight the breadth of partners, including patients/the public, with whom CPSO engages.

Following initial discussions to identify concrete opportunities to better serve patients living in Indigenous communities, CPSO is in the process of engaging in a relationship accord with the **Nishnawbe Aski Nation (NAN)** to guide the partnership between NAN and CPSO as NAN proceeds with their Health Transformation process. This allows both parties to develop mutually supported initiatives to enable the NAN territory to build capacity and transform the experiences for the First Nations people within the health system. CPSO's EDI Lead has had multiple meetings with NAN, and we expect to finalize and sign this accord in 2022.

Policy staff and the CPSO EDI lead also worked with Nishnawbe Aski Nation during the Complementary and Alternative Medicine policy review. As a result of this consultation, Indigenous (and other) traditional medicines and traditional healing are now specifically mentioned in the policy, and a companion resource outlines how the policy applies in these contexts.

Our EDI Lead also collaborated with multiple other stakeholders and partners in 2021 and was invited to speak at multiple events. A list of these stakeholders and events can be found on pages 18 and 19 of the [2021 EDI Report](#).

CPSO and the **Office of the Patient Ombudsman** share a common mandate in serving the public interest. We continued discussions through 2021 to explore opportunities to collaborate where appropriate.

During the Covid-19 response, CPSO worked closely with government to provide and clarify information to assist with the province's response to the pandemic. CPSO was a critical source of information for physicians and many patients who were looking for guidance around what to expect regarding their care, and developed COVID-19 FAQ documents for both [physicians](#) and [patients](#). CPSO continuously adapted to public expectations and provided the most current information to patients through the website.

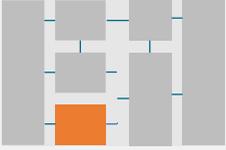
In addition, CPSO administers and Chairs the **Citizen Advisory Group (CAG)**, a partnership among over 20 colleges and serves as a forum to consult with patients and public

about various issues that the colleges are facing. The CAG is consulted frequently on a variety of issues where the public voice adds tremendous value. As an example, in February 2021 members of the CAG reviewed CPSO's [Alternative Dispute Resolution \(ADR\) webpage](#) to provide feedback on the public information available regarding the early resolution process, including whether CPSO's ADR processes are clear, whether the information is accessible, and whether having ADR available demonstrates CPSO's commitment to being responsive and taking complainants seriously.

In the last year, efforts have been made to augment our public engagement efforts for policy consultations to seek feedback from equity-seeking groups and providers serving these communities. Specifically, as part of the review for the Medical Assistance in Dying and Professional Obligations and Human Rights policies, **stakeholder summits** were convened to seek feedback from stakeholders and enable open dialogue. These meetings had a diversity of participants including those representing disabled, Indigenous, LGBTQ2S+, elderly, and substance-using communities. Faith-based groups and those delivering mental health and addictions services, people living with obesity, sexual health services, and groups providing care for inner city health populations were also represented. The feedback received directly influenced the work to review and update these CPSO policies.

Finally, CPSO regularly uses **surveying and public polling** to inform policy and practice changes in response to public expectations. In 2021, CPSO engaged in four rounds of polling:

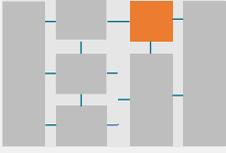
- Regular surveying to understand awareness and understanding of CPSO along with public support for self-regulation in general, as well as how it relates to CPSO and other health care professionals – this is part of CPSO's routine reputation monitoring efforts (winter 2021).
- Polling on issues relating to human rights in the practice of medicine, including the importance of addressing issues of equity and exploring attitudes regarding issues of conscientious objection – these results were used as part of ongoing policy reviews (spring 2021).
- Polling to understand public expectations regarding physician behaviour on social media – these results were used as part of a policy review to explore public attitudes (spring 2021).
- Polling on issues relating to end-of-life care and in particular attitudes relating to the provision of CPR and writing of no-CPR orders – these will be used as part of a policy review to understand public expectations (ongoing).

		<b>Measure</b> <b>7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.</b>	
<b>DOMAIN 4:</b>	<b>STANDARD 7</b>	<b>Required Evidence</b>	<b>College Response</b>
		a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:  <ul style="list-style-type: none"> <li>Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.</li> </ul> In September 2014, Council approved a strategy for data sharing that includes a governance structure, vision and decision-making tool. Underpinning the vision are principles that provide a foundation for sound decision-making. The decision tool and governance structure enhance both the consistency and timeliness of responses to data-sharing requests. CPSO’s data sharing was further updated in fall 2020 to a streamlined, timely, resource-efficient process to manage and provide information to health care stakeholders.  The details of the policy and decision-making tool that governs the disclosure of information can be found on our <a href="#">website</a> .
			<b>Meets Standard</b>
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?  Choose an item
		Additional comments for clarification (optional)	

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		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p>	<p>The College fulfills this requirement:</p>	<p>Meets Standard</p>
		<p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p>	<ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>CPSO has implemented an Information Breach Protocol that, in addition to reiterating the importance of confidentiality (also addressed in the CPSO Confidentiality Policy), sets out the process for addressing the loss or theft of confidential information and the unauthorized access, use or disclosure of confidential information. The process requires information breaches to be reported to the CPSO Privacy Officer, and provides for containment, assessment, mitigation, notification and prevention steps to be taken as deemed appropriate by the Privacy Officer and the incident response team for each information breach. The Information Breach Protocol also specifically addresses reporting and investigating information breaches caused by or involving cybersecurity incidents or technology system malfunction or misuse. Reported information breaches are tracked and recorded by the Privacy Officer.</p> <p>CPSO has also implemented a Protocol for Access to CPSO Information for Monitoring and Review that provides a process and oversight for monitoring or reviewing the use of CPSO technology by CPSO personnel and the CPSO information generated or stored by CPSO personnel on CPSO technology when deemed necessary.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

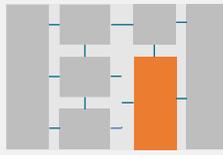
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	<p><b>Measure</b></p> <p>8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>									
	<p><b>STANDARD 8</b></p>	<p><b>Required Evidence</b></p> <p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<p><b>College Response</b></p> <table border="1" data-bbox="758 435 2580 863"> <tr> <td data-bbox="758 435 2118 490"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="2118 435 2580 490"> <p><b>Meets Standard</b></p> </td> </tr> <tr> <td colspan="2" data-bbox="758 490 2580 734"> <ul style="list-style-type: none"> <li>Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment <b>OR</b> please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).</li> </ul> <p>Nothing to complete, Meets Standard/No Change</p> </td> </tr> <tr> <td data-bbox="758 734 2198 808"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2198 734 2580 808"> <p><b>Choose an item</b></p> </td> </tr> <tr> <td colspan="2" data-bbox="758 808 2580 863"> <p><i>Additional comments for clarification (optional)</i></p> </td> </tr> </table>	<p>The College fulfills this requirement:</p>	<p><b>Meets Standard</b></p>	<ul style="list-style-type: none"> <li>Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment <b>OR</b> please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).</li> </ul> <p>Nothing to complete, Meets Standard/No Change</p>		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p><b>Choose an item</b></p>	<p><i>Additional comments for clarification (optional)</i></p>
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<p><i>Additional comments for clarification (optional)</i></p>										

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	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>The policy review process is multi-staged. Once a policy review is launched, the following steps are undertaken:</p> <ul style="list-style-type: none"> <li>• An analysis of any available CPSO data regarding complaints, investigations, or discipline findings</li> <li>• A review of any information provided by staff from the CPSO’s Physician Advisory Service and the Public Help Centre</li> <li>• A comprehensive literature review of available data, evidence, and academic literature on the topic</li> <li>• A jurisdictional scan of other Canadian medical regulatory authorities and other Ontario health colleges, where relevant</li> <li>• An external consultation seeking feedback from all stakeholders, physicians, and members of the public (typically 60 days, but extended in some cases). The consultation process involves broad and targeted announcements and direct invitations to participate via an internal database of interested parties.</li> <li>• Facilitation of patient engagement activities, including the involvement of the Citizen Advisory Group, public polling, and/or stakeholder summits where appropriate.</li> </ul> <p>All of the above research and feedback (from the public, physicians, and stakeholder organizations) inform the development of a draft policy, which is also examined through the lens of implementing right-touch regulation and ensuring CPSO’s public mandate is being fulfilled. The draft policy is then circulated for external consultation again. Revisions are then made in response to additional feedback from these same groups before receiving final approval from CPSO Council. All of this work is undertaken with the assistance of a Policy Review Working Group comprised of a diverse group of physicians and public members of Council and CPSO staff.</p> <p>Council must approve all CPSO draft policies prior to external consultation, and all revised policies must again be approved by Council before becoming a policy of CPSO. Each decision point is supported by the development of a comprehensive briefing note highlighting the various factors considered for the key policy changes being proposed (see e.g. Council materials regarding the <a href="#">Virtual Care draft policy</a> (p. 123); <a href="#">Social Media draft policy</a> (p. 196)).</p> <p>Outside of the normal policy review cycle, CPSO regularly monitors the external environment to determine whether new policy expectations or revised expectations are necessary. This includes keeping apprised of relevant legislative and regulatory developments, court cases, government announcements, revisions to guidance provided by other health Colleges, and changes in physician practice. For example, CPSO is <a href="#">exploring</a> an update to our approach to regulating social media use by physicians by transitioning from a statement outlining general principles to a new policy setting out specific expectations (p. 123). In addition, the review of the current Telemedicine policy was expedited in light of learnings about how the provision of virtual care arose in a transformative way as a result of the pandemic. These examples demonstrate how the external environment triggered either a change in approach or an accelerated approach in the policy development process outside the normal review cycle.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Meets Standard</p> <p>Choose an item</p>
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	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Meets Standard</p>
		<ul style="list-style-type: none"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <p>To ensure that that CPSO policies promote and reflect EDI principles and values, in 2021 all CPSO policy staff received specific education and training opportunities, including the Indigenous cultural safety training program and <a href="#">Tidal Equality</a> (equity sequence training that provided concrete tools of how to embed an equity analysis into CPSO's work). In addition, over the course of 2021, external guests held eight sessions for Council and committees, sharing their expertise and lived experience of topics including unconscious bias, anti-Indigenous racism, and privilege and allyship. This work has helped to support training, education, and adoption of these principles at the decision-making stage of the policy process.</p> <p>Moreover, the College's EDI Lead Dr. Saroo Sharda supports the Policy Review Working Group in its review of certain CPSO policies, including the Professional Obligations and Human Rights and the Social Media policies in 2021.</p> <p>In addition, the new <a href="#">Professional Responsibilities in Medical Education</a> policy, which was approved in early 2021, was revised to include expectations around the prevention of violence, harassment, and forms of discrimination (Council materials <a href="#">here</a> at p. 105). These revised expectations were developed in light of feedback from medical students, including a survey of students conducted by the University of Toronto; CPSO was aware of this survey through the Professionalism and Ethics Committee for the undergraduate medicine program at UoFT, on which the CPSO Director of Policy sits.</p> <p>More generally, the CPSO policy process includes inviting key stakeholders representing EDI perspectives and marginalized populations to participate in our policy consultation process. In addition and as noted above in Standard 5, as part of the review for the Professional Obligations and Human Rights (POHR) and Medical Assistance in Dying policies, stakeholder summits were convened to seek feedback from stakeholders and enable open dialogue. These meetings had a diversity of participants including those representing disabled, Indigenous, LGBTQ2S+, elderly, and substance-using communities. Faith-based groups and those delivering mental health and addictions services, people living with obesity, sexual health services, and groups providing care for inner city health populations were also represented. As part of the POHR review, CPSO also conducted public polling human rights and discrimination issues to learn the public's expectations around addressing these issues in medicine. All this feedback is directly influencing the work to review and update these CPSO policies.</p> <p>Finally, CPSO has worked with members of the Citizen Advisory Group to co-design Terms of References for their involvement in the group, including setting out member term limits and a Code of Conduct. These changes are being made in an effort to support good governance changes and to bring more diversity and representation into the CAG membership so that different perspectives are informing CPSO consultations. The co-design process is an example of how CPSO is attempting to build equity into the process of making the CAG itself more equitable.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

		<b>Measure</b> 9.1 Applicants meet all College requirements before they are able to practice.	
		<b>Required Evidence</b>	<b>College Response</b>
DOMAIN 6: STANDARD 9	STANDARD 9	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) <sup>2</sup> .	The College fulfills this requirement: <ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>• Please insert a link <b>OR</b> please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).</li> </ul> Nothing to complete, Meets Standard/No Change
		<b>Meets Standard</b>	

<sup>2</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item</p>
<p><i>Additional comments for clarification (optional)</i></p>			
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>We continue to evaluate our registration requirements on a regular basis. We have numerous <a href="#">policies</a> that enable us to register qualified candidates outside of the requirements prescribed in the Regulation.</p> <p>We engage in dialogue with the other Canadian medical regulators (FMRAC), the certifying Colleges (Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada) and the Ontario medical schools.</p> <p>We routinely review our requirements and policies, and in 2021 saw revisions to the existing policies for <a href="#">Academic Registration</a> and <a href="#">Alternative Pathways to Registration</a>.</p> <p>Additionally, this year saw the approval of two new Registration Pathways. In view of the postponement and eventual cessation of the Part 2 of the Medical Council of Canada Qualifying Examination (MCCQE2), which is a requirement prescribed in the Regulation for the issuance of an Independent Practice Certificate, CPSO approved two policies: <a href="#">Requirement for Successful Completion of Part 2 of the MCCQE – Pandemic Exemption</a> and <a href="#">Licentiate of the Medical Council of Canada (LMCC) Policy</a>. In terms of credentialing, CPSO does not utilize third parties to assess or analyze credentials. All document credentialing/source verification is completed in-house.</p> <p>Every application is supported by source documents, including Certificates of Professional Conduct (Certificates of Standing) from every jurisdiction where an individual has practiced medicine/been registered, confirmation of training and certification from the appropriate bodies, letters of reference, etc. Across Canada we are leaders in source verification and complex credentialing and have a vast repository of up-to-date resources to confirm authenticity of documentation. Further, we complete periodic quality assurance checks with the source bodies to ensure accuracy. As opposed to simple source verification which confirms the document is where it says it is from, CPSO conducts complex credentialing to piece together practice history and satisfy the conduct/character and suitability to practice requirement.</p> <p>We receive documentation electronically via password-protected document sent from an institutional email address for which we have a Memorandum of Agreement, or sent from a verifiable organizational email address/server, clearly identifying sender’s name and position/title. We may also receive source documentation via mail/courier in official sealed and stamped envelope from the source organization. Additionally, we verify the sender’s address via the organization’s website.</p>	<p>Meets Standard</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			
<p><i>Additional comments for clarification (optional)</i></p>			

Measure						
9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 30%; text-align: center;">Meets standard</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <p>c. A risk-based approach is used to ensure that currency<sup>3</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p> </td> <td style="vertical-align: top;"> <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>Please briefly describe how the College identified currency and competency requirements.</li> <li>Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p>Physicians must remain qualified, competent and fit to practise medicine within their scope of practice at all times. There are several factors to consistently maintain the necessary knowledge, skills and experience to practise medicine safely and ethically. The <a href="#">Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice policy</a> was last reviewed and updated in February 2018. This policy revision involved a thorough review of the literature, an environmental scan looking to other Canadian and US Regulators, and best practices.</p> <p>In terms of ongoing education, the Quality Assurance Regulation of the College requires members to be registered with and meet the Continuing Professional Development (CPD) requirements of one of the following 3 bodies: the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada (RCPSC) or the Medical Psychotherapy Association of Canada (MPAC). Every year on the Annual Membership Renewal, members are asked to attest that they are enrolled with one of the aforementioned bodies, and are compliant with their respective CPD requirements.</p> <p>In addition, CPSO’s suite of Quality Improvement programs are built to ensure Ontario’s physicians are engaging in self-reflection, self-improvement and meeting their quality requirements in five-year cycles.</p> <p>These programs take a strategic, data-driven approach to assessing physicians and ensuring they are delivering the best possible care to Ontario patients. This process will connect with more physicians more regularly to create the most favourable conditions to ensure their success at all stages of their careers. CPSO’s Quality Improvement (QI) Program for individual physicians builds on the principles of right-touch regulation and our commitment to fulfilling our mandate ensuring quality care for patients in Ontario. The QI Program is proactive, self-directed, and encourages physicians to reflect on their own delivery of health care without a large time commitment. The <a href="#">QI for individuals program</a> is comprised of a QI survey, The Practice Profile, The Self-Guided Chart Review, The Data-Driven Quality Improvement Tool, The Practice Improvement Plan and One-on-One Coaching.</p> <p>In terms of conduct/character requirements, all applicants must satisfy the non-exemptible requirement for registration:</p> <p><b>2. (1)</b> It is a non-exemptible standard and qualification for a certificate of registration that the applicant’s past and present conduct afford reasonable grounds for belief that the applicant,</p> <p>(a) is mentally competent to practise medicine;</p> <p>(b) will practise medicine with decency, integrity and honesty and in accordance with the law;</p> </td> </tr> </tbody> </table>		Meets standard	<p>c. 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	Meets standard					
<p>c. A risk-based approach is used to ensure that currency<sup>3</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>Please briefly describe how the College identified currency and competency requirements.</li> <li>Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.</li> </ul> <p>Physicians must remain qualified, competent and fit to practise medicine within their scope of practice at all times. There are several factors to consistently maintain the necessary knowledge, skills and experience to practise medicine safely and ethically. The <a href="#">Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice policy</a> was last reviewed and updated in February 2018. This policy revision involved a thorough review of the literature, an environmental scan looking to other Canadian and US Regulators, and best practices.</p> <p>In terms of ongoing education, the Quality Assurance Regulation of the College requires members to be registered with and meet the Continuing Professional Development (CPD) requirements of one of the following 3 bodies: the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada (RCPSC) or the Medical Psychotherapy Association of Canada (MPAC). Every year on the Annual Membership Renewal, members are asked to attest that they are enrolled with one of the aforementioned bodies, and are compliant with their respective CPD requirements.</p> <p>In addition, CPSO’s suite of Quality Improvement programs are built to ensure Ontario’s physicians are engaging in self-reflection, self-improvement and meeting their quality requirements in five-year cycles.</p> <p>These programs take a strategic, data-driven approach to assessing physicians and ensuring they are delivering the best possible care to Ontario patients. This process will connect with more physicians more regularly to create the most favourable conditions to ensure their success at all stages of their careers. CPSO’s Quality Improvement (QI) Program for individual physicians builds on the principles of right-touch regulation and our commitment to fulfilling our mandate ensuring quality care for patients in Ontario. The QI Program is proactive, self-directed, and encourages physicians to reflect on their own delivery of health care without a large time commitment. The <a href="#">QI for individuals program</a> is comprised of a QI survey, The Practice Profile, The Self-Guided Chart Review, The Data-Driven Quality Improvement Tool, The Practice Improvement Plan and One-on-One Coaching.</p> <p>In terms of conduct/character requirements, all applicants must satisfy the non-exemptible requirement for registration:</p> <p><b>2. (1)</b> It is a non-exemptible standard and qualification for a certificate of registration that the applicant’s past and present conduct afford reasonable grounds for belief that the applicant,</p> <p>(a) is mentally competent to practise medicine;</p> <p>(b) will practise medicine with decency, integrity and honesty and in accordance with the law;</p>					

			<p>(c) has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate; and                  (d) can communicate effectively and will display an appropriately professional attitude. O. Reg. 865/93, s. 2 (1).</p> <p>Applicants are asked a series of questions on the application form designed to elicit responses to assess their conduct and character requirements.</p> <p>As part of the credentialing process, all applicants must submit a criminal record check conducted within the previous 6 months. In addition to this, all applicants are required to disclose any professional misconduct, remediation or adverse action against them.</p> <p>Applications are referred to the College’s Registration Committee to determine whether an applicant would qualify for a certificate of registration to practise medicine in Ontario.</p> <p>On an annual basis through the membership renewal process, members are asked to provide updates on a variety of questions, including whether they have been subject to any disciplinary action, privilege changes, criminal charges, etc. since the previous renewal.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item</p>
<p><i>Additional comments for clarification (optional)</i></p>			

<sup>3</sup> A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

Measure		
9.3 Registration practices are transparent, objective, impartial, and fair.		
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Meets Standard
	<ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: Choose an Item</li> </ul>	
	Nothing to complete, Meets Standard/No Change	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item
<i>Additional comments for clarification (if needed)</i>		

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DOMAIN 6: SUITABILITY TO STANDARD 10	Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
	Required Evidence	College Response	
	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).  <u>Further clarification:</u>  Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Meets Standard
		<ul style="list-style-type: none"> <li>• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:                             <ul style="list-style-type: none"> <li>– Name of Standard</li> <li>– Duration of period that support was provided</li> <li>– Activities undertaken to support registrants</li> <li>– % of registrants reached/participated by each activity</li> <li>– Evaluation conducted on effectiveness of support provided</li> </ul> </li> <li>• Does the College always provide this level of support: <b>Choose an item</b>  <i>If not, please provide a brief explanation:</i></li> </ul>	Nothing to complete, Meets Standard/No Change
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
Additional comments for clarification (optional)			

Measure:		
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>4</sup> .		
<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found.</li> <li>Is the process taken above for identifying priority areas codified in a policy: <b>Choose an item</b> <i>If yes, please insert link to policy:</i></li> </ul> <p>Nothing to complete, Meets Standard/No Change</p>	Meets Standard
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item
	<p><i>Additional comments for clarification (optional)</i></p>	

<sup>4</sup> “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p>	Meets Standard	
			<ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>• Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable).  <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>- <i>Public</i> Choose an item</li> <li>- <i>Employers</i> Choose an item</li> <li>- <i>Registrants</i> Choose an item</li> <li>- <i>other stakeholders</i> Choose an item</li> </ul> </li> </ul>		
			<p>Nothing to complete, Meets Standard/No Change</p>		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item
			<p><i>Additional comments for clarification (optional)</i></p>		
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p>	Meets Standard	
			<ul style="list-style-type: none"> <li>• Please insert a link to the document that outlines criteria to inform remediation activities <b>OR</b> list criteria.</li> </ul>		
			<p>Nothing to complete, Meets Standard/No Change</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item	

		<i>Additional comments for clarification (optional)</i>								
	<b>Measure:</b> <b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</b>									
	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<table border="1"> <tr> <td data-bbox="758 371 2196 428">The College fulfills this requirement:</td> <td data-bbox="2196 371 2599 428"><b>Meets Standard</b></td> </tr> <tr> <td colspan="2" data-bbox="758 428 2599 1190"> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p>The Quality Assurance Committee can request the member undergo a peer and practice reassessment that focuses on the areas of concern to ensure that the member has fulfilled the requirements. This is based on their response to the Opportunity to Address (OTA) avenues described above. These peer and practice reassessments happen within 12 months following the QAC decision.</p> <p>If there are clinical concerns identified following the OTA process and/or the physician has no insight to the deficiencies the QAC has the power under section 80.2 to resolve the matter via SCERP (Specified Continuous Educational Remediation Program). The SCERP is monitored by the College’s Compliance Monitoring and Supervision area. Compliance will notify the QAC when the SCERP elements have been successfully completed and returns the matter to the QAC for a reassessment to ensure that the remediation plan has been successful.</p> <p>If the member wishes to resolve the matter by way of an Educational Undertaking, this undertaking is also monitored by the College’s Compliance Monitoring and Supervision Department. The Individual Education Plan is developed in consultation with the QAC, which is attached as part of the Undertaking. In these situations, the reassessment is completed by the Compliance Monitoring and Supervision department. Outcomes of the reassessment are not conveyed to the QAC as these matters remain outside of the QAC “black box” of information.</p> <p><a href="https://www.cpso.on.ca/Physicians/Your-Practice/Quality-Management/Assessments/PeerAssessment">https://www.cpso.on.ca/Physicians/Your-Practice/Quality-Management/Assessments/PeerAssessment</a></p> <p>SCERP and Educational Undertakings are public information and placed on the CPSO website, under the physician’s name. These are updated once a member has successfully completed their SCERP and the Educational Undertaking.</p> </td> </tr> <tr> <td data-bbox="758 1190 2196 1263"> <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> </td> <td data-bbox="2196 1190 2599 1263"><b>Choose an item</b></td> </tr> <tr> <td colspan="2" data-bbox="758 1263 2599 1318"><i>Additional comments for clarification (if needed)</i></td> </tr> </table>	The College fulfills this requirement:	<b>Meets Standard</b>	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p>The Quality Assurance Committee can request the member undergo a peer and practice reassessment that focuses on the areas of concern to ensure that the member has fulfilled the requirements. 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These are updated once a member has successfully completed their SCERP and the Educational Undertaking.</p>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	<b>Choose an item</b>	<i>Additional comments for clarification (if needed)</i>	
The College fulfills this requirement:	<b>Meets Standard</b>									
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<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	<b>Choose an item</b>									
<i>Additional comments for clarification (if needed)</i>										

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		a. The different stages of the complaints process and all relevant supports available to complainants are: <ul style="list-style-type: none"> <li>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</li> <li>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and</li> </ul>	The College fulfills this requirement: <ul style="list-style-type: none"> <li>• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.</li> <li>• Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <b>OR</b> please briefly describe the policies and procedures if the documents are not publicly accessible.</li> </ul> Investigations uses the following to ensure all relevant information is received during all stages of an investigation: <ul style="list-style-type: none"> <li>• Process guides for                         <ul style="list-style-type: none"> <li>○ Alternate Dispute Resolution (ADR)</li> <li>○ Assessing Intake file information</li> <li>○ Assessor interviews</li> <li>○ Complaints made in bad faith</li> <li>○ Consent for personal health information</li> <li>○ Disclosure during an investigation</li> <li>○ Early resolution process</li> <li>○ Investigations with EDI concerns</li> <li>○ Guide to investigative planning</li> <li>○ Investigative report writing</li> <li>○ OHIP &amp; Narcotics Monitoring System guide</li> </ul> </li> <li>• Complainant is engaged throughout the investigative process                         <ul style="list-style-type: none"> <li>○ Complainants are typically contacted within two business days to confirm their concerns</li> <li>○ Complainants are provided with information, both verbal and written, on the investigative process, along with Frequently Asked Questions</li> <li>○ Information about the investigative process can be found on the CPSO website</li> <li>○ Complainants who have complaints about sexual abuse are connected with a Witness Support Coordinator who provides information on funding for therapy</li> </ul> </li> <li>• The website is reviewed regularly and updated as required; resources and process guides are reviewed annually.</li> </ul> In addition, as explained in further detail above in 3.3.b., the CPSO EDI lead worked with leadership in Investigations and Resolutions and Senior Legal Counsel to develop a new process for managing complaints of discrimination. The ICRC has been provided with the relevant tools, information, and training to assist members in examining complaints of discrimination through the appropriate lens (e.g. anti-racism lens). The EDI Lead is also available to support the committee at the panel discussion and decision administrators have developed tools to support the committee to ensure appropriate language and context are employed in the writing of the decision.

			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item

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	iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Meets Standard
		<ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul>	
		See response to 11.1.a. above.	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item
	<i>Additional comments for clarification (optional)</i>		
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Meets Standard
		Please insert rate ( <u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u> ).	
		99.8 calls responded to within 5 business days	
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item	
<i>Additional comments for clarification (optional)</i>			

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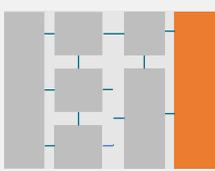
		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Meets Standard
		<ul style="list-style-type: none"> <li>• Please list supports available for public during complaints process.</li> <li>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p>Support available to the public during the complaints process includes:</p> <ul style="list-style-type: none"> <li>• Access to an assigned mediator or investigator throughout the entire process; able to communicate via email, telephone or Canada Post</li> <li>• Details of the complaints process on the CPSO website, including how to make a complaint, what to expect, consent and common Q&amp;A</li> <li>• Concerns of the complainant are discussed and confirmed by the mediator/investigator at the initiation of the mediation/investigation</li> <li>• Language translation services are available; either in the moment through a translation service or by sending documents out for translation. With the support of an audio interpretation service, patients calling CPSO can now connect with an interpreter in one of 240 languages, including the three most commonly-spoken Indigenous languages in Ontario. The interpreter can facilitate communication, and ensure any questions or concerns are accurately presented. These languages were added to help support the public and communities and to address the impact of inequity</li> <li>• Complainants contacted within 2 business days</li> <li>• The Ontario Physicians and Surgeons Discipline Tribunal website (opsdt.ca) includes plain-language guides to the process and for witnesses. It has an extensive FAQ and a glossary of terms used in the Tribunal process.</li> </ul>		
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item
			<i>Additional comments for clarification (optional)</i>	
		<b>Measure</b>		
		<b>11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</b>		
		a. Provide details about how the	The College fulfills this requirement:	Meets Standard

		<p>College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process <b>OR</b> please provide a brief description.</li> <li>• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process <b>OR</b> please provide a brief description.</li> </ul> <p>An intake investigator contacts the complainant within 2 business days of receiving a public complaint. The intake investigator assesses the complaint for risk, reviews the complaints process with the complainant, explores the intention of their complaint and confirms their concerns. The intake investigator will identify cases appropriate for Alternative Dispute Resolution; these cases are streamed to a mediator.</p> <p>Within a week, the case is assigned to either a mediator or investigator who will contact the complainant to review the details of the complaint and to ensure all appropriate consents are on file.</p> <p>During an investigation, the complainant is kept up to date by the investigator every 3-4 weeks on the status of their complaint.</p> <p>The complainant is contacted when the investigation has been listed for ICRC review.</p> <p>The complainant is sent a copy of the ICRC decision immediately upon release, which is usually within 10 weeks.</p> <p>Once a matter is referred to the Ontario Physicians and Surgeons Discipline Tribunal, the Witness Support Coordinator establishes and maintains regular contact with witnesses to assist in the coordination of scheduling witnesses for hearings and to provide direct support to those testifying at a hearing.</p> <p>The Witness Support Coordinator will follow up with witnesses regarding the outcome and decisions of the OPSDT, provide updates and involve witnesses in penalty hearings, and provide some guidance and structure for witness impact statements if required.</p> <p>As noted above in 11.1.c., language translation services are available, either in the moment through a translation service or by sending documents out for translation.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>
			<p>Choose an item</p>

			<i>Additional comments for clarification (optional)</i>	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure		
		12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: <ul style="list-style-type: none"> <li>• Please insert a link to guidance document <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul> Intake investigators assess each public complaint for risk by considering the following (the guide document is in the form a decision tree and a step-by-step process): <ul style="list-style-type: none"> <li>• Patient safety/public interest</li> <li>• Physician’s history with the CPSO, including registration status, previous investigations &amp; outcomes</li> <li>• Isolated report vs. multiple sources with similar information</li> <li>• Another trusted organization is already investigating</li> <li>• Requirements of a public complaint met (e.g. concerns are regarding a physician)</li> <li>• Direction provided to investigations regarding decision-making supports</li> <li>• Checks &amp; balances in place when closing a file without an investigation (investigator à manager à registrar/delegate)</li> </ul> Triage team assesses all incoming reports for risk and appropriate action, using the principles of right touch regulation. The decision tree guide document for assessing a public complaint was reviewed in February 2021 and the guide for risk assessment of reports used by the triage team was reviewed in March 2021.	Meets Standard
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item
		<i>Additional comments for clarification (optional)</i>		

STANDARD 13	Measure		
	13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: <ul style="list-style-type: none"> <li>Please insert a link to the policy <b>OR</b> please briefly describe the policy.</li> <li>Please provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</li> </ul>	Meets Standard
		Nothing to complete, Meets Standard/No Change	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item
	<i>Additional comments for clarification (if needed)</i>		

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		<b>Measure</b> 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	
		<b>Required Evidence</b>	<b>College Response</b>
DOMAIN 7: MEASUREMENT,	STA ND ARD	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement:
			• Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included <b>OR</b> list KPIs and rationale for selection.  CPSO’s set of Key Performance Indicators for 2021 were discussed and approved by Council in December 2020 to accompany its Strategic Plan for 2020-2025. The Key Performance Indicators were selected based on how meaningful and relevant they were to the strategic plan and leveraging information that can be collected and monitored in a feasible and timely manner. CPSO successfully met its targets in 2021 and Council discussed and approved a new set of Key Performance Indicators for 2022. Click <a href="#">here</a> to view the relevant Council Materials at pg. 221.
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>
			Meets Standard
			Choose an item

			<i>Additional comments for clarification (if needed)</i>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes.</li> </ul> <p>Progress on CPSO’s Key Performance Indicators (KPIs) are data-driven indicators measured weekly and reported by management in huddle, shared at every Executive Committee meeting, and rolled up to a quarterly dashboard which is presented to Council and the public via live stream by the Registrar/CEO. The KPIs are aligned with the <a href="#">2020-2025 Strategic Plan</a> and designed to demonstrate progress against the following strategic priorities: Right-Touch Regulation; Quality Care; System Collaboration; Meaningful Engagement; and Continuous Improvement. The KPIs give Council and the organization a regular update on whether CPSO is at risk organizationally of not meeting its objectives. At the final Council meeting of every year, a working discussion occurs between the board and the CEO around planning for the subsequent year’s strategic goals and operational targets as it aligns to the College’s mandate.</p> <p>Highlights of the <a href="#">March</a>, <a href="#">June</a>, <a href="#">September</a>, and <a href="#">December</a> 2021 meetings of Council are posted online, including an infographic relating to notable KPIs as presented by the CEO/Registrar.</p> <p>The Lean approach to operationalize the delivery of core business has been flexible during the pandemic, allowing for virtual meetings of committees, staff support from the patient support queue, and assessments of physicians in practice. The risk of CPSO shutting down during the pandemic was mitigated by moving the organization to a cloud-based platform and Office 365. Council, committees, assessors, and staff were able to continue working in this new environment on laptops, soft phones, skype and then Microsoft Teams.</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
			<p><i>Additional comments for clarification (if needed)</i></p>

Meets Standard

Choose an item

<b>Measure</b> <b>14.2 Council directs action in response to College performance on its KPIs and risk reviews.</b>		
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	<b>Meets Standard</b>
	<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities.</li> </ul> <p>As a result of emerging cybersecurity threats, Council has received information on increased organizational cybersecurity risks from both a data management and insurance perspective, and updates have been made to the operational policy regarding the use of CPSO technology (described above in 7.1.a.ii. and iii.). This work has also informed revisions to CPSO’s Declaration of Adherence and Council and Committee Code of Conduct package to, among other things align with language in the updated CPSO Use of Technology policy.</p> <p>A link to the Council material on this topic from December 2021 can be found <a href="#">here</a> (p. 108).</p> <p>In addition, at the end of 2020, the CEO/Registrar and Council identified that there was risk posed by CPSO’s financial system, after hospitals and other regulatory bodies were breached. There was direction to staff to transform the system and move it to the cloud, which was completed and reported on at the December 2021 Council meeting.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	<b>Choose an item</b>
	<i>Additional comments for clarification (if needed)</i>	
<b>Measure</b> <b>14.3 The College regularly reports publicly on its performance.</b>		
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	<b>Meets Standard</b>
	<ul style="list-style-type: none"> <li>Please insert a link to the College’s dashboard or relevant section of the College’s website.</li> </ul> <p>Nothing to complete, Meets Standard/No Change</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	<b>Choose an item</b>
	<i>Additional comments for clarification (if needed)</i>	

## Part 2: Context Measures

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

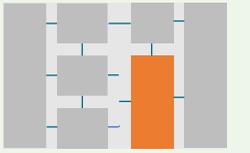
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be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

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

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

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

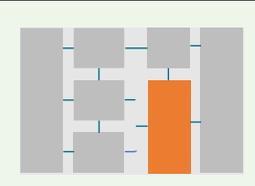
**Table 1 – Context Measure 1**

DOMAIN 6: SUITABILITY TO PRACTICE		
<u>Standard 11</u>		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13.1(a) of Standard 11.</i></p>
i. QI: Practice Improvement Plan submitted	2553	
ii. QI: Hospital Partnership Participation	174	
iii. QI: Coaching	323	
iv. QA: Peer Assessment	673	
v. QA: Out of Hospital Premises Inspection	130	
vi. QA: Completion of a self assessment questionnaire	9824	

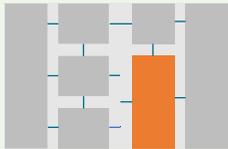
<p>* <i>Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes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

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**Table 2 – Context Measures 2 and 3**

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2021	673		What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	66	9.8	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.
<a href="#">NR</a> Additional comments for clarification (if needed)			

**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2021:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*	37	56.1	
II. Registrants still undertaking remediation (i.e. remediation in progress)	29	43.9	
<p><a href="#">NR</a></p> <p>* This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.</p> <p>**This number may include any outcomes from the previous year that were carried over into CY 2021.</p>			
<i>Additional comments for clarification (if needed)</i>			

**Table 4 – Context Measure 5**

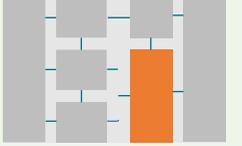
DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 13				
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item				
<i>If a College method is used, please specify the rationale for its use:</i> The CPSO codes investigations upon closure of the file. The issues identified in an investigation is not available for ongoing cases				
Context Measure (CM)				
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising				
II. Billing and Fees				
III. Communication				
IV. Competence / Patient Care				
V. Intent to Mislead including Fraud				
VI. Professional Conduct & Behaviour				
VII. Record keeping				
VIII. Sexual Abuse				
IX. Harassment / Boundary Violations				
X. Unauthorized Practice				
XI. Other <please specify>				
<b>Total number of formal complaints and Registrar’s Investigations**</b>		<b>100%</b>		<b>100%</b>

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

<p><a href="#">Formal Complaints</a> <a href="#">NR</a> <a href="#">Registrar's Investigation</a></p> <p><i>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

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

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College's own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2021		1751	<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee.</i>
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2021		169	
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2021		105	
<b>CM 9.</b> Of the formal complaints and Registrar's Investigations received in CY 2021**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	116	6.6	
II. Formal complaints that were resolved through ADR	112	6.4	
III. Formal complaints that were disposed of by ICRC	1289		
IV. Formal complaints that proceeded to ICRC and are still pending	420	24.0	
V. Formal complaints withdrawn by Registrar at the request of a complainant	252		
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	64	3.7	

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>38</p>	<p>2.2</p>	
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar’s Investigation</a></p> <p># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.                  ** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</p>			
<p>Additional comments for clarification (if needed)</p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE								
Standard 13								
Statistical data collected in accordance with the recommended method or the College's own method: Recommended								
<i>If a College method is used, please specify the rationale for its use:</i>								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2021								
Distribution of ICRC decisions by theme in 2021*		# of ICRC Decisions++						
Nature of Decision		Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I.	Advertising	NR	NR	0	0	NR	0	
II.	Billing and Fees	12	10	1	NR	3	5	
III.	Communication	181	22	4	12	8	7	
IV.	Competence / Patient Care	631	167	11	85	54	15	
V.	Intent to Mislead Including Fraud	0	0	0	0	0	NR	
VI.	Professional Conduct & Behaviour	302	56	9	19	25	32	
VII.	Record Keeping	61	68	4	34	32	4	
VIII.	Sexual Abuse/ Harassment / Boundary Violations	20	NR	NR	NR	6	14	

IX. Unauthorized Practice	NR	0	0	0	0	0
X. Other Accepting New patients/Practice Mgmt.	56	14	2	6	5	2

\* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2021.

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

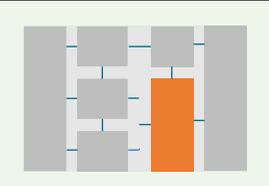
[NR](#)

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

Additional comments for clarification (if needed)



**Table 7 – Context Measure 11**

DOMAIN 6: SUITABILITY TO PRACTICE		
<u>Standard 13</u>		
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If College method is used, please specify the rationale for its use:</i>		
<b>Context Measure (CM)</b>		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.  The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2021	212	
II. A Registrar’s investigation in working days in CY 2021	766	
<a href="#">Disposal</a>		
Additional comments for clarification (if needed)		

**Table 8 – Context Measure 12**

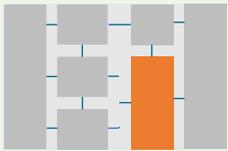
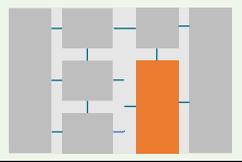
DOMAIN 6: SUITABILITY TO PRACTICE		
<b>Standard 13</b>		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
<b>Context Measure (CM)</b>		
<b>CM 12.</b> 90th Percentile disposal of:	<b>Days</b>	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.  The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.
I. An uncontested discipline hearing in working days in CY 2021	471	
II. A contested discipline hearing in working days in CY 2021	557	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
Additional comments for clarification (if needed)		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	NR	
II. Incompetence	NR	
III. Fail to maintain Standard	11	
IV. Improper use of a controlled act	NR	
V. Conduct unbecoming	NR	
VI. Dishonourable, disgraceful, unprofessional	23	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	NR	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking		
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		
		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.</i>

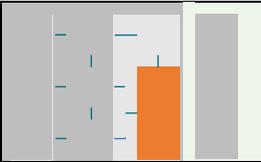
\* *The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

*Additional comments for clarification (if needed)*

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**Table 10 – Context Measure 14**

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: Recommended		
<i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 14.</b> Distribution of Discipline orders by type*		<p><i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i></p>
Type	#	
I. Revocation	NR	
II. Suspension	18	
III. Terms, Conditions and Limitations on a Certificate of Registration	19	
IV. Reprimand	26	
V. Undertaking	NR	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p><a href="#">Revocation</a>  <a href="#">Suspension</a>  <a href="#">Terms, Conditions and Limitations</a>  <a href="#">Reprimand</a>  <a href="#">Undertaking</a>  <a href="#">NR</a></p>		
Additional comments for clarification (if needed)		

## Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

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

Return to: [Table 4](#), [Table 5](#)

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

Return to: [Table 5](#)

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

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

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

Return to: [Table 4](#), [Table 5](#)

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)

# Council Briefing Note

March 2022

<b>Topic:</b>	Council Award Recipient
<b>Purpose:</b>	For Information
<b>Relevance to Strategic Plan:</b>	Right-Touch Regulation Quality Care Meaningful Engagement
<b>Public Interest Rationale:</b>	<b>Quality Care:</b> Ensuring that the care provided by individual regulated health professions is of high quality and that the standard of care provided by each regulated health professional is maintained and/or improved
<b>Main Contact(s):</b>	Caitlin Ferguson, Governance Coordinator Craig Roxborough, Director, Policy Nathalie Novak, Chief Transformation Officer
<b>Attachment(s):</b>	None

## Issue

- At the March meeting of Council, **Dr. Alim Pardhan** from Hamilton will receive the CPSO Council Award.

## Background

- The CPSO Council Award recognizes physicians who demonstrate the ideal qualities that are required to effectively meet the health care needs of the people they serve. These abilities are articulated in the Royal College of Physicians and Surgeons of Canada's CANMEDS Framework which consists of seven roles:
  - The physician as medical expert (the integrating role)
  - The physician as communicator
  - The physician as collaborator
  - The physician as leader
  - The physician as health advocate
  - The physician as scholar
  - The physician as professional

- A competent physician seamlessly integrates the competencies of all seven CPSO Council Award qualities.

**Current Status and Analysis**

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- Council member Dr. Ian Preyra will present the award.
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# Council Briefing Note

March 2022

<b>Topic:</b>	Governance Modernization – Update on Internal Reforms
<b>Purpose:</b>	For Discussion
<b>Relevance to Strategic Plan:</b>	Right-touch regulation Continuous Improvement
<b>Public Interest Rationale:</b>	The following internal changes for governance modernization would improve CPSO’s ability to effectively regulate and serve in the public interest.
<b>Main Contact(s):</b>	Miriam Barna, Senior Government Relations Advisor Craig Roxborough, Director of Policy Danna Aranda, Government Relations Coordinator
<b>Attachment(s):</b>	Appendix A: June 29 letter to government re: governance modernization and red-tape reduction

## Issue

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- While CPSO waits for legislative change that will usher in significant governance modernization reforms, opportunities exist to work within the existing legislative framework to move our governance structure closer to Council’s vision.
- Council is provided with an overview of proposals for internal governance reform that are currently being explored on the basis of direction from both the Governance and Executive Committees.

## Background

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- Governance modernization has been an area of focus for CPSO for many years, with a two-pronged approach of implementing changes within the existing legislative framework while also seeking government support for substantive legislative and regulatory amendments.
  - Historical improvements within the existing legislative framework include more stringent term limits for committee appointments, mandatory committee orientation and training, and new eligibility criteria for Council elections.

- In [2019](#) and then again in [June 2021](#)<sup>1</sup> (**Appendix A**), CPSO sought government's support for a comprehensive package of governance modernization reforms through amendments to both the *Regulated Health Professions Act (RHPA)* and *Medicine Act*.
- While there were initial signals last fall that government would introduce legislation to advance governance modernization at all *RHPA* colleges, they ultimately did not proceed. Instead, government indicated that further consultation was needed.
- Considering the protracted and uncertain nature of potential legislative and regulatory reform, in late 2021, the Governance and Executive Committees directed staff to consider further internal modernization efforts that could be undertaken to continue our modernization efforts in the absence of legislative change.
- On January 26<sup>th</sup>, the government initiated a consultation process regarding *RHPA* governance modernization reforms with a request for feedback by February 23<sup>rd</sup>.
  - By and large, the proposed governance reforms align well with CPSO's vision of governance modernization, including a smaller board size, competency-based appointments for professional members, and separation of statutory committees and Council, among other proposals.
  - Additional information on this consultation is provided in the Government Relations Report, and CPSO's submission is being developed with input from the Executive Committee.
  - The final submission will be shared with Council following the February 23<sup>rd</sup> deadline.
- With the next provincial election quickly approaching, and with the ongoing uncertainty on whether or when government will introduce legislation, the Executive Committee directed that opportunities for internal governance modernization should continue to be explored.

## Current Status

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- CPSO Council most recently articulated its vision for governance modernization in the June 2021 letter to government (**Appendix A**). This vision contained a triad of core governance modernization proposals seeking to:
  - 1) Reduce the size of Council
  - 2) Implement a competency-based selection process for Council
  - 3) Separate the membership of Council and statutory committees responsible for member-specific issues

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<sup>1</sup> The letter is included as an appendix to these materials and the supporting documents underpinning the content of the letter can be found in the [June 2021](#) Council meeting materials.

- While legislative and/or regulatory changes would be needed to fully implement the vision articulated in the aforementioned letter, options have been identified that would, in the meantime, help CPSO move closer to this vision while working within the existing legislative and regulatory framework.
- Given the significant resources associated with some of these options and the analysis required to fully explore their potential, the direction of the Governance and Executive Committees was recently sought.
- At the same time this direction was being sought, the government announced a month's long consultation seeking feedback from key stakeholders on potential reforms to the governance structure and oversight of *RHPA* colleges. As outlined above, the proposed reforms are consistent with CPSO's vision for governance modernization.
- Notwithstanding the announcement of this consultation, given the continued uncertainty regarding any future legislation and consistent with the direction of the Governance and Executive Committees, work is now underway to thoroughly analyze each option that has been identified and bring forward proposals to implement the contemplated reforms. These options are presented for Council's consideration to support future decision-making.

### **1) Reduce the Size of Council**

#### *Current State:*

- The *Medicine Act* requires Council to be comprised of 31-34 members (i.e., 15-16 elected professional members, 13-15 public members, and 3 members from among the faculties of medicine).
- In practice, Council is comprised of 32-34 members with 16 elected positions, 3 academic members, and a range of 13-15 public members. Council also invites the additional 3 academic representatives to participate at the Council meetings for a total of up to 37 participants at each meeting.

#### *Options for Reform:*

- Alignment with the minimum required number of Council members is possible and would make progress towards Council's vision of a smaller board. Two options to support this vision have been identified:
  - 1) Reduce the number of elected professional members to the statutory minimum of 15
  - 2) Align the academic representatives with the statutory requirement of 3

- Reducing the number of public members to the statutory minimum of 13 is not being proposed due to the current quorum and composition requirements for many statutory committees and the heavy workload that this already places on CPSO's public members.

*Rationale:*

- Moving towards a smaller board and aligning with statutory minimums reinforces and demonstrates Council's commitment to the vision it has articulated.
  - The rationale underpinning the decision for to elect 16 rather than 15 physician members is not known and no longer apparent. However, considering recent commitments to achieve a smaller Council size, this current state can be revisited.
  - There is significant variability among *RHPA* colleges concerning the appointment of academic representatives to Council. Many Colleges do not have any academic members, and some have only a small number of representatives. The Royal College of Dental Surgeons of Ontario and Ontario College of Pharmacists are the exception with appointees from each educational institution.

*Considerations:*

- A reduction in the number of elected members would necessarily involve a change in CPSO by-laws and could include changes to the electoral districts and/or the number of member(s)<sup>2</sup> elected in each district.
- While there is an existing system by which the academic representatives are chosen for a Council position,<sup>3</sup> a new approach would need to be developed that, for example, fairly distributes the positions among the faculties of medicine or employs a competency-based appointment process. This, too, would involve by-law changes.

## **2) Competency-Based Selection Process**

*Current State:*

- The *Medicine Act* requires that professional members of Council be *elected*. This restricts CPSO's ability to implement a competency-based *appointments* process for the professional members of Council.
- The *Medicine Act* does grant CPSO the power to set eligibility criteria for Council elections and [recent efforts](#) to strengthen these criteria have been undertaken (e.g., addition of

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<sup>2</sup> Six districts elect one member, three elect two members, and one elects four.

<sup>3</sup> Each year, the Academic Advisory Committee (comprised of all 6 academic representatives) meets to determine which among the group will be designated as members of Council. This recommendation is then brought forward to Council for approval.

'cooling-off' period for physicians holding positions in other organizations, requirement to attend an orientation session, etc.).

- In [2020](#), work was undertaken to develop and approve a “skills and diversity matrix” (referred to as the Council Profile). While initial testing demonstrated the potential value of this tool, it also identified a need for further refinement, the need to consider how it could be operationalized effectively, and the need to ensure it is sufficiently robust to support a future state of competency-based appointments.
- The concept of a Nominating Committee, tasked with assessing candidates against preferred competencies and providing a recommended slate of candidates to stand for election, was initially floated in late 2020. However, concerns regarding its authority and role were raised and a decision was made not to proceed with this work at that time.

*Options for Reform:*

- Notwithstanding the requirement to conduct elections, the principles of a competency-based recruitment process can be applied to Council elections. Three options have been identified to help support this element of Council’s vision:
  - 1) Continuing to strengthen existing eligibility criteria for candidates
    - Other potential criteria include restricting eligibility for members subject to a Registrar’s investigation, a discipline hearing, or default on fees in another jurisdiction and expanding the list of legal findings or convictions that would make a member ineligible.
  - 2) Refine and operationalize the Council Profile
    - Confirm and finalize a comprehensive list of competencies and desired attributes to support a robust assessment of Council’s current constitution and future needs.
    - Identify appropriate method for assessing Council composition (e.g., self-evaluation and/or third-party evaluation).
    - Utilize findings to support targeted recruitment efforts and potentially assess individuals standing for election.
  - 3) Reconsider the establishment of a Nominating (Selection) Committee
    - Jurisdictional scans have identified other comparable organizations with similar elections-based approaches (e.g., Ontario College of Pharmacists, College of Nurses of Ontario, Canadian Medical Protective Association, etc.) that have robustly implemented a competency-based framework within that elections process.

*Rationale:*

- While CPSO cannot eliminate or inappropriately restrict the election process itself, efforts can be undertaken to strengthen how appropriate competencies and needs are identified, recruited for, and then assessed as part of the election process.
- The government has recently signalled as part of a broader consultation on governance modernization support for the concept of a nominating or selection committee as part of a competency-based appointments process.
- An opportunity exists to build the infrastructure needed to support this future process now, while applying it within the limits of the existing legislative framework. The development of a Nominating Committee could also be leveraged to fully support competency-based appointments for CPSO committees, strengthening the current processes that are in place.

*Considerations:*

- Taken together, these proposals offer a meaningful opportunity to strengthen the election process by creating a comprehensive framework for assessing the constitution of Council and seeking to specifically identify candidates to stand for election that fill recognized needs or gaps.
- However, substantial work is required to fully operationalize the Council Profile and establish a Nominating Committee.
  - Preliminary research and analysis have identified a diversity of models for Nominating Committees. For example:
    - Some organizations have implemented a (quasi) arm's-length committee comprised of a mix of Board and/or external members with governance experience.
    - Different models also contemplate Nominating Committees that simply make recommendations to the Board for filling vacancies, that robustly screen candidates against a competency and needs assessment before permitting them to stand for election, or that support a dual path election process with an option of seeking nomination through the committee or the general membership.
  - Efforts to ensure that the Council Profile adequately fulfills Council's needs can be integrated into and support the work of a Nominating Committee, while preparing for a future state of competency-based appointments across all *RHPA* colleges.

**3) Separate the membership of Council and statutory committees responsible for member-specific issues**

*Current State:*

- Currently, the *RHPA* establishes quorum and composition requirements for statutory committees addressing member-specific issues (e.g., Registration, Inquiries, Complaints and Reports, and the Discipline Tribunal). However, historical CPSO practices have tended to go beyond these minimum requirements and appoint Council Members where there is no obligation to do so.
- Separation of Council and statutory committees assessing member-specific issues is a governance best practice, and the Governance Committee has been moving towards this practice.

*Option for Reform:*

- An opportunity exists to more formally adopt the practice of restricting Council Member appointments to only those committees where there are statutory requirements or where the committee acts on behalf of Council (e.g., Governance, Finance & Audit, etc.).

*Considerations:*

- In more formally adopting this practice, a process to recognize and accommodate exceptions may be warranted.

**Next Steps**

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- Based on direction from the Governance and Executive Committees, the options for reform outlined above will continue to be explored, and a complete analysis of steps necessary to implement these changes will be undertaken.
- As many of the options identified involve potentially significant changes and may require changes to CPSO by-laws, Council will be engaged at later meetings as needed to explore the proposals in detail.

**Questions for Council**

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- 1) Does Council have any questions or feedback in relation to the options that are proposed to support internal governance reform within the existing legislative framework?



Trusted Doctors  
Providing Great Care

June 29, 2021

Sean Court, Assistant Deputy Minister  
Strategic Policy, Planning & French Language Services Division  
Ministry of Health  
438 University Avenue, 10<sup>th</sup> Floor  
Toronto, ON M7A 2A5

Via Email: [Sean.Court@ontario.ca](mailto:Sean.Court@ontario.ca)

Dear Sean,

Further to your letter of June 8<sup>th</sup>, we welcome the opportunity to share our recommended changes under the *Regulated Health Professions Act, 1991* and the *Medicine Act, 1991*. As you know, governance modernization and red-tape reduction have been priorities of the College of Physicians and Surgeons of Ontario (CPSO) for many years.

In 2018, CPSO's Council made bold recommendations to modernize its governance structure and transform its approach to regulation in order to better serve the public interest and implement the principles of right-touch regulation. In June 2021, CPSO Council reaffirmed its commitment to these previous proposals and articulated a renewed vision that would continue to keep our organization at the leading edge of regulation.

Below is an overview of CPSO Council's recommended changes, followed by a more detailed explanation of each proposal. We are eager to work with government on a shared vision of modernization, efficiency, and excellence, for CPSO and Ontario's regulatory colleges.

#### Governance Modernization

- 1) Triad of core governance proposals:
  - a) Reduce the size of the board to 12 members
  - b) Implement a competency-based board selection process
  - c) Eliminate the overlap in membership between the board and statutory committees
- 2) Eliminate the Executive Committee
- 3) Ensure equal composition of public and professional members on the board
- 4) Allow CPSO to compensate public members
- 5) Allow for greater flexibility in the Presidential and Vice-Presidential Terms and change the terminology to Chair and Vice-Chair of the board
- 6) Address protection for the use of the title "osteopath"

#### Red-Tape Reduction

- 7) Allow CPSO to make rules relating to its core functions
- 8) Expand CPSO's discretion to investigate complaints
- 9) Streamline the handling of frivolous, vexatious complaints
- 10) Enable CPSO to share information more freely with hospitals



11) Clarify the application of the *Mental Health Act* in CPSO hearings

### **Governance Modernization**

#### **1) Triad of core governance proposals**

Meaningful governance modernization is dependent on adopting this package of three proposals.

##### **a) Reduce CPSO's Council to 12 members, with a minimum of 8**

The first pillar of modernization is a reduction in CPSO Council size from the current 34-37 members to 12 members, with a minimum of 8. This aligns with best practices and recent trends in Ontario, including the new Health and Supportive Care Providers Oversight Authority. A smaller board would also allow for better effectiveness, participation, decision-making and flexibility.

##### **b) Competency-based board selection process**

A smaller 12-member board can only function properly with a competency-based selection process that ensures the right mix of skills, knowledge, diversity and experience. Moving from the current election process to a competency-based process is a best practice and is in keeping with recent changes to the Ontario College of Teachers and standards in the Ministry of Health's College Performance Measurement Framework.

##### **c) Separate the membership of Council and statutory committees**

Separation of Council and statutory committees is an essential next step to ensure that a smaller board can function. Not only is this a best practice, but this change would allow the board to focus on oversight and strategic direction, enhance the integrity and independence of both the board and statutory committees, and reduce the time commitment burden on CPSO's public Council members.

#### **2) Eliminate the Executive Committee**

Stemming from government's adoption of this triad of changes – and specifically the reduction of Council 12 members – CPSO Council proposes the elimination of the Executive Committee. This change is in alignment with governance best practices.

#### **3) Equal composition of public and professional board members**

In alignment with best practices, CPSO is seeking parity of public and professional members on Council. Public members currently account for fewer than half of the seats on Council. Through our public engagement activities, including polling and several discussions with the Citizen Advisory Group, we know that increased public representation on the board would be seen by the public as a meaningful change and increase their confidence in CPSO.

**4) Allow CPSO to compensate public members**

CPSO's Council continues to seek legislative change that would allow our organization to compensate public members directly. Although public members of Council play an invaluable role, their compensation rate has not been raised in more than two decades, and they are paid markedly less than physician members of Council.

**5) Presidential and Vice-Presidential Terms and Terminology**

Council is seeking changes that would allow for flexibility in the Presidential and Vice-Presidential terms – ideally set out in CPSO by-law. The *Medicine Act* currently requires that the President and Vice-President be elected annually from among Council members. This provision promotes “hyper-rotation” of these offices and would not be considered a best practice for a governing board.

Additionally, Council recommends changing the terminology of President/Vice-President to Chair/Vice-Chair to clarify the role of Council as the governing board and align with standard board nomenclature.

**6) Address protection for the use of the title “osteopath”**

The *Medicine Act* contains title protection for “osteopath” but there is widespread confusion on who can use this title and CPSO's role in enforcing title use. As such, Council recommends that government take steps to rectify the confusion surrounding “osteopath” title protection.

**Red-Tape Reduction**

CPSO is seeking a series of red-tape reduction changes including, but not limited to, those set out below. These changes align with the philosophy of right-touch regulation and will enable CPSO to better meet its public interest mandate.

**7) Allow CPSO to make rules relating to its core functions**

The current process for updating and maintaining regulations under the *RHPA* and the *Code* is onerous for health colleges and government and does not provide the ability to respond to emerging needs. The frailties of this structure were evident during the COVID-19 pandemic when changes were needed to the College's Registration regulation in response to emerging issues with the Medical Council of Canada Qualifying Examination Part II (MCCQE Part II), but could not be made within a reasonable timeline. In light of long-standing problems as well as the lessons learned from the pandemic, CPSO recommends that the College's regulation-making powers under the Code including, but not limited to, registration, standards of practices, and quality assurance, be moved to either College by-law authority or another agile instrument, such as policy.

**8) Expand CPSO's discretion to investigate complaints**

Over the last two years, CPSO has taken significant steps to improve the efficiency of the complaints process and implement a more proportionate approach. However, government support is needed to address a number of long-standing issues related to the management



of complaints. One way government could help would be to provide CPSO greater discretion to manage complaints unrelated to patient care and professional conduct. To ensure that resources are focused on investigations that serve the public interest, a complaint could be more narrowly defined as a concern brought by or on behalf of a patient, relating to patient care or professionalism. Matters that third parties wish to raise would be considered a “report”. This change would allow the Registrar to exercise discretion regarding whether the matter reported by a third-party warrants investigation.

**9) Streamline the handling of frivolous, vexatious complaints**

Government could also support efficiency in the complaints process by streamlining the handling of frivolous, vexatious complaints. The current process by which the Inquiries, Complaints and Reports Committee (ICRC) handles frivolous, vexatious complaints is lengthy and requires at least two ICRC meetings, requiring more Committee resources than a straightforward investigation. This process could be streamlined to allow **either** the Registrar **or** the Committee to give the initial notice that the Committee may decide that the matter is frivolous, vexatious or an abuse of its process.

**10) Enable CPSO to share information more freely with hospitals**

Currently, CPSO is limited in sharing information regarding an investigation with a doctor’s privileging hospital(s). This barrier poses a threat to patient safety, can lead to duplicate investigations, and may result in delayed action on a systemic issue. Therefore, Council recommends that the *Public Hospitals Act* be explicitly exempted from confidentiality requirements under the *RHPA*.

**11) Clarify the application of the Mental Health Act in CPSO hearings**

Finally, the *Mental Health Act* contains language that acts as a significant barrier to College discipline proceedings. The legislation has the potential to shield physicians working in a mental health facility from having their quality of care and conduct reviewed in the same way as physicians working in other settings. It is therefore recommended that government clarify the application of the *Mental Health Act* to CPSO hearings.

Our recommendations to reduce red tape and modernize Ontario’s health regulatory structure will help to better serve patients and bolster the integrity of Ontario’s health regulatory system. CPSO staff is available to work with your team, including the provision of specific drafting suggestions, to support this important work.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Whitmore".

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

A handwritten signature in black ink, appearing to read "J. Plante".

Judith Plante, MDCM, CCFP, FCFP  
President

Cc. Allison Henry ([Allison.Henry@ontario.ca](mailto:Allison.Henry@ontario.ca))

# Council Briefing Note

March 2022

<b>Topic:</b>	Rescinding and Revising Registration Policies – Post MCCQE2 Changes
<b>Purpose:</b>	For Decision
<b>Relevance to Strategic Plan:</b>	<ul style="list-style-type: none"> <li>• Right-Touch Regulation</li> <li>• Continuous Improvement</li> </ul>
<b>Public Interest Rationale:</b>	<b>Accessibility:</b> Ensuring individuals have access to services provided by the health profession of their choice and individuals have access to the regulatory system as a whole
<b>Main Contact(s):</b>	Samantha Tulipano, Director, Registration & Membership Services, ext. 709
<b>Attachment(s):</b>	<p><b>Appendix A:</b> <i>Licentiate of the Medical Council of Canada (LMCC) Policy</i></p> <p><b>Appendix B:</b> <i>Restricted Certificate of Registration for Exam Eligible Candidates</i></p> <p><b>Appendix C:</b> <i>Recognition of Certification Without Examination Issued by CFPC</i></p> <p><b>Appendix D:</b> <i>Approval of the Imposition of Terms, Conditions and Limitations Proposed by the Registrar for “Residents Working Additional Hours for Pay”</i></p> <p><b>Appendix E:</b> <i>Approval of the Imposition of Terms, Conditions and Limitations Proposed by the Registrar for “Camp Doctors”</i></p> <p><b>Appendix F:</b> <i>Requirement for the Successful Completion of the MCCQE 2 – Pandemic Exemption</i></p> <p><b>Appendix G:</b> <i>Alternative to the MCCQE2 Examination</i></p> <p><b>Appendix H:</b> <i>Specific Direction to the Registrar from the Registration Committee (LMCC Policy)</i></p>

## ISSUE

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- The Medical Council of Canada (MCC) has recently ceased delivery of the MCCQE2 examination and is now granting the Licentiate of the Medical Council of Canada (LMCC) to physicians who have passed the MCCQE1 along with certain other criteria
- As a result, some Registration policies are no longer required, and revisions are needed to other Registration Policies and Directives to provide transparency and expeditious review.

## BACKGROUND

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- The MCCQE2 is a requirement for issuance of an independent practice certificate prescribed in the Registration Regulation.
- Council will recall that during the pandemic there were significant challenges administering the MCCQE2 with long delays and an eventual decision to cease delivery.

- Of note, the Policies and Directives provide a route to registration for individuals who do not meet the requirements set out in the Registration Regulation, in this case the MCCQE2, and provides an alternate qualification, the LMCC, as an appropriate qualification.
- In response to this changing environment Council approved both an interim policy “Requirement for the Successful Completion of the MCCQE2 – Pandemic Exemption” and a permanent policy “Licentiate of the Medical Council of Canada (LMCC)” (**Appendix A**) which provide an exemption from the MCCQE2.

## CURRENT STATUS AND ANALYSIS

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- With the MCC now granting a full LMCC provided that individuals successfully completed MCCQE1 along with other criteria, two existing Registration policies are no longer required and references to the MCCQE2 in existing Registration Policies and Directives needs to be updated.
- An overview of the proposed changes is provided below and in the relevant appendices.
- The following policies have been revised, without any substantive changes, as attached:

1. Restricted Certificate of Registration for Exam Eligible Candidates	<b>Appendix B</b>
2. Recognition of Certification Without Examination Issued by CFPC	<b>Appendix C</b>

- The following directives have been revised, without any substantive changes, as attached:

3. Approval of the Imposition of Terms, Conditions and Limitations Proposed by the Registrar for “Residents Working Additional Hours for Pay	<b>Appendix D</b>
4. Approval of the Imposition of Terms, Conditions and Limitations Proposed by the Registrar for “Camp Doctors	<b>Appendix E</b>

- We are asking the following policies be rescinded as the new LMCC Policy has made them redundant.

5. Requirement for the Successful Completion of the MCCQE 2 – Pandemic Exemption	<b>Appendix F</b>
6. Alternative to the MCCQE2 Examination	<b>Appendix G</b>

- Additionally, we are asking approval of the Registration Committee’s Directive to the Registrar for the LMCC policy to enable staff to register applicants who satisfy the Directive without referral to the Registration Committee.

7. Specific Direction to the Registrar from the Registration Committee - Licentiate of the Medical Council of Canada (LMCC)	<b>Appendix H</b>
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## QUESTIONS COUNCIL

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1. Does Council approve of the recommended policy/directive changes?
2. Does Council approve the rescission of the Requirement for the Successful Completion of the MCCQE 2 – Pandemic Exemption” policy and the “Alternative to the MCCQE2 Examination”?
3. Does Council approve of the *Direction to the Registrar from the Registration Committee – Licentiate of the Medical Council of Canada (LMCC)*?

## Appendix A

### Licentiate of the Medical Council of Canada (LMCC) Policy

The College's registration regulation sets out the requirements which must be met in order for an applicant to be issued a certificate of registration.

If an applicant does not meet the requirements set out in the regulation it may still be possible for an applicant to qualify for a certificate of registration.

Please note if you currently hold a certificate of registration in any Canadian jurisdiction except Nunavut you may be eligible for registration in Ontario under new provisions of the *Health Professions Procedural Code* (the "Code"). Please refer to sections 22.15 to 22.23 of the Code.

Please see Legislation and By-Laws for more details.

All applicants must be able to demonstrate that their past and present conduct indicates that they are mentally competent to practise medicine; will practise with decency, integrity and honesty and in accordance with the law; have sufficient knowledge, skill and judgment to engage in the kind of practice authorized by the certificate and can communicate effectively; and will display an appropriately professional attitude.

In addition to the registration regulation and policies, all applicants will also be subject to other CPSO policies and regulations which apply to current registrants. In particular, the Changing Scope of Practice and Re-entering Practice policies, and the regulation pertaining to the use of specialist titles may have relevance for new applicants. All applicants will also be subject to the College's expectations with respect to continuing professional development.

All applicants may choose to proceed through any other applicable registration policy. In such instances, the provisions in this policy will not apply.

### Policy

#### Licentiate of the Medical Council of Canada (LMCC) Policy

The standards and qualifications for the issuance of a certificate of registration authorizing independent practice, set out in Section 3 of *Ontario Regulation 865/93*, stipulate that the applicant must have:

1. A degree in medicine.
2. Successfully completed Part 1 and Part 2 of the Medical Council of Canada Qualifying Examination.
3. Completed a clerkship at an accredited medical school in Canada; or one year of postgraduate medical education at an accredited medical school in Canada; or one year of active medical practice in Canada

4. Certification by examination by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC); and

Until June 2021, the Medical Council of Canada (MCC) awarded individuals who had successfully completed MCCQE Parts 1 & 2 with the Licentiate of the Medical Council of Canada (the “LMCC”).

However, on June 10, 2021, the MCC announced that it cancelled the MCCQE 2, and effective June 29, 2021, will award the LMCC to individuals who meet specified criteria, in absence of MCCQE Part 2.

This Policy provides an alternative to the requirement for the successful completion of Part 2 of the MCCQE for physicians who hold the Licentiate of the Medical Council of Canada (LMCC) Qualification.

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

## Appendix B

# RESTRICTED CERTIFICATE OF REGISTRATION FOR EXAM ELIGIBLE CANDIDATES

The CPSO can issue a time-limited, restricted certificate of registration to physicians. This certificate is for those who are missing Medical Council of Canada Qualifying Examination (MCCQE) Parts 1 and 2/**LMCC**, and/or Royal College of Physicians and Surgeons of Canada (RCPSC) or College of Family Physicians of Canada (CFPC) certification, but are officially eligible to take these exams. You may be issued a restricted certificate if you have provided proof that you:

1. have completed the certification exam of the RCPSC or the CFPC, but you have not yet completed parts 1 and 2/**obtained the LMCC** of the MCCQE, or
2. are currently eligible *without pre-condition* to take the RCPSC or CFPC certification exam. You may or may not have yet completed Parts 1 & 2/**obtained the LMCC** of the MCCQE.

This restricted certificate is subject to the following conditions:

1. You must practice with a supervisor until you have completed all outstanding exams.
2. Your restricted certificate will expire within a reasonable number of years, not to exceed three years from the date it is issued, if:
  - a. you do not successfully complete all outstanding MCC examinations/**obtain the LMCC**; and
  - b. you do not receive certification by exam by either the RCPSC or by the CFPC.

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

## Appendix C

# RECOGNITION OF CERTIFICATION WITHOUT EXAMINATION ISSUED BY CFPC

There are two scenarios in which the CPSO will recognize your certification in lieu of a CFPC examination. They are:

### 1. **Certification without examination and completed an acceptable qualifying exam:**

You may be issued a **restricted certificate** of registration if you have a medical degree from an acceptable medical school and have:

1. Successfully obtained certification without examination by the CFPC; and
2. Successfully completed an **acceptable qualifying examination** as defined in the College's Policy on Acceptable Qualifying Examinations.

The following conditions will be placed on the certificate:

3. You must practice with a mentor and/or supervisor until you have successfully completed an assessment.
4. You must undergo an assessment after completing a minimum of one year of practice in Ontario. The certificate of registration automatically expires 18 months from the date of issuance, but we may renew it, with or without additional or other terms, conditions and limitations.

### 2. **Certification without examination and completed Parts 1 & 2 of the Medical Council of Canada Qualifying Examination or obtained the LMCC:**

We may issue you a certificate of registration authorizing **independent practice** if you have a medical degree from an acceptable medical school and have:

1. Successfully obtained certification without examination by the CFPC; and
2. Successfully completed Parts 1 & 2 of the Medical Council of Canada Qualifying Examination or **obtained the LMCC**.

## Appendix D

### **Approval of the Imposition of Terms, Conditions and Limitations Proposed by the Registrar for “Residents Working Additional Hours for Pay”**

In accordance with the “Residents Working Additional Hours for Pay” policy approved by Council on December 10, 2010, where an applicant meets the following conditions:

1. The applicant currently holds an unrestricted certificate of registration authorizing postgraduate education;
2. The applicant has successfully completed Parts 1 & 2 of the Medical Council of Canada Qualifying Examination/**obtained the LMCC**.
3. The applicant has provided a current letter of appointment confirming enrollment in a postgraduate program at an Ontario medical school for the period in which the applicant is seeking to work additional hours for pay.
4. The applicant has successfully completed at least 18 months of residency training in one of the following programs in the specified Ontario Medical School below:
  - a. University of Toronto: anesthesiology, emergency medicine, endocrinology, internal medicine, ophthalmology, paediatrics, physical medicine and rehabilitation, psychiatry, surgery – cardiac, surgery – general, surgery – orthopaedic, surgery – plastic, urology;
  - b. McMaster University: anesthesiology, cardiology, clinical allergy and immunology, critical care, emergency medicine, ENT, endocrinology, internal medicine, general internal medicine, nephrology, paediatrics, developmental paediatrics, psychiatry, surgery – cardiac, surgery – neurosurgery, surgery – plastic, surgery – vascular;
  - c. Queen’s University: anesthesiology, critical care, emergency medicine, internal medicine, pediatrics, psychiatry, respirology, surgery – general, surgery – orthopaedic;
  - d. University of Western Ontario: adult critical care, anesthesiology, emergency medicine, psychiatry, radiology;
  - e. University of Ottawa: adult critical care, anesthesiology, emergency medicine, internal medicine, medical oncology, neurosurgery, paediatrics, paediatric infectious diseases, psychiatry, radiology, surgery – cardiac, urology;
5. The Restricted Registration Office at the Ontario Medical School has provided the College directly with an approved application
6. The applicant has completed all requirements of the College application
7. The applicant provides evidence of CMPA Coverage (Class: Moonlighting 14).
8. The applicant provides a signed Undertaking from the Supervising Physician.
9. The applicant satisfies all other registration requirements, including non-exemptible registration requirements, for a postgraduate certificate of registration.

**The Registration Committee approves the Registrar imposing the following terms, conditions and limitations on the applicant's certificate of registration:**

Practice Outside the Postgraduate Medical Education Program

Dr. [ ] may practise medicine in the following settings:

- (a) DEPARTMENT and to the extent of THEIR employment at HOSPITAL, while under supervision coordinated by a supervisor acceptable to the College.
- (b) In Dr. [ ]'s practice specified above, Dr. [ ] may not charge a fee for medical services.

Termination of Practice Outside the Postgraduate Medical Education Program

This certificate automatically converts to a regular Postgraduate Education certificate and Dr. [ ] must immediately cease all practice outside the postgraduate medical education program if any one of the following occurs:

- (a) the supervisors identified above notify the College of any concerns regarding Dr. [ ]'s practice, including but not limited to concerns regarding knowledge, skill, judgment or attitude;
- (b) the supervisor(s) are no longer able or willing to continue to supervise Dr. [ ]'s practice;
- (c) the Postgraduate Dean informs the College that the medical school's approval for Dr. [ ] to engage in practice outside the postgraduate medical education program has been withdrawn;
- (d) when Dr. [ ]'s employment as specified above ceases; or
- (e) if Dr. [ ] takes a leave of absence, or transfers to another program, from the postgraduate education program specified in paragraph (1).

Resumption of Practice Outside the Postgraduate Medical Education Program

In the event of conversion to a regular Postgraduate Education certificate) or expiry of the certificate Dr. [ ] may not resume any practice outside the postgraduate medical education program under the restricted registration for residents policy until Dr. [ ] applies for a new certificate of registration and obtains approval by the Registration Committee.

## Appendix E

### **Approval of the Imposition of Terms, Conditions and Limitations Proposed by the Registrar for “Camp Doctors”**

In accordance with the “Camp Doctors” Policy approved by the Registration Committee in November 1997, where an applicant meets the following conditions:

1. The applicant has successfully completed Parts 1 & 2 of the Medical Council of Canada Qualifying Examination/**obtained the LMCC** or an acceptable alternative under the Ontario Regulation;
2. The applicant has obtained certification by examination from the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada;
3. The chief administrator/operator of the camp where the physician will be practising provides a letter that:
  - a. Identifies the camp and confirms its not-for-profit/charitable status;
  - b. Confirms the applicant’s appointment as a camp doctor on a voluntary basis;
  - c. Confirms the exact dates of the appointment;
  - d. And indicates the nature and scope of services the physician will be expected to provide;
4. The applicant has completed all requirements of the College application;
5. The applicant satisfies all other registration requirements, including non-exemptible registration requirements, for an independent practice certificate of registration.

#### **The Registration Committee approves the Registrar imposing the following terms, conditions and limitations on the applicant’s certificate of registration:**

1. Dr. [ ] may practice medicine only as a Camp Doctor for NAME OF CAMP in CITY, Ontario.
2. The certificate is issued for the term of [START DATE], to [END DATE].

## Appendix F

# REQUIREMENT FOR SUCCESSFUL COMPLETION OF PART 2 OF THE MCCQE — PANDEMIC EXEMPTION

### Update Regarding MCCQE Part II

The Medical Council of Canada (MCC) announced on [June 10, 2021](#) going forward.

CPSO is immediately examining the implications of this announcement on all affected physicians and is in the process of developing a policy that will be finalized on a future date. Please continue to monitor the website for updates from the College.

The standards and qualifications for the issuance of a certificate of registration authorizing independent practice, set out in Section 3 of *Ontario Regulation 865/93*, stipulate that the applicant must have:

1. A degree in medicine.
2. Successfully completed Part 1 and Part 2 of the Medical Council of Canada Qualifying Examination.
3. Completed a clerkship at an accredited medical school in Canada; or one year of postgraduate medical education at an accredited medical school in Canada; or one year of active medical practice in Canada.
4. Certification by examination by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC); and

Part 2 of the Medical Council of Canada Qualifying Examination (known as “MCCQE2”) is a clinical examination administered by the Medical Council of Canada, which is challenged in locations across Canada, typically after completion of 12 months of postgraduate training.

The MCCQE2 is important as a reliable, independent and objective method of assessment of an applicant’s broad-based medical knowledge, skills, judgment and professional attitude.

Due to the pandemic, MCCQE2 examinations scheduled for May 2020 and October 2020 were postponed indefinitely. Applicants in Ontario who otherwise qualified for Independent Practice Certificates but were lacking MCCQE2 were issued restricted certificates permitting practice under supervision in accordance with the Restricted Certificates of Registration for Exam Eligible Candidates.

The MCCQE2 examination scheduled for February 2021 has been cancelled. At this time, it is not clear when the MCCQE2 exam will be made available to eligible candidates.

This Policy provides an exception to the licensure requirement for the MCCQE2 for applicants whose pathway to independent licensure in Ontario has stalled due to the pandemic-related postponements of the examination in circumstances set out below.

### **MCCQE2 Pandemic Exemption**

The Registration Committee may direct the Registrar to issue a certificate of registration authorizing **independent practice** to applicants who are lacking MCCQE2 where:

1. The applicant demonstrates that they were eligible to challenge the MCCQE2 at the May 2020, October 2020, and/or February 2021 sittings\*;
2. The applicant is presently registered in Ontario or was registered in Ontario at the time that they were eligible to challenge the MCCQE2 at the May 2020, October 2020, and/or February 2021 sittings;
3. The applicant was within 24 months from the completion of their postgraduate training at the time that they were eligible to challenge the MCCQE2 at the May 2020, October 2020, and/or February 2021 sittings;
4. The applicant otherwise meets the prescribed requirements for an Independent Practice Certificate of Registration and,
5. The applicant satisfies the non-exemptible requirements set out in Section 2(1) of Ontario Regulation 865/93.

\* **Note:** The Policy may be extended to apply to other future scheduled sittings of the MCCQE2 as may be required during the pandemic.

\*\***Note:** Applicants with prior exam failures may be directed to the Registrar for review by the Registration Committee under Section 2(1) of Ontario Regulation 865/93.

## Appendix G

# ALTERNATIVE TO THE MCCQE 2 EXAMINATION

If you are applying to practice medicine in Ontario, there is an option to undergo a practice assessment as an alternative to completing Part 2 of the Medical Council of Canada Qualifying Examination (MCCQE).

You can apply for this practice assessment if you have:

- i. Five or more years of independent practice experience;
- ii. Certification by examination from the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada or are recognized as a specialist by the College of Physicians and Surgeons of Ontario;
- iii. Successfully completed MCCQE Part 1, or an acceptable alternative;
- iv. One year of successful practice in Ontario under supervision, demonstrated by the supervisor's reports to the CPSO.

Our Registration Committee considers each case individually. We will look at the nature and scope of your practice as well as your attempts at writing MCCQE Part 2. The Committee expects applicants to attempt the exam before applying for this practice assessment. Applicants must pay all costs associated with the assessment.

If you meet the criteria above, you may be permitted to undergo a practice assessment by the College. If we find your assessment report satisfactory, we will direct the Registrar to issue you a restricted certificate of registration. This will authorize independent practice, limited to your specialty or scope of practice.

## Appendix H

### SPECIFIC DIRECTION TO THE REGISTRAR FROM THE REGISTRATION COMMITTEE

#### Licentiate of the Medical Council of Canada (LMCC) Policy

*Ontario Regulation 856/93* made under the Medicine Act, 1991 (the “Registration Regulation”) sets out the standards and qualifications for a certificate of registration authorizing independent practice as including:

3. (1) The standards and qualifications for a certificate of registration authorizing independent practice are as follow:
  1. The application must have a degree in medicine.
  2. The applicant must have successfully completed Part 1 and Part 2 of the Medical Council of Canada Qualifying Examination.
  3. The applicant must have completed one of the following:
    - I. A clerkship at an accredited medical school in Canada which meets the criteria of a clerkship in clause (a) of the definition of “degree in medicine” in section 1.
    - II. A year of postgraduate medical education at an accredited medical school in Canada.
    - III. A year of active medical practice in Canada which includes significant clinical experience pertinent to the applicant’s area of medical practice.
  4. The applicant must have certification by examination by the Royal College of Physicians and Surgeons of Canada or by the College of Family Physicians of Canada

In accordance with the Licentiate of the Medical Council of Canada (LMCC) policy approved by Council on October 14, 2021, the Registration Committee considers *Section 3(1)2 of the Registration Regulation* to be satisfied if:

- (a) The applicant demonstrates that they have obtained the Licentiate of the Medical Council of Canada (LMCC) qualification, and
- (b) The applicant satisfies all other registration requirements, including non-exemptible registration requirements, for an independent practice certificate.

# Council Motion

<b>Motion Title</b>	Rescinding and Revising Registration Policies – Post MCCQE2 Changes
<b>Date of Meeting</b>	March 4, 2022

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

1. The Council of the College of Physicians and Surgeons of Ontario approves the following:

- (a) The revised policy “Restricted Certificate of Registration for Exam Eligible Candidates”, (a copy of which forms Appendix “ ” to the minutes of this meeting);
- (b) The revised policy “Recognition of Certification Without Examination Issued by the CFPC” (a copy of which forms Appendix “ ” to the minutes of this meeting);
- (c) The revised Directive, Approval of the Imposition of Terms, Conditions and Limitations Proposed by the Registrar for “Residents Working Additional Hours for Pay” (a copy of which forms Appendix “ ” to the minutes of this meeting);
- (d) The revised Directive, Approval of the Imposition of Terms, Conditions and Limitations Proposed by the Registrar for “Camp Doctors” (a copy of which forms Appendix “ ” to the minutes of this meeting); and
- (e) The Specific Direction to the Registrar from the Registration Committee – Licentiate of the Medical Council of Canada (LMCC) Policy (a copy of which forms Appendix “ ” to the minutes of this meeting).

2. The Council of the College of Physicians and Surgeons of Ontario rescinds the following Registration Policies:

- (a) “Requirement for the Successful Completion of the MCCQE 2- Pandemic Exemption” (a copy of which forms Appendix “ ” to the minutes of this meeting); and

(b) "Alternative to the MCCQE 2 Examination" (a copy of which forms Appendix " " to the minutes of this meeting).

# Council Motion

<b>Motion Title</b>	Motion to Go In-Camera
<b>Date of Meeting</b>	March 4, 2022

It is moved by \_\_\_\_\_, and seconded by \_\_\_\_\_, that:

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