

## CONSULTATION OUTCOMES

# Consultation 013

Oct. 2-Dec. 2, 2017

*Responsibility for a Medical Practice (formerly Direction and Control of a Medical Practice)* Reissued July 1, 2018

*Boundary Violations (formerly Sexual Boundary Violations)* Reissued July 1, 2018

*Practice in Association* Rescinded July 1, 2018

## ***Responsibility for a Medical Practice***

### **WHAT ARE A PHYSICIAN'S RESPONSIBILITIES?**

As well as patient care, professional & administrative activities are part of medical practice

Council approved the *Responsibility for a Medical Practice* standard effective July 1, 2018. Formerly *Direction & Control of a Medical Practice*, the changes clarify what individual physicians are responsible for while encouraging leadership in multi-physician settings and supporting team-based care.

A companion Advice to the Profession document has also been developed to help physicians apply the standard in their own practice.

“CPSA believes it’s really important for physicians to retain leadership of medical practice.”

- Dr. Karen Mazurek, Deputy Registrar

**[READ THE AMENDED STANDARD](#)**

**[READ THE ADVICE TO THE PROFESSION](#)**

### **YOUR FEEDBACK MADE A DIFFERENCE**

In all, we received 86 responses to the fall 2017 consultation on the [first draft](#) of the amendment, including 73 physicians and 12 stakeholder organizations. (You can read some of their comments below).

Several themes emerged:

- Respondents felt the title *Direction and Control of a Medical Practice* didn't reflect team-based care; the standard should apply in all practice settings.

- Custody of medical records should be explicitly included as a physician responsibility in practice settings other than AHS and government facilities.
- Physicians wanted greater clarity on their responsibilities for regulated and non-regulated staff, particularly when working within an organization that employs its own staff (e.g., PCN, university, social agency, etc.)
- The proposed new role of medical lead in multi-physician practice also needed more explanation: would this be just a contact person for CPSA, or would the medical lead have overall responsibility for the group?

CPSA responded with a second draft and sent it back to respondents who had provided significant feedback for another look. The response was positive, and the second draft was approved by Council in May 2018 to take effect on July 1, 2018.

## ***Boundary Violations***

Other non-clinical relationships between physicians and patients can also introduce conflicts of interest

Council approved the *Boundary Violations* amendment effective July 1, 2018. Formerly *Sexual Boundary Violations*, the standard has been extended to require physicians to also consider and minimize risks of conflict of interest and coercion in personal, social, business or financial relationships with patients, and clarifies boundaries around physician-learner relationships. A companion Advice to the Profession document is also available.

### **[READ THE AMENDED STANDARD](#)**

### **[READ THE ADVICE TO THE PROFESSION](#)**

#### **YOUR FEEDBACK MADE A DIFFERENCE**

Consultation on an initial draft amendment in fall 2017 drew 96 responses from physicians, stakeholder organizations and the public. (You can read some of the comments below.)

**The issue of greatest concern was how a broader standard might impact rural physicians, where community ties often overlap clinical relationships.**

CPSA agreed physicians should be engaged in their communities and replaced the initial suggested prohibition on personal, social, financial and business relationships with a new requirement to “consider and minimize any potential conflict of interest or risk of coercion when engaging with a patient in a non-clinical context.”

A new draft was sent out to a smaller group of respondents who had provided significant initial feedback, and this time the response was positive. Council passed the revised amendment on May 25, 2018 to take effect July 1, 2018.

## **COUNCIL TOUGHENS STANCE ON SEXUAL MISCONDUCT**

### **Discipline Transparency Also Increased**

The broadening of the *Boundary Violations* standards in no way diminishes CPSA's position on sexual misconduct by physicians.

In May 2018, Council adopted a Statement of Principles that includes the intention to seek stiff penalties for any physician found guilty of sexual misconduct, up to and including revocation of the practice permit for sexual assault convictions. [Read the Statement of Principles.](#)

Council also directed CPSA to start identifying specific charges on hearing notices (while keeping the complainant anonymous) and lengthen the time discipline history is posted on CPSA's website from 5 to 10 years. These changes will take place over the coming weeks.