



CPSO



Annual Report

2020

FACTS & FIGURES



Modernized approach to physician advertising



2,683

Registered new physicians

Received **3,483** concerns



REGULATED
44,223
PHYSICIANS



Provided input into a **critical care triage protocol**



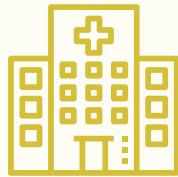
Developed provisional license for **final year residents** due to COVID-19 pandemic



Increased Twitter followers by **20%**

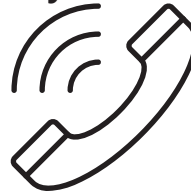


Increased Instagram followers by **235%**



Launched QI Partnership Program for hospital-based physicians

Made **700** Courtesy Calls



Made **420** employee identified improvements

Enrolled **2,204** physicians in QI Program





Emphasized support, reduced stigma for physician illness

Held a Virtual Care Symposium



Worked with key stakeholders to **develop COVID-19 resources and responses**

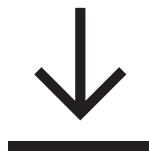
Launched Member Portal



Live streamed Council meetings



Decreased the time to complete all types of complaint files (including early resolution) by 52%



Decreased the time to write an ICRC decision by 86%

Decreased the decision release time for discipline cases by **52%**



Provided a membership fee reduction for MDs on parental leave.



Adapted policies to recognize realities of pandemic

Launched eDialogue



Promoted issues of Equity, Diversity and Inclusion



Developed **Continuity of Care Guide** for Patients and Caregivers

Reduced the number of ongoing cases by 60%



MADE PHYSICIAN BURNOUT A PRIORITY ISSUE



Welcome to the 2020 CPSO Annual Report

It goes without saying that 2020 is a year we'll never forget. The COVID-19 pandemic completely changed, challenged, and, in some cases, overwhelmed health systems across the world. Here at CPSO, we watched as this crisis pushed many of our physician colleagues and other health professionals in Ontario to the breaking point. No words can describe how horrendous it is to watch a patient suffer and ultimately succumb to this terrible disease. Nothing can prepare a doctor for the emotional toll that comes with having to hold up a cell phone so family members can say goodbye to a loved one via FaceTime or Zoom rather than be there in person. Beyond the loss of life, this pandemic has brought immeasurable loneliness, isolation, and feelings of despair to millions of Ontarians.

Yet, as a profession, as people who have dedicated our lives to providing care, we have answered the call. It's what we do. I cannot tell you how proud I am of my fellow physicians for the efforts they have put in, the sacrifices they have made, the long hours, the time apart from their own loved ones, to help fight this disease. And despite the unprecedented challenges of 2020, it has been my honour to help lead this College, the largest medical regulator in Canada,

during the crisis.

The pandemic touches many aspects of our Annual Report this year. How could it not? While we have once again framed it around our strategic priorities as an organization, this document is, in many ways, an account of how CPSO has contributed to the fight against COVID-19. Throughout 2020, we addressed issues of licensure for thousands of new physicians to ensure we got them up and working in the health system as quickly and safely as possible. We have collaborated with our health-care partners to address physician stress and burnout, which poses a threat to patient safety and care even under the best of circumstances.

We also recognized just how important virtual care and telemedicine have become in this new reality of social distancing. As you'll read in our section on Meaningful Engagement, I had the honour of leading our Virtual Care Symposium in October 2020. This virtual event brought together a diverse range of physicians, patients, and caregivers to discuss their experiences with virtual care and examine what a



quality virtual care encounter looks like from these various points of view. As luck would have it, CPSO's own Telemedicine policy was due for a review starting in 2020, and we'll no doubt look at this important document through the lens of COVID-19 as we work to strengthen it and provide even more meaningful guidance to the profession.

As this annus horribilis came to an end, I handed the reins over to our 2021 CPSO president, Dr. Judith Plante. It heartens me to see this organization elect back-to-back female presidents, even as I know how much work we still need to do in the area of diversity, equity and inclusion. You can also read about our efforts in that regard in this Annual Report. "Diversity is our strength" isn't just a slogan. Having a variety of perspectives, of points of view, of voices at the table, is paramount to helping us address the complex issues and challenges that our health system faces. This is more evident now than it has ever been.

Dr. Brenda Copps
2020 CPSO President

Better Together in a Challenging Year

I am pleased to share with you the CPSO's Annual Report for 2020. As many have already said it, 2020 will be a year we will never forget. We faced – and continue to face – a pandemic for the first time in our lives and the emotional and physical hardships on front-line workers, patients and the people in Ontario continues well into 2021.

When the pandemic struck and lockdown orders began, the College was able to move swiftly to a home-based operation. We were fortunate to be in a position to do this – thanks to our incredible IT and Transformation Office. I am extraordinarily impressed with the work the College achieved during this high-stress period of rapid change and uncertainty. We moved our Council meetings, discipline proceedings and full day-to-day operations to a virtual environment within one week. And despite the major disruption, we were successful in meeting all our key performance indicators.

Our Quality Improvement program continued despite the pandemic and we offered deferrals and support to those that needed it. Some felt they had the time and energy to commit to doing the QI modules and self-

reflection on their practices, while others were deeply embedded in providing around the clock care during the peak of the pandemic. Overall, the feedback we have received on our new QI program has been extremely positive.

I would be remiss if I didn't discuss the importance of the relationships, we have built with other health stakeholders – such as the OMA, OCFP, Royal College, the CMPA, government and other regulators – and how critical those relationships were when the pandemic struck. I was truly grateful for how well we collaborated to align on plans and strategies. We united in our messaging to ensure patients and providers were informed in real time on matters of key importance during the pandemic.

This year also brought the issue of discrimination and inequality to the forefront of our minds after the racialized killing of George Floyd back in May. There was a much needed and significant uprising around the world, and organizations were reminded of the



work they needed to do to address this ongoing issue. The CPSO is committed to standing up against discrimination and has begun to examine more deeply how we, as an organization, can address BIPOC (Black, Indigenous, People of Colour) and LGBTQ++ discrimination both internally, and as a regulator.

I'd like to close by saying a huge thank you to Dr. Brenda Copps, who served as CPSO Council President in 2020. She led with grace and passion, and I am grateful to have had her and the entire Council's support and encouragement during this extremely challenging year.

Wishing you continued strength and perseverance in 2021.

Dr. Nancy Whitmore
CPSO Registrar & CEO



What We Do

The College of Physicians and Surgeons of Ontario (CPSO) regulates the practice of medicine in Ontario. Physicians are required to be members to practice medicine in Ontario. The role of the CPSO and its authority and powers are set out in the *Regulated Health Professions Act (RHPA)*, the *Health Professions Procedural Code* under the RHPA and the *Medicine Act*.

REGISTRATION

Physicians are required to be members of the CPSO to practise medicine in Ontario. The CPSO's Registration Department handles all inquiries regarding the registration process.

QUALITY

The CPSO has a legislated mandate to ensure physicians provide quality care. Our QI program is a proactive needs-based approach which will contribute to continuous quality improvement in the healthcare system.

INVESTIGATIONS & DISCIPLINE

A central responsibility of the CPSO is to respond to concerns and to investigate complaints from members of the public about doctors in Ontario.

GUIDING PROFESSIONAL CONDUCT

The CPSO develops policies to provide guidance to physicians about legislative/regulatory requirements and the expectations of the medical profession.



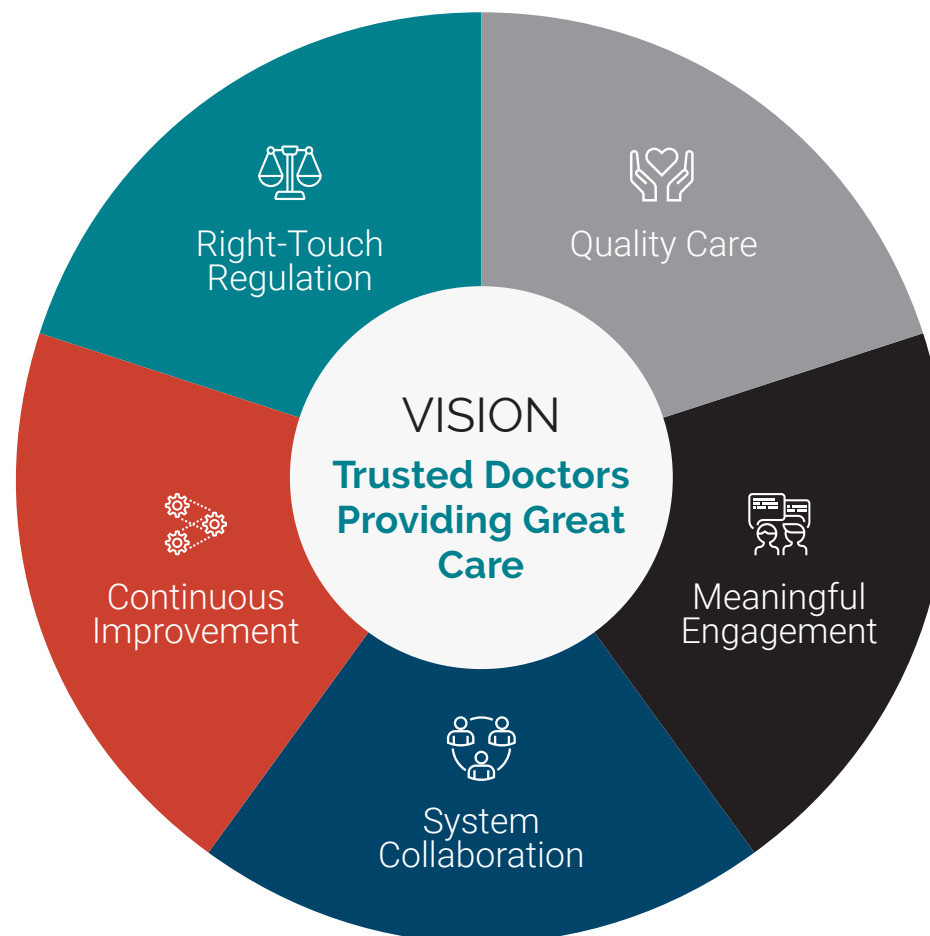
How We Work

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



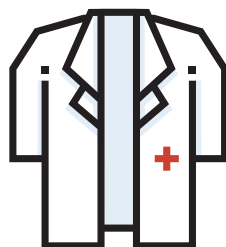
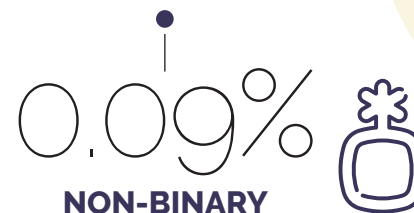
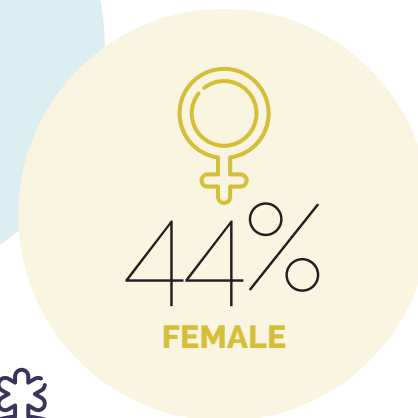
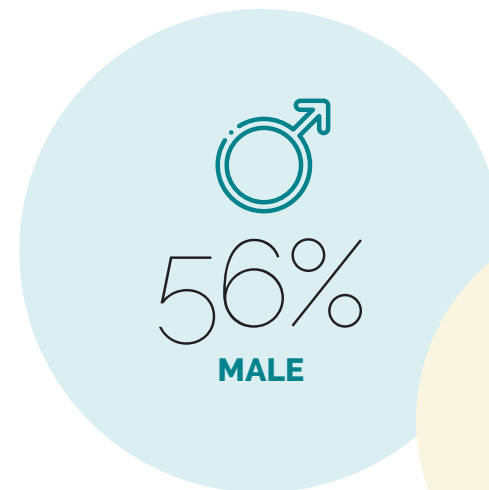
SNAPSHOT OF THE PROFESSION

AS OF DECEMBER 31, 2020



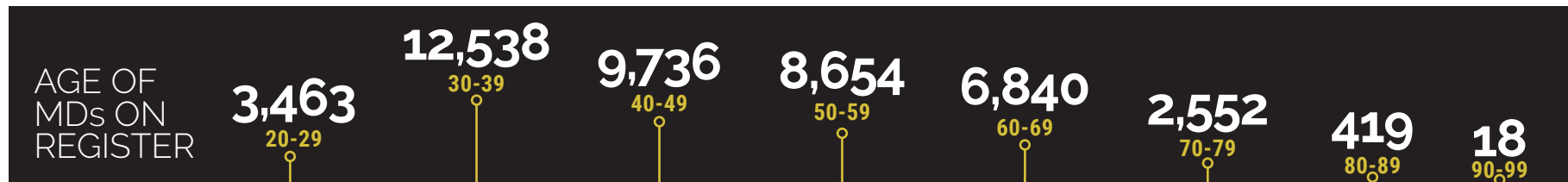
44,223

PHYSICIANS ON REGISTER



35,543

PHYSICIANS IN ACTIVE PRACTICE
IN ONTARIO (INCLUDING TRAINEES)



**SPECIALTY
CERTIFICATION:**

19,387

Royal College of Physicians and
Surgeons of Canada

14,480

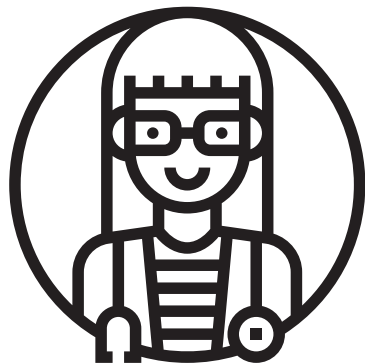
College of Family Physicians of
Canada

434

Both RCPSC and CFPC

12,263

Neither (includes approx. 6,000
trainees not yet certified)



2,638

**NEWLY REGISTERED
DOCTORS**

832

Independent
Practice
Certificates

235

Ontario

291

International

301

Other Canada

5

USA

1,806

Postgraduate
Education
Certificates:

608

Ontario

396

International

754

Other Canada

48

USA



**IMGS: TOP 10
COUNTRIES**

SAUDI ARABIA

73

IRELAND

59

UNITED STATES OF
AMERICA

53

INDIA

48

UNITED KINGDOM

39

EGYPT

34

AUSTRALIA

32

IRAN

30

NIGERIA

18

BRAZIL

18

Right-Touch Regulation

Right-Touch Regulation

If ever there was a year which demanded agility in responding to issues of public protection, it was 2020. Fortunately, the Right-Touch Regulation approach, which we adopted in 2019, positioned the College well to serve patients, the public and the profession under the extraordinary circumstances presented by the pandemic.

Right-Touch Regulation is about applying the right regulatory force to manage risk. It is a commitment to striking the right balance – not too much, and not too little – and it informs and improves every aspect of College regulation. In embracing the principles of right-touch regulation, we continue to realize new ways to improve the timeliness, efficiency and effectiveness of all our work.

In evaluating risk, and being proportionate and outcome-focused in our decision-making, we are more nimble and targeted in our approach to issues of public safety. Through right-touch regulation, we are better positioned to anticipate and respond to

issues that are of risk to the public. In short, it was a framework tailor-made for the events of 2020.

Right-Touch Regulation in the Pandemic

The College took extraordinary measures to support health human resourcing in the province during the pandemic. This included:

- Developing a provisional license for final year residents who have had their exams delayed, including reduced supervision requirements and waiving fees for subsequent applications;
- Implementing Short Duration Certificates for International Medical Graduates, recently retired, or out-of-province physicians.

In mid-March of 2020, immediate concerns arose regarding how to properly screen patients, where to redirect patients who could not be safely seen in the community, and access to personal protective equipment (PPE). In addition, concerns were voiced

POLICY



Developed a flexible approach to physician advertising

CONCERNS



Made more than 700 courtesy calls.

REGISTRATION



Developed a provisional licence for final year residents during pandemic

COVID-19 FAQs were updated in real time to provide flexible guidance in light of the realities of practising in a pandemic.

about the prospect of the health-care system being overwhelmed by patients requiring acute and critical care resources. As the pandemic wore on, there were indications that the isolation of lockdown was exacerbating the opioid crisis. Through all of this, members of the public and the profession turned to the College for guidance. We responded by:

- Providing COVID-19 FAQs that were updated in real time to provide flexible guidance in light of the realities of practising in a pandemic;
- Supporting more flexible prescribing practices of controlled drugs and substances in line with Health Canada exemptions and new guidelines from CAMH in order to promote social distancing and isolation.
- Reducing system burnout by endorsing the Chief Medical Officer of Health's directive by encouraging physicians to minimize non-essential care or shift to virtual care.
- Reminding physicians that during an emergency they can practise outside of their scope, provided certain conditions are met, to support the system

response and help facilitate access to care.

- Supporting limited exceptions to the Physician Treatment of Self, Family, or Others Close to Them policy to help relieve pressure on the system if needed.
- Recognizing that physician safety is essential to supporting the pandemic response, we set out parameters to support appropriate decision-making regarding the provision of care where there is not appropriate personal protective equipment (PPE).
- Coordinating with all 'out of hospital premises' to help identify the availability of ventilators not currently in use and worked closely with the Ministry of Health and the University of Toronto to develop a plan to rollout their use should they be needed.
- Working with others and providing input into a triage protocol that would enable the system to allocate scarce critical care resources in a fair and just manner should the need for these resources exceed their availability.

An Essential Service

The work of CPSO is considered an essential service. This means we needed to maintain our business continuity while ensuring we kept our staff, Council and committee members as safe as possible. To that end, we made the decision in mid-March 2020 to close our offices to the public and have employees work safely from home, where possible.

Fortunately, we had adopted a culture of continuous improvement 18 months before the pandemic struck that allowed us to implement a comprehensive remote-work plan and we were able to continue our work without missing a beat. We were able to hold Council meetings, committee meetings and discipline hearings, all virtually. This seamless transition allowed us to continue our work, embedding right-touch regulation in all that we did.

Guidance to Physicians

In 2020, the College continued its work in bringing physicians policies that were more clear and concise. Conveying expectations in a transparent manner is key to ensuring physician compliance with

their obligations. If physicians wish to read further on a particular issue, most policies are accompanied by an advice document that elaborates on the College's expectations.

In 2020, we applied the principles to the following policy development:

- ➔ Approved new policy that modernized how we regulate physician advertising by adopting a more flexible approach that supports physicians practising in the modern era while ensuring patient trust is maintained.
- ➔ Updated our Protecting Personal Health Information policy to include new and clarified expectations that support and enable the appropriate use of e-communication with patients.
- ➔ Developed a draft version of our Delegation of Controlled Acts policy recognizing that a one-size-fits-all approach is not possible and that flexibility is needed based on risk.

Practice Improvement

As evidenced by historical Quality Assurance (QA) assessment results, most Ontario physicians are practising well. The new Quality Improvement program, launched in 2020, is designed to benefit the entire membership by helping all physicians proactively strengthen their practice (including those who are already doing well) with its needs-based approach to improvement. Resource intensive QA assessments will be reserved for those physicians above 70 and other physicians who may require further guidance. This is aligned with key tenets of Right-Touch Regulation which states that the level of regulation should be proportionate to the level of risk to the public.

The Quality Improvement Program (QI) – in true Right-Touch form – was built with a view of reducing duplication of physician efforts. Participating physicians can fulfill their CPSO Quality requirements, claim CPD credits and, in the case of the Partnership Program, meet any quality activity/patient safety requirements their hospital may have as part of their annual reappointment process. By streamlining the quality requirements for hospital-

Right-Touch Regulation



based physicians with a single oversight quality program, participants will save time and reduce administrative burden.

In providing physicians with the tools to direct their own learning and identify opportunities for practice improvement, we allow professionalism to flourish. Our QI program is designed to stimulate learning and optimize practice change which is exactly what Right – Touch Regulation is all about.

[Read more about our Quality Improvement Program in our Quality Care section.](#)

Registration

Above we outlined the different ways our right-touch regulation framework allowed us to respond nimbly to human health resource planning during the pandemic.

But we also demonstrated right-touch regulation in other areas of our registration work. As an example of a proportionate approach, we reduced the membership fee for those physicians who are on parental leave.

We also changed the type of information that we require of physicians in their registration

applications. Specifically, we stopped distinguishing between physical health issues and mental health conditions in the processing of our applications. Regardless of the condition, we take the same approach and request the same documentation.

Since instituting the changes in procedures and providing increased clarity surrounding the application questions, we have seen a 93% reduction in matters being referred to the Registration Committee for consideration, and of those referred, we have seen an 87.5% reduction in matters requiring a referral to the Physician Health Program.

“The College is committed to a balanced approach; one that protects the patient while respecting the privacy of physicians with medical conditions,” said Samantha Tulipano, Director of Registration and Membership.

Complaints

Nothing is more central to our mandate than the way we support patients when they have concerns. In 2020, we continued to find opportunities to provide better service, while working respectfully with physicians throughout the process.

Early Resolution

One of the biggest gains in realizing greater efficiency in our processes is by managing more low-risk matters in one of the early resolution streams.

In June 2018, only 16% of cases ended in early resolution, by the end of 2020, 46% of cases were managed using early resolution. This shift allows us to take a more proportionate approach to the complaints brought to us.

Our Courtesy Call initiative is an example of a more proportionate approach. The practice is simple and straightforward – when we receive a low-risk, non-clinical concern from a patient, we will make a courtesy call to the physician. CPSO made more than 700 such courtesy calls to physicians in 2020, which covered such issues as a rushed appointment, a disconnect/communication failure, or a receptionist who isn't wearing a mask properly. Both doctors and patients have appreciated the personal touch of these calls, and how they have prevented minor issues from escalating into formal complaints and investigations by CPSO. This, in turn, frees up our resources to tackle higher-risk concerns – a win-win for everyone, and for public safety.

Our commitment to contacting a complainant within two business days of receipt of a complaint also allows an opportunity to resolve a low-level issue early. When we contact the complainant, we listen to their concerns, and answer any questions they may have. Following these conversations, the issues are often clarified and resolved and in such situations, the complainant often withdraws their complaint.

Our Alternative Dispute Resolution (ADR) process, another early resolution option, had its second full year of operation in 2020 and members of the public and physicians who participate in the process continue to give it positive feedback. Much quicker than a formal investigation, ADR sees complainants and doctors arrive at an outcome together, with a mediator's help, rather than waiting on a committee decision. Working with the complainant and physician to resolve low level concerns is an example of applying the principles of right touch regulation to complaints.

These early resolutions options provide an opportunity to unburden the system, facilitate matters more efficiently and increase both complainant and physician satisfaction with the College's process. Significantly, they allow us to focus more of our resources on high-risk matters, again using the principles of right-touch regulation to identify risk appropriately to better protect patients.

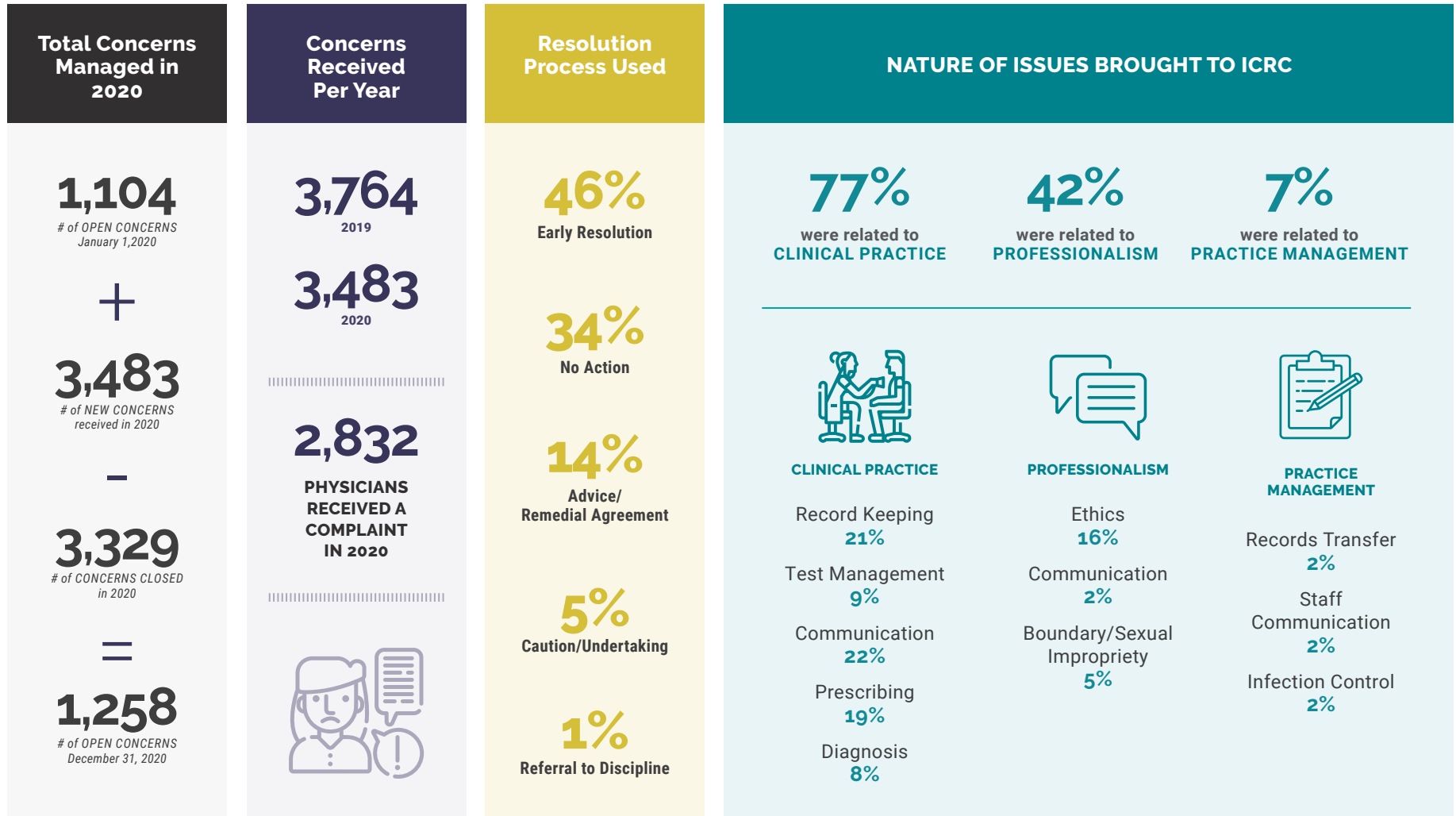
Complaints in the Pandemic

COVID-19 saw the clinical encounter change significantly.

In the early months of the COVID-19 pandemic, there was an almost 80% decrease in primary care office visits in Ontario and a 56-fold increase in virtual visits, according to research in *Canadian Medical Association Journal*.

It is difficult to determine how the increase in virtual visits impacted the number and type of files we received, but we did note the following in our 2020 numbers:

- ➔ Fewer complaints were received this year. In 2020, we received 3483 concerns as compared to the 3764 concerns received in 2019 and the 4276 concerns received in 2018.
- ➔ The proportion of complaints related to professionalism and practice management decreased considerably in 2020.
- ➔ There were fewer issues identified in each complaint when compared to 2019.
- ➔ Complaints related to obtaining patient records were nearly eliminated in 2020. This is likely due to the increased number of courtesy calls done by the College.
- ➔ Despite the huge increase in virtual visits, there is not a marked increase in the number in complaints related to telemedicine.



Complaints

The introduction of our system improvements has seen the following benefits:

90% of complainants are contacted within 2 days

In 2019, we met the benchmark of two days to contact a complainant after receipt of a complaint. In 2020, we held that benchmark.

2018

21 DAYS TO CONTACT

16% OF CASES END IN
EARLY RESOLUTION

2020

2 DAYS TO CONTACT

46% OF CASES END IN
EARLY RESOLUTION

Since 2018, we reduced the number of ongoing cases by

60%

700 courtesy calls

made to flag low-risk, non-clinical concerns to doctors



Complaints

Decreased the
Time to write an
ICRC decision by

86%

Decreased the **time to complete**
all types of complaint files
(including early resolution) by

52%

Completed
Cases

2018 (Q1)

344 days

2020 (Q4)

162 days

Right-Touch Regulation

Discipline

The Discipline Committee is an independent adjudicative committee within the College structure that conducts public hearings regarding allegations of an Ontario physician's professional misconduct or incompetence.

In 2020, we completed 46 discipline cases.

In managing its cases, the Committee must balance process efficiency, effectiveness and fairness. Recognizing that there will always be a percentage of cases that for legitimate reasons take longer to commence and complete, the Committee's aim is to eliminate unreasonable delays in the hearings process and, in doing so, to reduce time to completion.

And as with our complaints process, we have been able to see the benefits of system improvements.

These include:

➔ **REDUCING THE TIME TO DISCLOSURE**

In mid-2019, the time to disclosure was 144 days. By the end of 2020, it had been reduced to 72 day, a 50% decrease.

➔ **REDUCING THE TIME FROM REFERRAL TO HEARING**

We began 2020 with a 849 day timespan, by the end of 2020, it was reduced to 393 days, a 54% decrease.

➔ **REDUCING THE TIME TO RELEASE DECISIONS**

In 2018, the time to release a decision was 26 weeks, in 2020, it was reduced to 12.5 weeks, a 52% decrease.

Decreased the
time from referral
to hearing date by

54%

Decreased the
decision release time
for discipline cases by

52%

Ongoing
Discipline cases

2019 (Q4)

70 cases

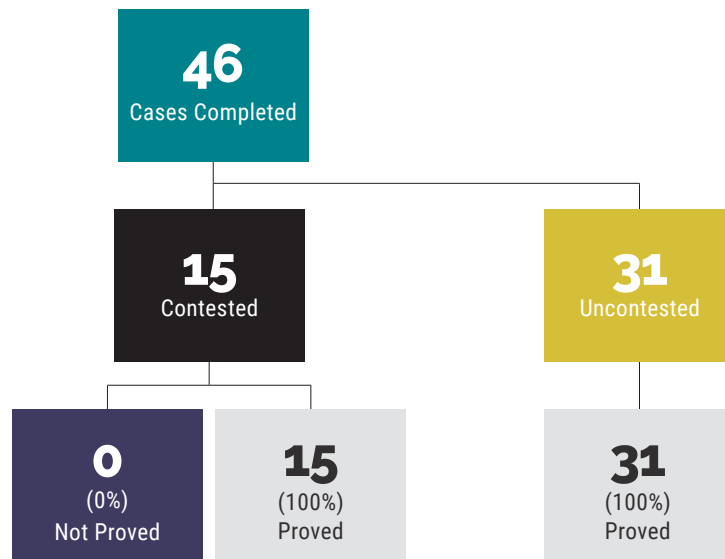
2020 (Q4)

52 cases



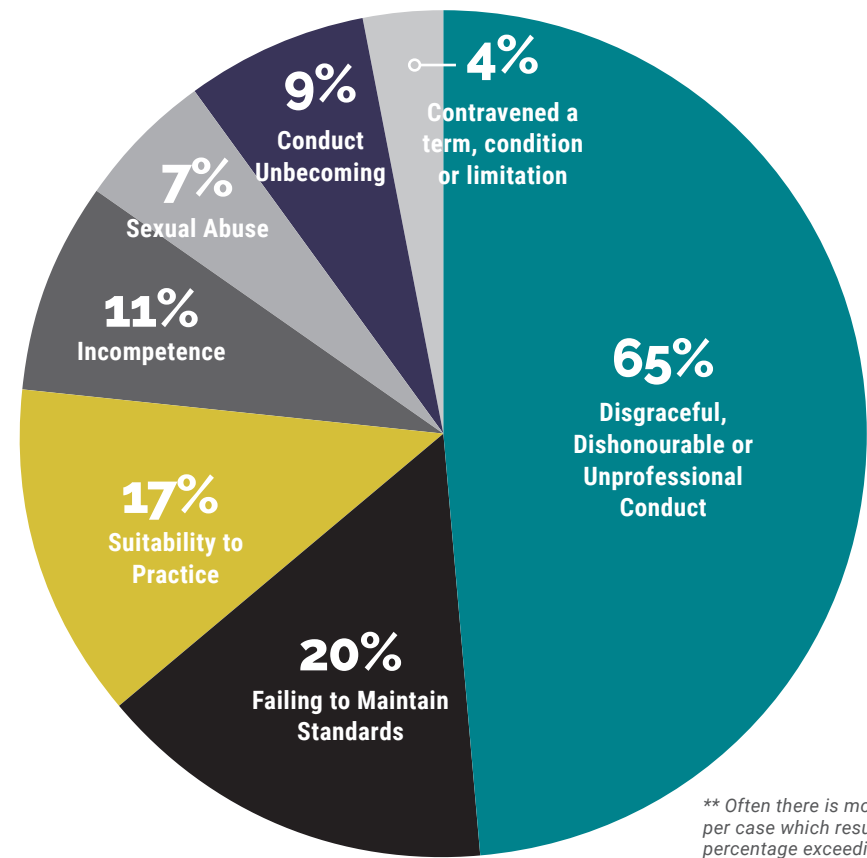
Right-Touch Regulation

Discipline Completed Cases



Findings

The following depicts the number of physicians and types of findings in 2020.



Orders

An Order of the Discipline Committee may have multiple components. For example, a Committee may order a suspension, a reprimand and terms and conditions.

Type	N*	%
Revocation	8	17%
Suspension	21	46%
Terms, Conditions and Limitations on a Certificate or Registration	21	46%
Reprimand and an Undertaking	1	2%
Reprimand	36	78%

**Often there is more than 1 order per case*



Quality Care

Registration

The College plays a critical role in ensuring that only qualified, competent and ethical physicians are licensed to practice in this province. As part of our review, we look at an applicant's education, training and experience. We also ensure there are no concerns regarding behaviour, health or performance that could prevent the physician from safely caring for the public.

In 2020, we registered 2638 physicians to practise medicine in Ontario and begin their journey of providing quality care to patients in Ontario.

Once a physician is registered by the College, we partner with the doctor to ensure that they maintain competence throughout their career.

As part of our review, we look at an applicant's education, training and experience.

PHYSICIAN NUMBERS

Travel restrictions and the global shutdown saw a significant effect on our physician registration numbers for 2020. This was a result of a striking drop in international fellows allowed to come to Ontario and start in July, a significant reduction in cross provincial movement and at the beginning of the pandemic, all electives were cancelled for most of the remaining year.

5,187

New Physicians
Registered in 2019

45%
reduction

2,638

New Physicians
Registered in 2020

2,174

New IMGs
Registered in 2019

68%
decrease

687

New IMGs
Registered in 2020

The pandemic also some physicians stay in Ontario, who otherwise would have practised elsewhere. This resulted in the following:

Number of individuals
renewed to complete
PGE training:

4,936

Number of individuals
who had a transfer of
class certificate:

1,447

Quality Care

WHAT WE HEARD

"It was quite insightful on ways that I could help myself as well as my patients."

"Helped me structure some of my goals and set timelines / develop strategies for changes so that they were more concrete."

"On the whole, it was a very worthwhile experience and made me honestly reflect on my practice and future plans to practice safely. I would recommend it to anyone and would gladly partake again."

"I am glad to be part of it; it was quite a learning experience with a great opportunity for self-reflection."

Quality Improvement Program

Supporting physicians in their lifelong learning helps Ontario doctors and ultimately, their patients. Our new Quality Improvement (QI) Program, launched in 2020, is tailor made for that task.

The program is a complete refresh for us, modernizing our approach to ensure quality care by providing physicians with tools to assess and improve their practice.

The program represents a shift in philosophy in how continuing competence can be achieved for practising physicians. The QI program is based on adult learning theory and is self-directed, data-driven and tailored to individual learning environments. These features optimize the chances of meaningful practice improvement. Such an approach is proactive and seeks to identify and correct performance gaps that can potentially lead to quality concerns.

Our previous quality assurance program was a single point in time assessment model, one which used medical records to serve as a proxy for the quality of care provided to patients. This approach is now seen

as too reactive and too limiting, with its "one size fits all" design.

The core principles for our new QI Program are:

- ➔ A philosophy of assessment that focuses on continuous improvement
- ➔ Use of a platform that supports and integrates physician needs and practice demands
- ➔ A proactive approach that facilitates interaction and self-reflection and strengthens practice

Significantly, this model allows us to connect with more physicians, more regularly, in a more meaningful way – creating the conditions most favourable to ensuring their success at all stages of their career. This will contribute to improved quality of care, patient safety and help to reduce physician burnout.

The QI program seeks to interact with the whole membership at least once every five years whereas the QA program only assessed a small proportion of practising physicians.



Quality Care

The Quality Improvement (QI) Program Overview

The QI Program is operated through an online Learning Management System (LMS), developed by CPSO to engage physicians in quality improvement. This learning module has been tailored to fit our new philosophy around quality improvement: that it should be self-directed and focus on physicians reflecting on their own delivery of health care, looking at data about their practices in relation to their peers and the standards of practice, and developing practice improvement plans that will help strengthen the great work they're already doing.

The QI program is comprised of multiple parts. Here is an overview of each:

→ **QI SURVEY** is a questionnaire that provides the College with current, detailed information about a practice. The information disclosed is used by QI program staff to better understand a physician's practice and may be used in combination with the Practice Improvement Plan to assist in implementing ongoing QI.

→ **PRACTICE PROFILE** is an independent self-assessment designed to educate physicians about the evidence-based risk and support factors that could impact their practice. The Practice Profile's aim is to provide resources to help reduce risk and enhance positive practice.

→ **SELF-GUIDED CHART REVIEW WITH PEER REVIEW** allows physicians to engage in self-guided learning to enhance their compliance with the CPSO's Medical Records Documentation policy. This self-directed chart review engages physicians in both self-reflection and peer interaction.

→ **DATA-DRIVEN QUALITY IMPROVEMENT TOOL** is designed to get physicians looking at their own practice data to reflect on how they deliver health care to their patients and to identify opportunities for improvement.

→ **PRACTICE IMPROVEMENT PLAN** is to be completed by physicians in the Individual stream. In their Practice Improvement Plans, physicians identify areas of strength and opportunities for improvement in their practice. After the completion of this activity, the practice improvement plan will be reviewed by a physician QI coach.

→ **ONE-ON-ONE COACHING** will be available when appropriate. QI coaches will offer the necessary knowledge, skills, and tools to coach physicians as they complete the various tools in the program and develop their own practice improvement plans.

As evidenced by historical quality assurance assessment results, most Ontario physicians are practising well. The new QI program is positioned to benefit the entire membership by helping all physicians improve their practice (including those who are already doing well).

We will continue to assess physicians 70 years of age and above with the Quality Assurance model as age has been found to be a strong predictor of physician performance.

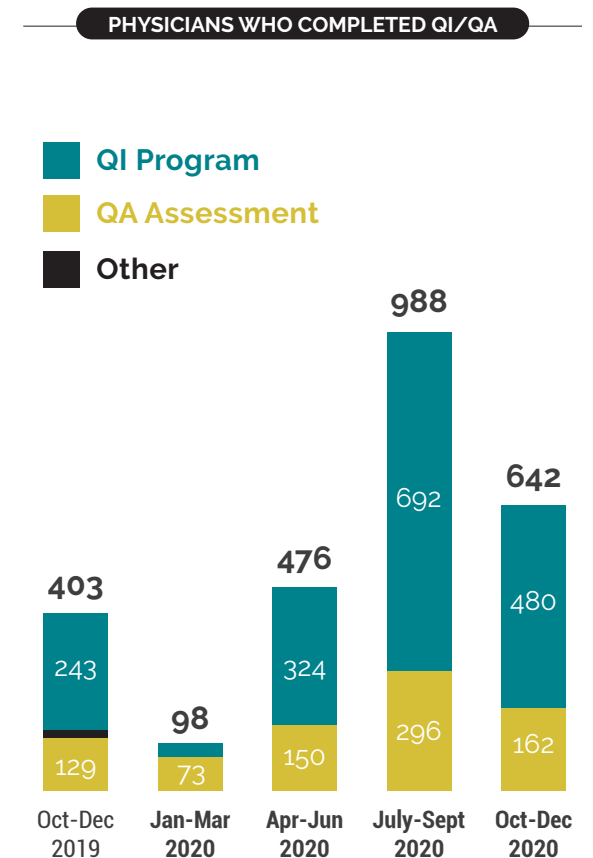
The QI program is operated through an online Learning Management System, developed by the CPSO. Each learning module has been tailored to fit our new philosophy: self-directed physicians reflecting on their own delivery of health care and looking at data about their practices in relation to their peers and the associated standards of practice.

Let's use an example to demonstrate self-directed learning:

A family physician uses data from her Screening Activity Report (SAR) from Cancer Care Ontario (CCO) and observes that the mammography rate in her practice is 50%, falling well below the Ontario average of 65%. She structures a goal for improvement:

Interventions could include educating target patients with respect to benefits and risks of breast cancer screening; communicating with patients regarding their screening status; and any other mechanisms to promote and enhance uptake of mammography. At the end of the 12-month intervention period, the screening rate will be reassessed (outcome of the intervention) and used to inform ongoing improvement strategies.

Physicians enrolled in the QI for individuals program are required to submit a Practice Improvement Plan (PIP). Most PIPs contain two or more goals for improvement, at least one of those being data-driven and focusing on improving patient care. Goals are developed and structured using SMART (Specific,



Quality Care

Measurable, Achievable, Relevant and Timely) criteria because research shows that improvement goals are more likely to be achieved if they are data-driven and SMART.

More than 2,000 physicians participated in the program for individuals in 2020. Our goal is to bring another 3,000 physicians through the individual program in 2021.

In 2020, we also launched a program for hospital-based physicians in Ontario, the Partnership Program. Here, CPSO partners with hospitals to develop and align QI initiatives for eligible hospital-based physicians. The Partnership Program recognizes the oversight that already exists for hospital-based physicians and the quality activity they may already be doing. In aligning our requirements with the hospitals' initiatives, we reduce administrative burden on physicians, which will only improve the patient care that they provide. Eligible hospital-based physicians use the individual tools from the Learning Management System rather

than submitting a PIP. In 2021, we look forward to working with physicians from 20 hospitals as they work on their organization's quality initiatives.

The widespread use of the quality improvement skills embedded in the CPSO's QI Program will result in significant benefits to patients, providers, and, ultimately, the healthcare system itself.

Physician Health

Patients are best served when physicians who care for them are well. This means recognizing limits imposed by fatigue, stress, or illness.

The College believes that to support physicians in delivering optimal patient care, they must have access to timely high-quality mental health services. But before that can happen, they must feel no shame in asking for help.

In the last few years the College has updated our protocols to emphasize support and to reduce the stigma of acknowledging a mental health condition

in College registration applications. Specifically, we stopped distinguishing between physical health issues and mental health conditions in the processing of our applications. Regardless of the condition, we take the same approach and request the same documentation.

CPSO has taken other steps to address physician wellness:

→ **We featured the topic on the cover of our June 2020 issue of *Dialogue* and encouraged physicians to seek help if they were struggling.**

→ **We invited well-known speaker Dr. Ken Milne to our September Council meeting to talk about his own journey with burnout and moral fatigue.**

→ **We created a Physician Wellness page on our website to provide physicians with needed resources.**

Quality Care



System Collaboration

System Collaboration

Health care is more complex than ever, and to deliver high-quality outcomes and experiences to Ontario patients requires cooperation among the many stakeholders operating within the health system.

That is why we have made system collaboration a key pillar of our strategic direction. Of course, 2020 made this spirit of collaboration even more imperative.

Partnering across the Health Sector – and Beyond

To fulfill our mandate to ensure the public trust in Ontario's health-care system, we know we need to actively engage with other health regulatory colleges and system stakeholders. These include the Health Profession Regulators of Ontario (HPRO), the Federation of Medical Regulatory Authorities of Canada (FMRAC), the Ontario Hospital Association, the Patient Ombudsman, the Royal College of Physicians and Surgeons of Canada, the College

of Family Physicians of Canada, the Ontario Medical Association and many more. It also means maintaining close relationships with various levels of governments – provincial and federal, elected officials, members of the opposition, and the bureaucracy. In 2020, CPSO worked closely with the Ministry of Health and other stakeholders in support of efforts to ensure there were available physician health human resources to respond to COVID-19 and enough PPE for health-care providers to wear.

Stronger Together

Amidst the pandemic, there were some incidents in 2020 that brought to light the systemic barriers that prevent people from fully participating in all parts of society. The stigma and stereotypes Black Ontarians and communities face have impacted public policies, decision-making, services and health outcomes.

Recognizing that CPSO can play a role in addressing these barriers, CPSO established a relationship with the Black Physicians' Association of Ontario to explore potential opportunities to collaborate and raise a greater awareness of these issues among physicians.

One way that CPSO can begin addressing the systemic racism is to ensure that Council, CPSO's governing body, has diverse members. A diverse Council with a broad range of views and ideas supports effective governance and enhances CPSO's ability to adapt and respond to the dynamic and changing expectations of the public. To this end, CPSO will continue building relationships with other organizations that represent equity-seeking or under-represented groups to raise awareness about Council's work and encourage physicians with diverse backgrounds to put their name forward for Council elections.

System Collaboration

Working with the OMA

In the spirit of collaboration, work is underway with the Ontario Medical Association (OMA) to build a suite of Quality Improvement tools that will be accessible to physicians as part of the new QI Program.

In fact, CPSO's relationship with the OMA has grown stronger over the last few years, as we have recognized that much can be accomplished in working together toward a shared vision of quality care for Ontario patients. In a recent OMA-CPSO Task Force Report, the OMA acknowledged "the considerable efforts the CPSO has made to date to embrace right-touch regulation and to revise its policies and procedures accordingly. The Task Force sees the value of building upon the relationship it has fostered between the OMA and the CPSO to ensure that the lines of communication for debate and discussion remain open."

A United Message

For CPSO, one of the side effects of the COVID-19 pandemic has been a heightened awareness of the ongoing epidemic of physician distress and burnout, a problem that no one in Ontario's health sector can solve alone. Estimates from the Ontario Medical Association (OMA) and the Canadian Medical Association (CMA) suggest that 27% to 32% of physicians are clinically burnt out, with female physicians on the higher end of the scale. There is no doubt that the pandemic – and its attendant sacrifices – are compounding the issue. As a result, CPSO, the Canadian Medical Protective Association (CMPA), and the OMA Physician Health Program came together to create a joint statement where we commit to raising awareness of physicians in distress within and across our respective organizations.

Physician Assistants (PAs)

The College recognizes that Physician Assistants have an important role to play in the health-care system.

In 2020, The Ministry of Health announced its intention to have the CPSO regulate PAs. We look forward to working with the Ministry of Health to establish an appropriate oversight model for PAs.



Meaningful Engagement

Meaningful Engagement

Has there ever been a year where meaningful engagement has been more important than in 2020? The COVID-19 pandemic has pushed every health-sector organization – including ours – to new heights in terms of collaborating, communicating, and partnering with our wider community. 2020 proved that meaningful engagement is not just a nice-to-have; it has been paramount to keeping people safe and informed throughout the pandemic.

CPSO took this call for meaningful engagement to heart. Very shortly after the pandemic struck in March 2020, we launched our COVID-19 Updates page, providing information and resources to both Ontario’s physicians and the public. These resources were updated in real time and included:

- **Links to CPSO’s expectations for physicians during a public health emergency**
- **COVID-19 FAQs for Ontario physicians (updated regularly)**
- **COVID-19 FAQs for patients (updated regularly)**

→ **COVID-19 information, from federal and provincial Ministries of Health, as well as the World Health Organization**

→ **COVID-19-related mental health information from CAMH**

As the pandemic forced many physician-patient interactions to move online, we also recognized just how important virtual care and telemedicine were going to be. With the many challenges of this type of medicine in mind, we hosted our Virtual Care Symposium in October 2020. Led by CPSO President Dr. Brenda Copps, this virtual event brought together diverse physicians, patients, and caregivers to discuss their experiences with virtual care and examine what a quality virtual care encounter looks like from these various points of view.

The discussion resulted in substantive perspective sharing between physicians, patients, and caregivers, as well as agreement on many of the key points and themes that emerged. Overall, feedback about the Symposium was overwhelmingly positive and participants strongly agreed that having

patients, caregivers and physicians come together to talk about virtual care was a valuable experience.

Of course, these sorts of outreach efforts are nothing new here at CPSO. 2020 was another successful year with our public-engagement initiative, the Citizen Advisory Group (CAG). Comprised of patients and caregivers, the CAG draws upon members’ experiences, perspectives, and feedback to help health-care regulators here in Ontario – not just for physicians, but also nurses, dentists, massage therapists, physiotherapists, and many more – with their decision-making processes and policy positions.

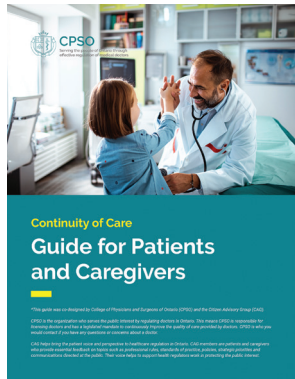
CPSO has been the chair of the CAG since 2019, and the input we’ve received from this group has been invaluable. This was especially true during the early days of the pandemic, when, working with 14 partner colleges, we engaged the CAG in a discussion about the health-system restart back in May, when elective care was coming back online. Another huge achievement this year was the development of our *Continuity of Care Guide for Patients and Caregivers*. CPSO and the CAG co-designed this document to

Meaningful Engagement

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.

To learn more about how the CAG contributed to this work, please watch this video, [Continuity of Care Guide for Patients and Caregivers](#).



news story of 2020. The death of George Floyd in the United States created an uprising across the world and brought the uncomfortable truth of racism, inequality, and white privilege to the forefront of public consciousness. In the wake of this summer's Black Lives Matter protests, countless organizations came out with statements on racism and injustice. That included many hospitals, health care bodies and medical associations. In the spirit of continuous

improvement, CPSO began looking at ways we could address the systematic racism and inequality that exists here, in Ontario's own health-care sector. This resulted in a series of articles published in our magazine, *Dialogue*, covering the topics of anti-Black racism, anti-Indigenous racism, and implicit bias in health care. In the piece on anti-Black racism, Dr. Onye Nnorom, President of the Black Physicians' Association of Ontario, told *Dialogue* that she was cautiously optimistic whether the movement will continue to have momentum. "We will see over coming months and years who will walk their talk and engage in real, meaningful, uncomfortable institutional change," she says.

We believe, like Dr. Nnorom, that change must come from the top. For the CPSO, that means making our leadership diverse and equitable. Over the last year, the College has considered opportunities and the importance of increasing the diversity of our Council and Committees. We are reaching out to groups and associations with memberships that are underrepresented on Council, encouraging the groups to share with its members the importance and value in running in Council elections. We believe a diverse Council is crucial in allowing us to draw on different perspectives and enhance our effectiveness as a regulator. But we must also

consider what work is required to not only diversify the organization but also to support equity and inclusion in all that we do. To that end, we appointed Dr. Saroo Sharda as Equity, Diversity, Inclusion Lead for the College to determine how best to help us determine how to achieve these goals.

Staying open and available during intense conversations is critical to see us making meaningful change. Quite simply, it is the only way forward.

Social Media

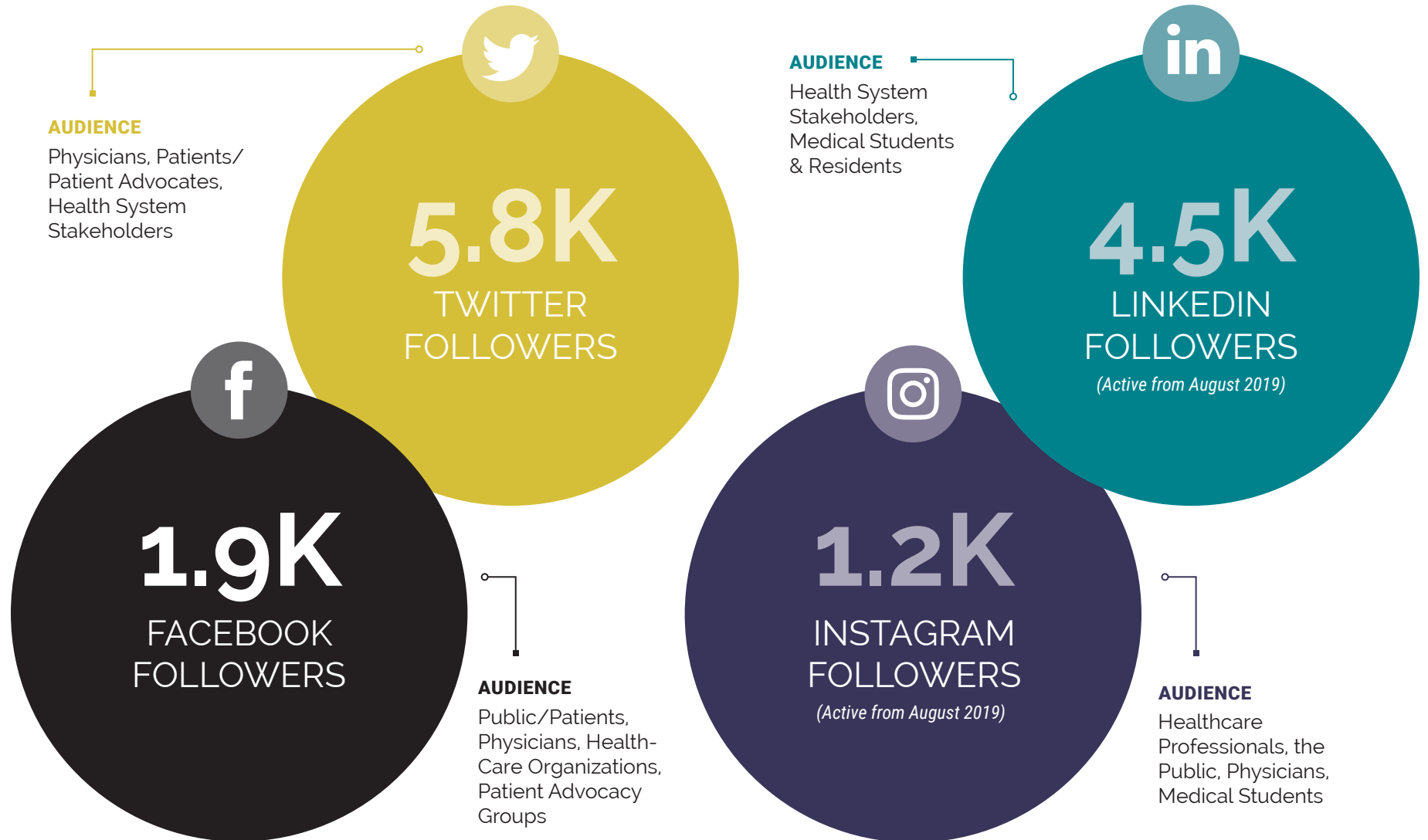
One of our chief ways to meaningfully engage with physicians, patients and the public at large is through social media. This is especially true when it comes to medical students, medical residents, and younger physicians, as these are the spaces where they are most likely to be found. All of our platforms saw an increase in followers in 2020, with Instagram leading the pack with a 235% growth in audience, which is mainly due to the deliberate attempt to rapidly and directly post and engage new users last year.

In 2020, engagement was high on Instagram and Twitter, especially due to key posts about *eDialogue* articles on social issues, pandemic-related information and advice, and policies.

Dr. Onye Nnorom



Meaningful Engagement



TWEETS

Ken Milne MD @TheSGEM *Sept 22, 2020*

Thank you @CPSO_ca for the opportunity to speak about burnout, moral injury, physician wellness and the importance of kindness.

Yipeng Ge @yipengGe *Oct 30, 2020*

Great piece in the most recent @cpso_ca dialogue publication on addressing race-based health disparities (health harms of racism) and changes to med student recruitment and leadership change. & a feature on @chikastacy poet!

Jennifer McCall @Jenn_McCall *Oct 30, 2020*

Bravo @cpso_ca for reducing membership fee during parental leave! Thank you for making parental leave more feasible for Ontario doctors!

Irfan Dhalla @Jenn_McCall *Dec 5, 2020*

Important statement from @cpso_ca, recognizing that safer opioid supply programs "can enable physicians to support patients with opioid use disorder and reduce their risk of overdose and death."

Dr. Lisa Calder @dr_lisa_icalder *Jan 28, 2021*

Proud to be collaborating with @OntariosDoctors and @cpso_ca on this important work to increase the visibility of physician mental health concerns. Now important more than ever. We are here for our members.



Continuous Improvement

Continuous Improvement

Like most health-care organizations in Ontario, CPSO faced a series of unprecedented challenges as the COVID-19 pandemic unfolded. Deemed an essential service, we needed to maintain our business continuity while ensuring we kept everyone – including our staff, Council and committee members, the general public, and other stakeholders who normally interact with our Toronto office – as safe as possible. To that end, we made the decision in mid-March 2020 to close our offices to the public and have as many of our employees work remotely as possible.

Fortunately, we had adopted a culture of continuous improvement 18 months before the pandemic struck that allowed us to implement a comprehensive remote-work plan. We had just completed moving all CPSO staff over to Microsoft's Office 365 suite of products, which allowed us to harness critical "work from home" electronic tools like Microsoft

Teams and Skype for Business. We also transitioned three CPSO business units to our new document management platform (nicknamed 'Vault') with more business units making the move in 2021. What's more, both our Patient Advisory Services and our Registration & Membership Services departments moved seamlessly to a virtual environment (and utilizing a new call centre platform, Intermedia), allowing them to answer calls and address enquiries from physicians, the public, and other stakeholders while working remotely.

Here are some other highlights of our remote-work initiatives:

➔ Despite the challenges of COVID-19, our annual renewal process for all licensed physicians in the province was completed on time. What's more, we moved our registration process from an antiquated paper-based system to a fully digitized one – a

herculean task under any circumstances, but especially challenging during a pandemic.

➔ In 2020, we held our first-ever virtual Discipline Committee hearings. These online tribunals not only allowed us to fulfill our mandate of disciplining physicians whose conduct or practices pose a serious threat to the public trust, but we also provided access to the proceedings to witnesses and their families, the media, and other members of the general public – just as we would with an in-person hearing.

➔ Our May, September and December CPSO Council meetings were also held online. Through the tireless work of our staff, these virtual meetings ran seamlessly, allowing Council members to discuss, debate, and ultimately vote on policy initiatives, by-law amendments, and other critical College work. And by holding these meetings online, we have

Continuous Improvement

allowed more Ontarians the ability to watch Council in action.

→ Perhaps our largest process improvement in 2020 involved our physician membership. We successfully launched our new enterprise system and member portal, shuttering an outdated legacy system and bringing core functions together under a single, powerful tool. Nicknamed 'Solis,' this new enterprise system is a one-stop shop for physicians in their interactions with CPSO: doctors can order copies of their registration certificate or diploma, pay fees, make an enquiry to the College, and much more – all directly from the portal.

→ Our launch efforts included more than 44,000 onboarding emails sent to our membership, communicating relevant information and inviting them to sign up. To ensure Ontario physicians had access to information and answers to questions about the new portal, we developed a new, dedicated webpage with extensive FAQs, technical support information and an introductory video that walked members through the new portal features.

→ Best of all, we launched this new portal on time, despite the additional challenges posed by COVID-19.

Solis Stats

Our new enterprise system, 'Solis,' has seen a tremendous amount of activity from both Ontario physicians and CPSO staff since it launched in September 2020. We've seen as many as 7,500 physicians using the portal during any given week, and the site has seen some 1.32 million pageviews since launch. Here are some other stats:

SOLIS RELEASE 1 HIGHLIGHTS

1.32

Million Portal Page
Visits Since Sept 14th

569

New COAs
Completed

2380

Completed
Self-Screening

1501

New Applications
Created in the Portal

1197

Licenses Granted
in Solis

5112

COAs
Renewed

3517

Service Requests
Created in Portal

17000+

Total Portal
Messages Created

Employee Identified Improvements

As part of our internal Continuous Improvement efforts, we challenged our organization to introduce a minimum of one new process enhancement per staff member in 2020, for a total of 397 improvements. We're happy to report that we exceeded that goal, making 420 improvements over the course of the year.

**Staff completed
420 improvements,
or 106% of our 2020
goal of 397.**

FEEDBACK FROM DOCTORS ABOUT OUR NEW PORTAL

“Congratulations. The new software worked flawlessly to permit my renewal of corporate certificate. Very easy and much simpler than old system...”

“All set up, Dr. Whitmore. You and your team made it easy, even for an old geezer like me.”

“I want to thank you for the new portal. It is organized in a nice simple way.”

“I really like the new portal. Easy to use for a tech novice like me...”

“Dear Dr Whitmore. Thank you for your kind note... I signed up for the new portal and renewed my Corporation renewal through that. It was reasonably simple and easy.”



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VICE-PRESIDENT

Dr. Judith Plante

University Academic Representatives

McMaster University

Dr. Karen Saperson

University of Toronto

Dr. Mary Bell

Queen's University

Dr. Janet van Vlymen

University of Ottawa

Dr. Paul Hendry

Western University

Dr. Terri Paul

Northern Ontario School of Medicine

Dr. Robert Smith

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2. Dr. Rob Gratton
3. Dr. Jerry Rosenblum
4. Dr. Ian Preyra
4. Dr. Brenda Copps
5. Dr. Elizabeth Samson
Dr. David Rouselle
6. Dr. John Rapin
7. Dr. Sarah Reid
Dr. Judith Plante
8. Dr. Michael Franklyn
9. Dr. Andrew Turner
10. Dr. Philip Berger
Dr. Patrick Safieh
Dr. Haidar Mahmoud
Dr. Peeter Poldre

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Mr. Jose Cordeiro
Ms. Joan Fisk
Mr. Murthy Ghandikota
Mr. Pierre Giroux
Ms. Nadia M. Joseph
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Ms. Catherine Anne Kerr
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