

Central Resident Wellness Guidelines and Policies

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University of Toronto
Faculty of Medicine, Postgraduate Medical Education

Wellness Guidelines for Postgraduate Trainees

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INTRODUCTION AND OVERVIEW

Physician health and wellness is a priority in the Faculty of Medicine at the University of Toronto (UofT). The Faculty of Medicine, Postgraduate Medical Education (PGME) has developed several guidelines that support the health, wellbeing and diverse training needs of postgraduate trainees at UofT.

(i) Definition of Health and Wellness

According to the World Health Organization, health is *"...a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."*

(WHO Constitution, 2015)

At the University of Toronto, Faculty of Medicine, Postgraduate Medical Education (PGME), we acknowledge that achieving wellness for trainees involves an active process by individuals and the organization, of becoming aware of factors which affect health, and making decisions that promote health.

Further, we acknowledge that optimal health is not always achievable for individuals and, where it is not achievable, the university will seek to accommodate wellness needs in the work and learning environment, to support individuals to perform at their optimal potential.

(ii) Why Health and Wellness Matters

An essential aspect of becoming a physician is learning to take care of ourselves and our health, developing a work life that does not compromise our personal priorities and collaborating with colleagues to enable a positive work and learning environment that supports wellness.

Wellness goes beyond the absence of distress and includes being "challenged, thriving, and achieving success in various aspects of personal and professional life".

(Shanafelt, 2003)

Within the Canadian context the Canadian Medical Association describes the importance of considering the wellness of physicians stating:

“Being a physician can be deeply gratifying, but it also comes with stresses and challenges that can take a toll on...health and well-being. Heavy workloads, demanding standards of training and practice, and complex practice environments are just some of the factors that can put any physician at higher risk of personal and professional dissatisfaction, burnout and depression. The impacts of this — on (the individual) ...on patient care and on the performance of the overall health system — make supporting physician health an imperative”.

“...Recognizing the range of challenges physicians face, we advocate for a shared responsibility approach — targeting both individual and systemic factors that negatively affect physician health — as the pathway to meaningful, sustained improvements.”

(CMA, 2018)

(iii) Responsibilities of Postgraduate Trainees and Programs

POSTGRADUATE TRAINEE RESPONSIBILITY

1. Postgraduate trainees are responsible for reporting fit for duty and able to perform their clinical duties in a safe, appropriate and effective manner. Postgraduate trainees have a professional responsibility to appear for duty appropriately rested and must manage their time before, during and after clinical assignments to prevent excessive fatigue.
2. Postgraduate trainees are responsible for assessing and recognizing the signs of impairment, including that which is due to illness and/or fatigue in themselves. Trainees experiencing such impairment are to seek appropriate help and/or access the Postgraduate Wellness Office for further support.
3. If a postgraduate trainee is experiencing any disability-related barriers, including physical or mental conditions that could impair their ability to perform their duties, they are encouraged to seek assistance from the Postgraduate Wellness Office (PWO) before clinical, educational and/or professional performance, interpersonal relationships or health are adversely affected. Trainees are entitled to reasonable accommodation in accordance with and subject to applicable law and policy.
4. If a postgraduate trainee recognizes physical, mental, or emotional problems affecting the performance of another trainee, including impairment due to excessive fatigue, that trainee should encourage their fellow trainee to notify a program director or designate and/or, if there is a risk to patient safety, consider notifying the program director, designate or applicable clinical-site lead.
5. At no time will trainees be denied visits for acute care for illnesses (physical or mental) or dental emergencies during work hours.

RESIDENCY PROGRAM RESPONSIBILITY

1. It is the responsibility of the Training Program Committee to be aware of themes and factors influencing postgraduate trainee health and wellness.
2. If a program director or faculty member recognizes there may be physical, mental, or emotional problems affecting the performance of a trainee, including impairment due to excessive fatigue, the member must take steps to ensure the safety of postgraduate trainees and patients.
3. It is the responsibility of the University, including the Program, to adhere to the Postgraduate Medical Education Accommodation Guidelines.

Policies and Guidelines addressing Health and Wellbeing at the University of Toronto; Faculty of Medicine; PGME

Multiple policies and guidelines have been developed to support postgraduate trainee and faculty navigation of various wellness needs at the UofT. These policies and guidelines govern student support for all UofT, and are not exclusive to postgraduate trainees. The Postgraduate Wellness Office (PWO) recognizes these policies and guidelines as the basis of student conduct, support and governance.

- [PGME Statement of General Principles for Accommodation](#)
- [Guidelines for Residency Leaves of Absence and Training Waivers](#)
- [Postgraduate Trainee Health and Safety Guidelines](#)
- [Report Form for Incidents of Intimidation, Harassment or Unprofessional or Disruptive Behaviour for Postgraduate Medical Education Trainees](#)
- [Policy and Procedure: Sexual Harassment](#)
- [Guidelines for Accommodations for Religious Observances](#)
- [Standards of Professional Practice Behaviour for all Health Professional Students](#)

POSTGRADUATE WELLNESS OFFICE

The Postgraduate Wellness Office (PWO) is a champion for physician health and wellness at PGME and the Faculty of Medicine. The Postgraduate Wellness Office offers support to all currently registered trainees.

PGME at UofT seeks to enhance the wellness of postgraduate trainees and to contribute to a medical culture that values the well physician and the steps it takes to maintain that wellness.

We seek to:

- Grow a culture of physician health and wellness that supports professionalism and patient care;
- Support system-level approaches to address health and wellness in the work and learning environment;
- Educate postgraduate trainees about health and wellness and how to maintain their own wellbeing;
- Support postgraduate trainees in their efforts to maintain their wellbeing during training;
- Support postgraduate training programs in their efforts to address health and wellness issues that arise and to implement preventative measures; and
- Conduct scholarly work in the areas of physician health and wellbeing.

(i) Services of the Postgraduate Wellness Office

The Postgraduate Wellness Office provides all registered trainees (residents and clinical fellows) a safe and confidential venue to seek out resources that protect and enhance their health and wellbeing. Trainees have access to wellness support from Wellness Directors and can also access counselling with Wellness Consultants.

Over the last 15 years, the office has developed and become a champion for physician wellness and education on burnout and wellness strategies. Guidelines were developed for multiple areas that PG trainees often navigate when struggling with a health issue including leaves from training, accommodations, transfers and intimidation and harassment. Wellness program initiatives have included growing the office and developing resources and education regarding physician wellness and increased support for trainees experiencing health issues during training.

The office has advanced beyond supporting individual and program wellness initiatives to address and promote a culture of wellness at the University of Toronto and, more specifically, within Post MD Education. The office also works with programs through program directors, program assistants and the Wellness Subcommittee, with broad representation to support an organizational work environment, values and behaviors that promote self-care, growth, and compassion for ourselves, our colleagues and our patients.

(ii) Postgraduate Wellness Office: Who we are and what we offer

Wellness Directors

- Provide support during remediation/academic difficulty
- Provide career and postgraduate training guidance
- Provide disability and accommodation support
- Advise regarding leaves, transfers, intimidation/harassment
- Administer the Board of Medical Assessor files
- Support programs and program directors focussed on enhancing health and wellbeing

Wellness Consultants

- Assess and provide short term counselling to support trainee's health, learning, and performance needs; certain time limited group interventions are also offered
- Provide support to postgraduate trainees to navigate resources that exist in the University and beyond to support the health and wellbeing of trainees.
- Provide short term support to trainees in a group setting
- Create and facilitate educational programming/workshops on themes related to wellness, learning, and performance.

All members of the Postgraduate Wellness Office team aim to link trainees to services within PGME, the University of Toronto, and in the community appropriate to health, safety and learning needs.

The Postgraduate Wellness Office can be contacted by calling 416-946-3074 or by emailing pgwellness@utoronto.ca.

(iii) Boundaries between the PWO and other areas in Post MD Education

- PWO operates at arms-length from the other areas in Post MD Education and the Faculty of Medicine
- PWO will request a trainee's consent before consulting with offices and individuals outside of the PWO, in order to assist trainees; except in the case of an emergency or where there may be a safety risk
- When trainees engage with the Wellness Consultants for short term counselling, information is protected by PHIPPA, and disclosures are only made according to PHIPPA legislation.
- Data regarding operations is reported in aggregate form to Post MD Education, in order to preserve the privacy of individuals who use services
- In some circumstances (for example, where health/safety is at risk) the PWO will consult with other internal members of the University on a need-to-know basis and otherwise as required or permitted by applicable provincial privacy legislation or regulatory bodies
- The PWO works with the Board of Medical Assessors (BMA) to assist trainees and reviews the needs for accommodations in the work and learning environment; medical information used in this process is disclosed to the BMA with permission of the trainee, and medical information is not shared with other arms of Post MD Education or the Faculty of Medicine

BOARD OF MEDICAL ASSESSORS

The BMA functions as a confidential process that provides recommendations to support and advocate for accommodations that enable a trainee's success during training and remediation.

The Board of Medical Assessors (BMA) considers and determines whether there is a disability that affects or may affect the ability of a student or trainee to participate, perform or continue

in the Health Professional Educational Programs (Program) of the Faculty. The BMA makes recommendations regarding such matters to the Dean or delegate (ex. applicable Vice-Dean, Education).

Program Directors are strongly advised to discuss referrals with the Directors of the PWO in advance of submitting the relevant documentation and/or referral in order to confirm the specific questions the referral is intended to answer prior to completing a referral.

Board of Medical Assessors - Terms of Reference

STATEMENT OF FATIGUE RISK MANAGEMENT

Fatigue is defined as:

A subjective feeling of tiredness that is experienced physically and mentally. It ranges from tiredness to exhaustion, creating an unrelenting overall condition that interferes with individuals' physical and cognitive ability to function to their normal capacity. Its experience involves some combination of features: physical (e.g. sleepiness) and psychological (e.g. compassion fatigue, emotional exhaustion) (FRM Toolkit, 2018).

Fatigue in postgraduate training is an occupational risk that has been identified by the Royal College of Physicians and Surgeons of Canada (FRM toolkit, 2018). Fatigue increases the risk of medical error and increases the risk to personal safety and wellbeing. (FRM toolkit, 2019). While fatigue is an individual experience, the factors that impact on it are both individual and systemic, making the management of fatigue related risks a shared responsibility between training sites, programs, faculty and postgraduate trainees.

Fatigue Risk management is defined as a set of ongoing fatigue prevention and mitigation practices, principles, and procedures integrated throughout all levels of the clinical and academic work environment, and are designed to monitor, ameliorate and manage the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve (FRM Toolkit, 2018).

CAUSES OF FATIGUE:

Physical:

- Circadian rhythm
- Amount and quality of sleep
- Shift length/rotation
- Overuse of countermeasures- caffeine/naps

Emotional:

- Stress

Social and Cultural:

- Some physicians object to sleeping during shifts
- Pressure for physicians to work when fatigued

(FRM Toolkit, 2018)

CONSEQUENCES OF FATIGUE:**Physical:** fatigue linked with occupational accidents, obesity and weight gain**Emotional:** lack of sleep leads to increased stress and decreased tolerance for stress**Social/Cultural:** fatigue leads to impatience, agitation, increased irritability and difficulty getting along with others leading to strained personal and professional relationships**Psychological:** reduced ability to recognize specific emotions, lower levels of empathy, strains social connectedness and interactions with colleagues and patients and families

(FRM Toolkit, 2018)

EXEMPLARY ACTION FOR FATIGUE RISK MANAGEMENT

UofT and PGME will follow these principles to develop initiatives and guidelines for a Fatigue Risk Management plan.

Guiding principles for Fatigue Risk Management:

1. Leaders of both educational institutions and clinical learning environments are responsible for ensuring that FRM is a priority and that healthcare providers and trainees can effectively contribute to the creation of a management plan.
2. Every trainee bears a responsibility to self, to their peers, and to those they provide care for, to manage their own fatigue during training and as they transition into practice.
3. Clinical Training Facilities have a duty to uphold reporting practices and policies. All clinical institutions involved in clinical training must create a just learning environment that enables the reporting of fatigue related incidents.
4. Shared Role to Support Deployment and Implementation. All clinical institutions involved in training must support faculty and trainee development in FRM policies, practices, and procedures

(FRM Toolkit, 2018)

POSTGRADUATE WELLNESS OFFICE INITIATIVES

The Postgraduate Wellness Office Curriculum includes a Fatigue and Energy Management workshop that can be requested by all programs during their academic half days.

Wellness Consultants regularly work with trainees to address sleep, fatigue, and energy management issues related to health and wellbeing and assess need for referrals for further assessment and/or treatment

PGME at UofT will endeavor to contribute to the dissemination of good practices related to FRM. Clinical institutions participating in clinical training will actively identify, collect, and disseminate good practices and innovative research in FRM to the medical education community.

(FRM Toolkit, 2018)

[Fatigue Risk Management Toolkit](#)

DEVELOPING PROGRAM SPECIFIC WELLNESS INITIATIVES

These PGME central Wellness Guidelines will be applicable to all PGME Specialty programs. In addition, many programs have their own thoughtful approaches, systems and processes in place to support trainee wellness concerns specific to their trainees. Each program will need to explicitly review their wellness structure and determine if their program supports the principles articulated in the Post MD Wellness guidelines.

To support programs to explore what they are doing locally, the PWO has developed guiding questions. These questions help program directors program committees to help organize and/or develop initiatives that support trainee wellness at a program level.

See Appendix 1 and Guiding Questions for Wellness Programming and Processes

ADDITIONAL SUPPORTS AND RESOURCES

Find provider and support in the community

- PARO: 416-979-1182
24-hour crisis helpline: 1-866-HELPDOC
www.paro.org
- To find a family physician: Health Care Connect (must have OHIP)
www.health.gov.on.ca/en/ms/healthcareconnect/public

- Physician Health Program (OMA): Confidential access to therapists, psychiatrists, healthcare
1 800 851-6606
<http://php.oma.org/>

References:

1. World Health Organization, Constitution. Retrieved from:
www.who.int/governance/eb/who_constitution_en.pdf
2. CMA Statement on Physician Health and Wellness: Guiding Principles and Commitments of a Vibrant Profession. Retrieved from: www.cma.ca/sites/default/files/2018-11/physician-health-wellness-statement-e.pdf
3. Joint Commission 2011, Health Care worker fatigue and patient safety. Sentinel Event Alert. (48) 1-4.DOI:10.1056/NEJMp1703690.
4. Shanafelt, T, Sloan, J and T. Haberman, The well-being of physicians. The American Journal of Medicine, Volume 114, Issue 6, 513 – 519, 2003.
5. Fatigue Risk Management Toolkit, Fatigue Risk Management Task Force, 2018.

Appendix 1: Guiding Questions for Wellness Programming and Processes

University of Toronto, Postgraduate Training Program Wellness Guideline Development

The questions and sample responses have been created based on feedback from program directors to highlight some of the activities your program may already be engaged in that would be considered part of your wellness program. The questions and responses below are quite detailed and by no means are programs expected to have all of these activities and initiatives in place. This document is meant to be a useful resource, available for programs that would like to use it as you determine your program's wellness policy needs.

1. What are the wellness needs of your trainees?
 - Fatigue and call duties, sleep deprivation
 - Exam preparation stress, MCCQE, Surgical Foundations, Royal College
 - Competing demands of life outside medicine (children, elderly dependents, etc.)
 - Financial pressures
 - Finding time to for self-care – exercise, nutrition, attending healthcare appointments
 - Excessive EMR demands, documentation demands
 - Recognition of and mobilization around necessary culture change in medicine (impact of “the hidden curriculum”, experience of visible minorities in medicine)
 - Career planning, job search, preparation for independent practice

2. What wellness issues may be specific to your speciality or clinical setting?
 - Long work hours
 - Multiple training sites
 - Exposure to physical, emotional, traumatic clinical content
 - Team practice and learning
 - Stigmatized clients
 - EMR problems
 - Physical demands of operating room
 - Emotional demands of client care

3. How do you teach trainees about these potential wellness issues and ways to mitigate their negative impact on wellness?
 - Orientation sessions
 - Safety and wellness reviews/audits of sites/programs
 - Wellness days
 - Wellness speaker/workshop series on physician health, managing stress and burnout, fatigue management, exam preparation, financial planning
 - Debriefing opportunities after a traumatic clinical exposure, loss, adverse event

- Peer support, mentorship opportunities
 - Involving trainees in residency planning committees that address residency policies affecting wellness (waivers of training, accommodations process)
 - Role modelling of wellness attitudes and behaviours by faculty
 - Implicitly via supportive culture of division
4. How do you monitor the wellness of trainees in your program?
- Needs Assessment of trainees
 - Burnout scale survey
 - Annual/Biannual meetings with trainees/focus groups
 - Site meetings with trainees to review work and learning environment
 - Wellness team meets with each trainee – 1-2 x per year – separate from PD meetings
 - Annual Trainee Retreat includes a program evaluation moderated/submitted by trainees which includes wellness issues on agenda
 - Creating safe, available, responsive space – PD and faculty
5. What aspects of your training program, clinical practice and work and learning environments support trainee wellness?
- Program and site directors
 - Balint support groups for trainees
 - Trainees advisors, Wellness leads in your program
 - Leisure activities to acknowledge trainees, promote team development
 - Mentoring program linking trainees with senior trainees or staff supports/mentors
 - Attention to innovative on-call scheduling with input from our 'On-Call' committee
 - Ensuring trainees are able to find time to attend healthcare appts (working with chief trainees and site supervisors to ensure such appts are prioritized in planning work flow)
 - Culture of program and division
- Central PGME:** PG Wellness office, Wellness workshops, Support sessions/groups, Coaching and learner support
6. What aspects of your training programs, clinical practice and learning environments constrain trainee wellness?
- Large programs,
 - On call experiences,
 - Increasing autonomy/responsibility,
 - Variation in support from staff,
 - High clinical demands- on call shifts with high ED presentations,
 - Long work hours,
 - Research and scholarly projects,
 - EMR/admin work
 - #1 is long hours

- Increasingly complex patient populations
7. How would your trainees access guidance if they need a work or training accommodation as the result of a health issue (for example, reduction of hours or duties to manage health issue), or time off for a health issue?
- Refer to PG Wellness
 - Refer to Board of Medical Assessors
 - Work with PG Wellness for Accommodations regarding specific needs for the learning environment to optimize success in the training and work environment
 - Occupational health office in the hospital
 - Work with PD and wellness leads in own department
 - PD to “quarterback” and guide process
8. Intimidation and harassment in the work and learning environment is linked to poorer health.
- a. The university has intimidation and harassment policies and procedures. How do you verify that your trainees are aware of these policies?
- i. Discussed at new trainee orientation
 - ii. Discussed at biannual PD/wellness meetings if need arises
 - iii. Posted on our own departmental Intranet pages
- b. Do you have any internal faculty/staff members who trainees can approach if they have a concern about intimidation/harassment?
- i. Trainees advisors
 - ii. Wellness leads for the program/sites
 - iii. Central PGME, PG Wellness Directors
- c. How do you track and monitor professionalism issues within your program?
- i. Site meetings and reviews,] POWER site evaluations, Program evaluations
- d. What does your program do to promote professional values?
- i. Education of trainees and faculty on incivility, intimidation and harassment
 - ii. Education and awareness of UofT PGME Policy on Intimidation and Harassment and enforcement
 - iii. Voice of the Trainees Survey and data on trainee experiences, TAHSN survey on the work and learning environment
 - iv. Work with faculty to ensure professional behaviour is modeled (Fac Dev)
 - v. Role modelling within the program and division
9. Do you have a trainee or faculty lead for physician wellness?
- If so what is their role/job description?
 - What are the deliverables of those roles?

- How do these individuals champion physician health in your program?
- How are these roles supported? (financial, admin, protected time)

10. What physician wellness initiatives/programs are currently offered to your trainees and faculty in your program?

- Wellness Committee
- Wellness programming- social events, workshops, educational session, Visits from PARO
- Wellness lead/advisor for trainees to see/meet
- Peer support
- Mentorship
- Exercise programs
- Annual Trainee retreat (part social / part program evaluation)
- Book club
- Balint groups



Accommodation: Religious Observances

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Quick Links

- ▶ [Religious Accommodation Overview](#)
- ▶ [Relevant Dates 2019-20](#)
- ▶ [Relevant Dates 2020-21](#)
- ▶ [Accommodation for the Haj Pilgrimage](#)

Contacts

If you have any questions regarding these or other University policies, please contact:

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RELIGIOUS ACCOMMODATION OVERVIEW

The University's expectations on this matter are articulated in the [Policy on Scheduling of Classes and Examinations and Other Accommodations for Religious Observances](#).

As noted in the Policy, the University welcomes and includes students, staff, and faculty from a wide range of backgrounds, cultural traditions, and spiritual beliefs. The Policy includes the following provisions:

- It is the policy of the University of Toronto to arrange reasonable accommodation of the needs of students who observe religious holy days other than those already accommodated by ordinary scheduling and statutory holidays.
- Students have a responsibility to alert members of the teaching staff in a timely fashion to upcoming religious observances and anticipated absences. Instructors will make every reasonable effort to avoid scheduling tests, examinations, or other compulsory activities at these times. If compulsory activities are unavoidable, every reasonable opportunity should be given to these students to make up work that they miss, particularly in courses involving laboratory work. When the scheduling of tests or examinations cannot be avoided, students should be informed of the procedure to be followed to arrange to write at an alternate time.
- It is most important that no student be seriously disadvantaged because of their religious observances. However, in the scheduling of academic and other activities, it is also important to ensure that the accommodation of one group does not seriously disadvantage other groups within the University community.

Please note that the obligation not to discriminate on the basis of religion ("creed") is a statutory duty arising from the [Ontario Human Rights Code](#). It carries with it the obligation to accommodate religious requirements where doing so does not cause undue hardship to the University. For example, accommodation normally requires that scheduled graded term work or tests conflicting with religious requirements be adjusted by providing similar evaluation on alternate dates.

Students who will miss an examination due to a religious observance should not normally be charged an examination deferral fee. However, all other normal examination deferral procedures should apply. With respect to minimum advance notice, the Policy provides that "Students have a responsibility to alert members of the teaching staff in a timely fashion to upcoming religious observances and anticipated absences." Since students would normally be aware of upcoming religious observances as well as examination schedules in advance, [a minimum of three weeks advance notice should be considered sufficient](#).

Letters/documentation from faith leaders to support requests for accommodation should not be requested. The University does not request this documentation because doing so would imply a potential assessment of the sincerity of the religious practice, and not all faith traditions necessitate involvement in an organized faith community.

The following are examples of requests that students may make to be excused from classes or examinations: Holy Days; on Fridays at 1:00 p.m. for Muslim community prayers; or on the Jewish Sabbath (one-and a-half hours before sunset Friday to one-and-a-half hours after sunset Saturday).

RELEVANT DATES 2019-20

[Relevant Dates 2019-20](#)



RELEVANT DATES 2020-21

[Relevant Dates 2020-21](#)



ACCOMMODATION FOR THE HAJ PILGRIMAGE

The Hajj is a once-in-a-lifetime Pilgrimage to Mecca for some Muslims. As the Islamic calendar is based on the lunar cycle, the dates for the month of Dhu al-Hijjah change each year. Because the month must begin and end on sighting of the moon, the [estimated](#) dates for the Hajj over the next two years are as follows:

- **2019**
 - First day: on or around Friday, August 9
 - Last day: on or around Wednesday, August 14

- **2020**
 - First day: on or around Tuesday, July 28
 - Last day: on or around Sunday, August 2

While the pilgrimage itself last only a limited number of days, pilgrims travel as a group and most groups leave a minimum of two weeks in advance in order to complete related obligations. The early departure means that students would likely have to leave at a time that may affect a number of academic activities. Furthermore, because of the dates being fixed for the entire group, there is often very little flexibility.

The *Policy* provides that "It is the policy of the University of Toronto to arrange reasonable accommodation of the needs of students who observe religious holy days other than those already accommodated by ordinary scheduling and statutory holidays." While the Hajj is a once-in-a-lifetime obligation, there are several related factors that may compel our students to make the decision to attend to that rite of passage in any particular year and/or at a time that conflicts with a scheduled academic events or activities. These issues pertain to their potential need to accompany family members on this journey, as well as issues of financial ability.

It is not the University's role to pass judgment of the necessity of students to partake in an activity that may be central to their faith, but rather to help determine what would comprise reasonable accommodation without causing undue hardship to the activities of the institution. With respect to final exams, the customary practice is to allow for exams to be deferred until the next exam period. Students should be encouraged to make the request through their college or divisional offices.



University of Toronto
Faculty of Medicine, Postgraduate Medical Education

**Guidelines for Residency Leaves of Absence
and Training Waivers**

1. BACKGROUND

The training requirements of residency programs define specific time requirements. While these requirements are generally completed in sequence, it is recognized that a resident may need to interrupt training for a number of reasons. Such interruptions are referred to as leaves of absence. This guideline is intended to provide guidance to program directors on a range of issues relating to leaves of absence taken during residency training including the granting of leaves, salary level implications, and impact on certification exam eligibility.

Related documents:

A number of important documents govern leaves and their impact on certification exam eligibility. This guideline is not intended to supersede these documents, but will serve to assist Program Directors in their interpretation and application.

- **PARO-CAHO Collective Agreement.** The PARO-CAHO agreement outlines the employment relationship between residents and the Ontario teaching hospitals. This agreement establishes entitlements relating to pregnancy and parental leaves, sick leave, vacation, and professional leave. This agreement can be obtained at <http://www.myparo.ca>
- **Council of Ontario Faculties of Medicine (COFM) *Leaves from Ontario Postgraduate Residency Programs, October 2009.*** The COFM leaves policy provides direction on a number of issues including return to the program after training and granting of unpaid leaves. This policy can be obtained at <http://www.pgme.utoronto.ca/content/policies-guidelines>
- **Royal College of Physicians and Surgeons of Canada (RCPSC) and the College des medecins du Quebec (CMQ) Joint Policy on Waiver of Training After a Leave of Absence from Residency.** The RCPSC policy on waivers following a leave of absence states that:

The postgraduate office may allow a waiver of training following a leave of absence, in accordance with university policy and within the maximum time for a waiver determined by the Royal College and the CMQ. A decision to grant a waiver of training can only be taken in the final year of the program but cannot be

granted after the resident has taken the certification examinations. Each university will develop its own policy on whether or not it is willing to grant a waiver of training for time taken as a leave of absence; however, in the case where waivers of training are acceptable to the university, they must be within the acceptable times listed below. In addition, regardless of any waived blocks of training, the decision to grant a waiver of training must be based on the assumptions that the resident will have achieved the required level of competence by the end of the final year of training.

This policy can be reviewed at Section 4.3.2 at the following weblink:
[RCPSC Policies and Procedures for Certification and Fellowship, August 2014](#)

- **The College of Family Physicians of Canada (CFPC)** states that Family Medicine residents must complete 24 months of training to be eligible for the Family Medicine certification exam. Waivers of training of a maximum of 4 weeks may be granted at the discretion of the Program Director. This policy can be reviewed at <http://www.cfpc.ca/LeavesAbsenceWaivers/>

2. DEFINITIONS:

A leave of absence is defined as an approved interruption of training for any reason. Leaves may be taken for a variety of reasons, but are generally categorized into leaves with pay and leaves without pay.

In all cases, the Program Director, in discussion with the returning resident, should determine:

- the training level to which the resident will return following the leave; and
- the necessary educational experiences required for the resident to complete the residency requirements and goals and objectives of the training program.

Unless required by the Program Director or for purposes of the Record of Employment, leaves of one week or less are not required to be submitted to the central Postgraduate Medical Education Office.

Paid Leave

a) Pregnancy and Parental Leave:

Entitlement to pregnancy and parental leave is addressed in Section 15 of the PARO-CAHO Agreement.

b) Medical/Sick Leave:

Residents are entitled to 6 months of paid sick leave. Further details on Long Term Disability and other entitlements regarding illness or injury are addressed in Section 14 of the PARO-CAHO Agreement.

c) Professional Leave:

The PARO-CAHO Agreement describes Professional Leave as 7 days per year in Section 12, as well as time to take Canadian or American certification examinations. This time will not be considered to be a leave for the purposes of this guideline or reporting to the College of Physicians and Surgeons of Ontario (CPSO), or granting of waivers of training.

d) Vacation:

Residents are entitled to 4 weeks of paid vacation per year. Vacation entitlement accrues while on maternity/parental leave such that a resident returning from a one-year maternity/parental leave is entitled to 4 weeks of paid vacation in addition to the regular 4-week allotment.

The 4 weeks vacation time must be taken within the academic session and cannot be rolled over or “stockpiled” to the next year, or counted towards waived training time. In addition, vacation time should not be carried over when the resident enters a sub-specialty program.

Hospitals may not restrict the amount of vacation a resident can take in a rotation, but do have the right to delay a vacation request with regard to professional and patient care responsibilities.

e) Emergency, Family, Bereavement Leave

A resident may request a leave due to a death in the immediate family or a person with whom the resident had a close relationship. A leave may also be requested due to family illness, injury, medical emergency, or other urgent family matters to which the resident must attend. Five consecutive working days may be granted by the Program Director for this paid leave. This guideline should be interpreted with proper sensitivity.¹

Unpaid leave**a) Educational Leave:**

A resident may request an unpaid educational leave on the basis that the time away from the residency program is relevant to his/her current program. This must have the support of the resident’s Program Director, and the approval of the Postgraduate Dean or designate.

The maximum educational leave period is usually one year. Leaves beyond one year will be assessed by the Residency Program Committee, Program Director and the Postgraduate Dean or designate.

b) Personal/Compassionate Leave

A resident may request a unpaid leave of absence due to a personal situation or career uncertainty. These leaves will be considered on an individual basis by the Program Director in consultation with the Postgraduate Dean or designate.

The maximum leave period in this category is normally 6 months.²

3. SALARY CLASSIFICATION:

Residents will normally advance to the next pay level at the successful completion of 12 months of training. Residents who have taken a leave of absence of more than one month during the training year, will proceed to the next level only at the discretion of the Program Director.

Factors to be considered in promotion to the next level will include the resident's full completion of the goals and objectives of the training year as measured by ITERs, and all other evaluation tools such as in-training exams, case logs, and completion of academic projects.

Program Directors may also decide to re-appoint residents to the next pay level at the beginning of an academic session to allow them to stay with their cohort, and require them to make up the leave in their final year of training.

4. RETURN TO TRAINING:

Residents returning to training after a prolonged non-parental absence may need to return to an earlier level of training and/or require a modified educational program. For specialty residents, no assurance can be given that all training taken prior to the interruption will still be acceptable, even though previously recognized by the RCPSC.³

In order to decide on the appropriate training level and program structure, residents may be assigned a 4-12 week period of assessment, similar to the Assessment Verification Program (AVP), structured and organized by the Program Director in consultation with the Residency Program Committee and educational programming resources.

The Program Director, in consultation with the Residency Program Committee, will review the results of the assessment program and submit a recommendation to the Vice Dean or designate regarding the resident's re-entry to training. If approved, the Program Director will discuss with the resident the modified program structure, training level, the evaluation process, and expected outcomes.

Residents returning after medical leave will provide a written medical certificate from their treating physician indicating the resident's capability and fitness to return to the program. The Program Director or the Vice Dean or designate may request an additional independent medical opinion to ensure the resident's capability to resume his/her residency program. The Vice Dean or designate will communicate with the resident when a Residency Program Committee decides against a resident's re-entry to the training program. The case may be referred to the Faculty of Medicine's Board of Examiners-PG or the Board of Medical Assessors. Any appeals would follow the normal Faculty and University Appeals process.

5. WAIVER OF TRAINING

Both the RCPSC and CFPC state that residents must complete all of a program's training requirements including duration and competence. However, the University is free to set policies regarding granting leaves of absence and the criteria by which waivers of training time (if any) may be granted.

To meet the CFPC certification exam eligibility requirements, Family Medicine residents must make up any leaves of absence to ensure the full duration of 24 months training is completed. Waivers of training of 4 weeks may be granted at the discretion of the Program Director. Only by exception and under unusual circumstances will the University's Department of Family and Community Medicine agree to review or grant a shortened program. The CFPC must be notified of the waiver prior to submission of the completion of training notice to the College.

Where a resident in a RCPSC program will have achieved the required level of competence by the end of the final year of training, a waiver of 4-12 weeks may be granted at the Program Director's discretion, referring to the maximum allowable time for waivers outlined in section 4.3.2 in the [RCPSC Policies and Procedures for Certification and Fellowship, August 2014](#)

In Internal Medicine and Pediatrics, where residents are undertaking 3 core years and 2 subspecialty years, a maximum of 6 weeks may be waived in the first three core years and a maximum of 6 weeks in the final two subspecialty years. The first 3 core years are to be treated separately for the purpose of considering a training waiver. All core requirements are to be completed before a resident will be released to pursue his/her subspecialty training program.

Completion of training includes not only meeting all specialty training requirements of the RCPSC, but also all of the program's required rotations and items such as in-training examinations, research and/or quality improvement projects, case logs, portfolios and other assessments.

Each program is expected to establish the criteria by which they will allow waivers. Such criteria should be made available to residents, preferably on the program's portal or website.

To reconcile the need for residents who must make up leave time and the annual exam schedule, the RCPSC allows residents to write the Spring exam and complete their residency training requirements by December 31 of that year, or February 28th for the Fall exams.

6. REPORTING:

The Postgraduate Medical Education Office will notify the College of Physicians and Surgeons of Ontario (CPSO) of all interruptions in training greater than one week, as reported by the Program Director.

Residents must be aware of their professional obligations to report leaves to the CPSO when applying for or renewing licenses. Failure to disclose leaves from the training program may result in delays in license renewal as a result of investigation and/or disciplinary action.

¹ see Employment Standards Act, 2000. Section XIV refers to unpaid leaves of absence entitlement at http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_00e41_e.htm#BK68 .

Also, see Canadian Labour Code, Section 200, reference to 3 consecutive days of paid bereavement leave for federal employees <http://laws.justice.gc.ca/en/L-2/>

² from the Council of Ontario Faculties of Medicine (COFM) document, *Leaves from Ontario Postgraduate Residency Programs, October 2009*. See section on Compassionate Leave.

³ RCPSC Policy and Procedures for Certification and Fellowship, August 2014. See Section 4.2.1.

Approved: PGMEAC, HUEC - April 2009
rev. Approved PGMEAC February 27, 2015



UNIVERSITY OF TORONTO

University of Toronto
Governing Council

Policy on Scheduling of Classes and Examinations and Other Accommodations for Religious Observances

June 29, 2005

To request an official copy of this policy, contact:

The Office of the Governing Council
Room 106, Simcoe Hall
27 King's College Circle
University of Toronto
Toronto, Ontario
M5S 1A1

Phone: 416-978-6576

Fax: 416-978-8182

E-mail: governing.council@utoronto.ca

Website: <http://www.governingcouncil.utoronto.ca/>

Policy on Scheduling of Classes and Examinations and Other Accommodations for Religious Observances

Preamble

The University of Toronto welcomes and includes students, staff and faculty from a broadly diverse range of communities and backgrounds. The University community comprises one of the most diverse campus populations anywhere. Students, staff and faculty have a wide range of backgrounds, cultural traditions and spiritual beliefs. With reference to the University's commitment to human rights as articulated in the [Statement on Human Rights](#) and in accordance with the accommodation principles of the Ontario [Human Rights Code](#), this policy is concerned with accommodations for students with respect to observances of religious holy days.

Policy

It is the policy of the University of Toronto to arrange reasonable accommodation of the needs of students who observe religious holy days other than those already accommodated by ordinary scheduling and statutory holidays.

Students have a responsibility to alert members of the teaching staff in a timely fashion to upcoming religious observances and anticipated absences. Instructors will make every reasonable effort to avoid scheduling tests, examinations or other compulsory activities at these times. If compulsory activities are unavoidable, every reasonable opportunity should be given to these students to make up work that they miss, particularly in courses involving laboratory work. When the scheduling of tests or examinations cannot be avoided, students should be informed of the procedure to be followed to arrange to write at an alternate time.

It is most important that no student be seriously disadvantaged because of her or his religious observances. However, in the scheduling of academic and other activities, it is also important to ensure that the accommodation of one group does not seriously disadvantage other groups within the University community.

On an annual basis, the Office of the Vice-President & Provost shall publish information concerning the anticipated dates of a number of holy days over the subsequent two academic years. While every reasonable effort should be made to provide accommodation, the publishing of these dates should not necessarily be interpreted to mean that no important academic activities can be scheduled on these dates.

This policy shall be applied in a manner which is consistent with normally applicable academic requirements and standards.

Responsibility

Administrative responsibility for this policy is assigned to the Vice-President & Provost.



UNIVERSITY OF TORONTO

University of Toronto
Governing Council

**Standards of Professional Practice Behaviour
for all Health Professional Students**

[June 16, 2008] *(effective September 2008)*

To request an official copy of this policy, contact:

The Office of the Governing Council
Room 106, Simcoe Hall
27 King's College Circle
University of Toronto
Toronto, Ontario
M5S 1A1

Phone: 416-978-6576

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Standards of Professional Practice Behaviour for all Health Professional Students

Preamble

Health professional students engage in a variety of activities with patients/clients under supervision and as part of their academic programs. During this training, the University, training sites, and society more generally expect our health professional students to adhere to appropriate standards of behaviour and ethical values. All health profession students accept that their profession demands integrity, exemplary behaviour, dedication to the search for truth, and service to humanity in the pursuit of their education and the exercise of their profession.

These Standards express professional practice and ethical performance expected of students registered in undergraduate, graduate and postgraduate programs, courses, or training (for the purposes of this policy, students includes undergraduate/graduate students, trainees including post doctoral fellows, interns, residents, clinical and research fellows or the equivalents) in the:

- (a) Faculty of Dentistry;
- (b) Faculty of Medicine;
- (c) Lawrence S. Bloomberg Faculty of Nursing;
- (d) Leslie Dan Faculty of Pharmacy;
- (e) Faculty of Physical Education and Health;
- (f) Factor-Inwentash Faculty of Social Work;
- (g) Ontario Institute for Studies in Education (OISE Programs in School and Clinical Child Psychology; Counselling Psychology for Psychology Specialists; Counselling Psychology for Community and Educational Settings).

By registering at the University of Toronto in one of these Faculties or in courses they offer, a student accepts that he/she shall adhere to these Standards. These Standards apply to students in practice- related settings such as fieldwork, practicum, rotations, and other such activities arranged through the Faculty, program of study, or teaching staff. Other Faculties that have students engaged in such activities in health settings may also adopt these standards.

These Standards do not replace legal or ethical standards defined by professional or regulatory bodies or by a practice or field setting, nor by other academic standards or expectations existing at the University of Toronto. Action respecting these Standards by the Faculty responsible for the program or course does not preclude any other action under other applicable University policies or procedures, action by program regulatory bodies, professional bodies, or practice/field settings, or action under applicable law including the Criminal Code of Canada.

Breach of any of these Standards may, after appropriate evaluation of a student, and in accordance with applicable procedures, be cause for dismissal from a course or program or for failure to promote.

Standards of Professional Behaviour and Ethical Performance

All students will strive to pursue excellence in their acquisition of knowledge, skills, and attitudes in their profession and will uphold the relevant behavioural and ethical standards of his or her health profession or Faculty, including:

1. Keeping proper patient/client records
2. Where patient/client informed consent to an action is required, the student will act only after valid informed consent has been obtained from the patient/client (or from an appropriate substitute decision-maker)
3. Providing appropriate transfer of responsibility for patient/client care
4. Being skilful at communicating and interacting appropriately with patients/clients, families, faculty/instructors, peers, colleagues, and other health care personnel
5. Not exploiting the patient/client relationship for personal benefit, gain, or gratification
6. Attending all mandatory educational sessions and clinical placements or provide appropriate notification of absence
7. Demonstrating the following qualities in the provision of care:
 - (a) empathy and compassion for patients/clients and their families and caregivers;
 - (b) concern for the needs of the patient/client and their families to understand the nature of the illness/problem and the goals and possible complications of investigations and treatment;
 - (c) concern for the psycho-social aspects of the patient's/client's illness/problem;
 - (d) assessment and consideration of a patient's/client's motivation and physical and mental capacity when arranging for appropriate services;
 - (e) respect for, and ability to work harmoniously with, instructors, peers, and other health professionals;
 - (f) respect for, and ability to work harmoniously with, the patient/client and all those involved in the promotion of his/her wellbeing;
 - (g) recognition of the importance of self-assessment and of continuing education;
 - (h) willingness to teach others in the same speciality and in other health professionals;
 - (i) understanding of the appropriate requirements for involvement of patients/clients and their families in research;
 - (j) awareness of the effects that differences in gender, sexual orientation, cultural and social background may have on the maintenance of health and the development and treatment of illness/problems;
 - (k) awareness of the effects that differences in gender, sexual orientation, and cultural and social background may have on the care we provide;
 - (l) respect for confidentiality of all patient/client information; and,

- (m) ability to establish appropriate boundaries in relationships with patients/clients and with health professionals being supervised;

These Standards articulate the *minimum* expected behaviour and ethical performance; however, a student should always strive for exemplary ethical and professional behaviour.

(b) A student will refrain from taking any action which is inconsistent with the appropriate standards of professional behaviour and ethical performance, including refraining from the following conduct:

8. Misrepresenting or misleading anyone as to his or her qualifications or role
9. Providing treatment without supervision or authorization
10. Misusing or misrepresenting his/her institutional or professional affiliation
11. Stealing or misappropriating or misusing drugs, equipment, or other property
12. Contravention of the Ontario Human Rights Code
13. Unlawfully breaching confidentiality, including but not limited to accessing electronic records of patients/clients for whom s/he is not on the care team
14. Being under the influence of alcohol or recreational drugs while participating in patient/client care or on call or otherwise where professional behaviour is expected
15. Being unavailable while on call or on duty
16. Failing to respect patients'/clients' rights and dignity
17. Falsifying patient/client records
18. Committing sexual impropriety with a patient/client¹
19. Committing any act that could reasonably be construed as mental or physical abuse
20. Behaving in a way that is unbecoming of a practising professional in his or her respective health profession or that is in violation of relevant and applicable Canadian law, including violation of the Canadian Criminal Code.

Assessment of Professional Behaviour and Ethical Performance

The Faculties value the professional behaviour and ethical performance of their students and assessment of that behaviour and performance will form part of the academic assessment of health professions students in accordance with the Grading Practices Policy of the University of Toronto. Professional behaviour and ethical performance will be assessed in all rotations/fieldwork/practicum placements. These assessments will be timely in relation to the end of rotation/fieldwork placement/practicum and will be communicated to the student.

¹ Students who have (or have had) a close personal relationship with a colleague, junior colleague, member of administrative staff or other hospital staff should be aware that obligations outlined in the Provost's Memorandum on Conflict of Interest and Close Personal Relations pertain to these Standards.
<https://www.provost.utoronto.ca/planning-policy/conflict-of-interest-close-personal-relations/>

Each Health Science Faculty will have specific guidelines related to these Standards that provide further elaboration with respect to their Faculty-specific behavioural standards and ethical performance, assessment of such standards and relevant procedures.

Breaches of these Standards or of Faculty-specific guidelines related to these Standards are serious academic matters and represent failure to meet the academic standards of the relevant health profession program. Poor performance with respect to professional or ethical behaviour may result in a performance assessment which includes a formal written reprimand, remedial work, denial of promotion, suspension, or dismissal from a program or a combination of these. In the case of suspension or dismissal from a program, the suspension or dismissal may be recorded on the student's academic record and transcript with a statement that these Standards have been breached.

With respect to undergraduate students, appeals against decisions under this policy may be made according to the guidelines for such appeals within the relevant Faculty.

In the case of graduate students, the procedures for academic appeals established in the School of Graduate Studies shall apply. Recommendation to terminate registration in a graduate program must be approved by the School of Graduate Studies. Decisions to terminate registration in a graduate program may be appealed directly to the School of Graduate Studies Graduate Academic Appeals Board (GAAB) in accordance with its practises and procedures.

In cases where the allegations of behaviour are serious, and if proven, could constitute a significant disruption to the program or the training site or a health and safety risk to other students, members of the University community, or patient/clients, the Dean of the Faculty responsible for the program or course is authorized to impose such interim conditions upon the student, including removal from the training site, as the Dean may consider appropriate.

In urgent situations, such as those involving serious threats or violent behaviour, a student may be removed from the University in accordance with the procedures set out in the Student Code of Conduct.

Approved by the Executive Committee June 16, 2008, effective September 2008

46918



Postgraduate Medical Education
UNIVERSITY OF TORONTO

University of Toronto
Faculty of Medicine, Postgraduate Medical Education

PGME Statement of General Principles for Accommodation

Approved by: Postgraduate Medical Education Office

Date of original statement: June 2009

Date of last review: PGMEAC January 2013, HUEC May 2013

Date of next scheduled review:

1. BACKGROUND AND DEFINITIONS:

Residents with disabilities are entitled to the same opportunities and benefits as those without disabilities. In some circumstances, those with disabilities may require short or long-term accommodation to enable them to complete their training. "Disability" is defined by the Ontario Human Rights Code and covers a broad range and degree of conditions that may have been present from birth, caused by an accident, or developed over time. It includes physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, environmental sensitivities, and other conditions.

Accommodation is a legal obligation and the goal of any accommodation plan is to allow equal benefit from and participation in services, education or the workplace. Reasonable accommodation may require members of the University community to exercise creativity and flexibility in responding to the needs of residents with disabilities. However, such accommodation cannot compromise patient safety and well-being and must take into consideration the rights and needs of other residents.

Regardless of disability, all residents must meet educational standards for certification and independent practice which are determined by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.

Accommodation is a shared responsibility. It is most effectively provided when those involved, including the medical resident, approach the process with fairness, sensitivity, respect for confidentiality and co-operation. This requires the exchange of relevant information to the appropriate parties, and constructive negotiation to reach mutually acceptable solutions.

FACULTY OF MEDICINE

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2. PROCESS:

See appendix 1 (flow chart) attached.

If a resident has a disability for which s/he requests accommodations, the Program Director must be made aware of the request and the justification for it, including relevant documentation from the appropriate medical practitioner(s). The resident is encouraged to consult with knowledgeable members of the University Faculty of Medicine, the training site, or other organizations prior to making this request to their Program Director. Examples of those available for consultation include the Director, Resident Wellness in the Postgraduate Medical Education Office, the Student Affairs Office of the graduating medical program, the Associate Dean, Equity and Professionalism, PAIRO, the Occupational Health Office at a training site or the Ontario Medical Associations' Physician Health Program.

If the disability primarily requires workplace accommodations, such as an environmental sensitivity or the need for an assistive device, the Program Director will be required to contact the Occupational Health Office of the training site to consider and develop an accommodation plan consistent with the policies and procedures of that site. This will frequently require the involvement of the training site Education Lead.

Residents who prefer not to disclose the specifics of their disability to their Program Director can submit documentation to the Director, Resident Wellness who can then convey the relevant information to the Program Director that will be required for the consideration of accommodation. While every attempt will be made to preserve confidentiality, specific information regarding the resident's limitations may be shared in order to consider and/or implement appropriate educational accommodations. This will be reviewed with the resident during the process who may at any time decline to disclose specific information, understanding that it may impact the accommodation process.

In addition to a resident request for accommodation, a disability requiring accommodation may arise in the course of proceedings before the PG Board of Examiners, either: 1) as a rationale for failure of a rotation(s) or an examination(s), or 2) following consultation and advice from a health care or learning needs professional. In these circumstances accommodation will be addressed in the context of the Remediation Plan; and the procedures described below apply.

Residents must be aware of the objectives for achieving certification upon entrance to their program and understand that regardless of disability, essential competencies as determined by their program and accrediting bodies must be achieved for successful completion of the program. Residents who chose not to disclose their disability and request accommodation prior to a rotation may not appeal unsuccessful evaluations on the basis of their disability.

When there is uncertainty or disagreement between the resident's request for accommodation and what the program determines reasonable, with the resident's permission, the case should be referred to the Board of Medical Assessors-PG for independent review. The Terms of Reference for the PG BMA are attached as Appendix 2. Residents and/or Program Directors will be referred to the Director, Resident Wellness to understand and initiate the process. Recommendations of the BMA –PG, will be considered by the Dean through the Vice Dean, PGME who will determine the outcome.

If accommodations have been granted, intervals reports may be periodically required from treating health care practitioners and accommodation plans reviewed regularly to ensure accordance between the accommodation needs of the resident and requirements of the program.

If it becomes apparent that despite reasonable training accommodations, the nature of the disability may prohibit the resident from successfully achieving the standards of the training program, the resident is encouraged to seek career counseling from a mentor, faculty member, or the Office of Resident Wellness regarding alternative career options.

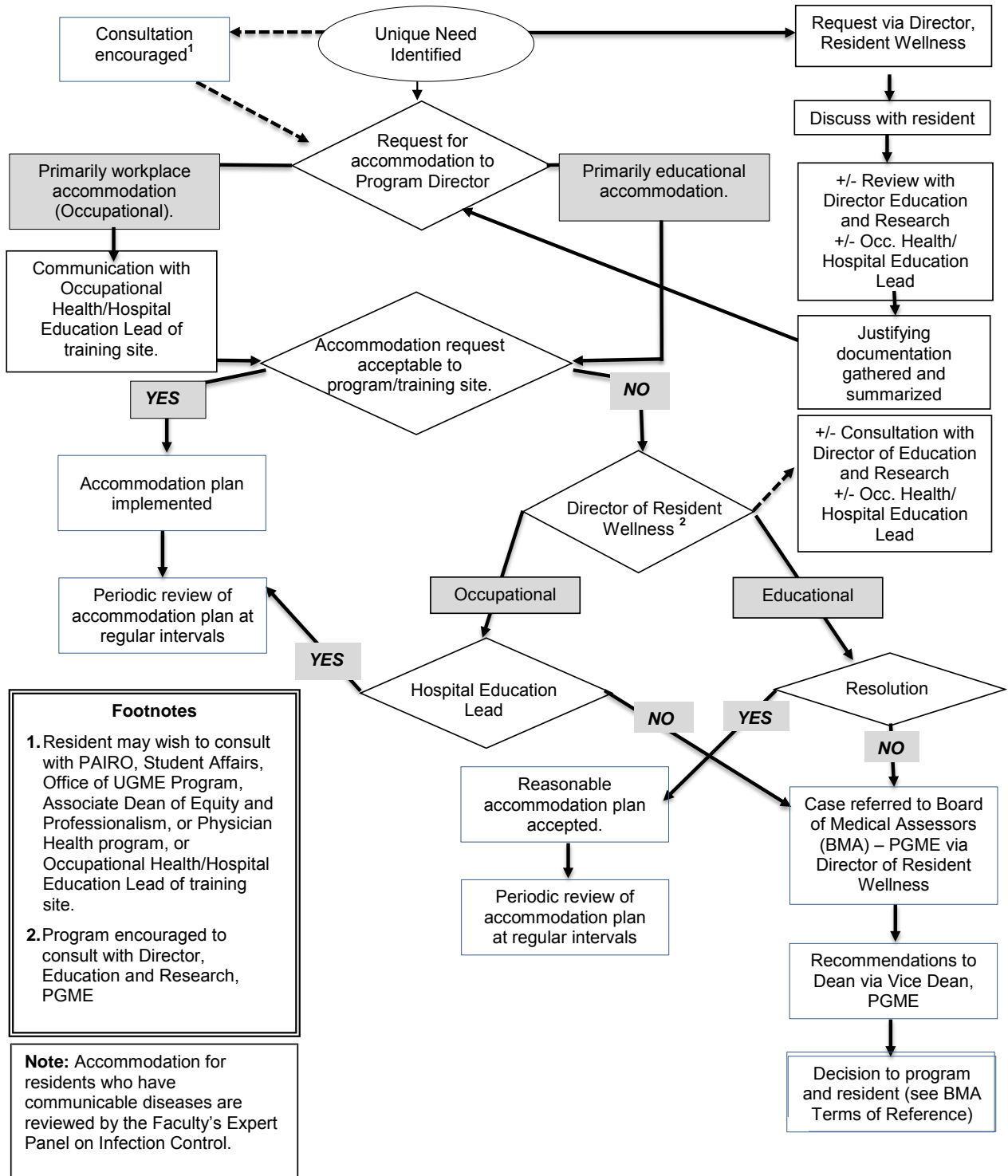
Resident with a communicable disease:

Accommodations for residents who have been identified with a communicable disease are reviewed by the Faculty's Expert Panel on Infection Control. The Panel reviews the procedures the resident will perform according to the Level of risk for blood borne pathogen transmission as outlined in the *Society for Healthcare Epidemiology of America (SHEA) Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus, March 2010*. Program Directors are involved in the Panel's discussion of rotation service and call modification required to accommodate.

Appendix 1:

Process to Address Accommodation of Residents With Special Training Needs

(See PGME Statement for definitions and details)



Footnotes

1. Resident may wish to consult with PAIRO, Student Affairs, Office of UGME Program, Associate Dean of Equity and Professionalism, or Physician Health program, or Occupational Health/Hospital Education Lead of training site.

2. Program encouraged to consult with Director, Education and Research, PGME

Note: Accommodation for residents who have communicable diseases are reviewed by the Faculty's Expert Panel on Infection Control.

Appendix 2:**Board of Medical Assessors (BMA)****TERMS OF REFERENCE****1. Definitions**

"Board" means the Board of Medical Assessors as constituted by the Dean.

"Dean" means the Dean of the Faculty or the designate of the Dean.

"Faculty" means the Faculty of Medicine of the University of Toronto.

"Student" means a student enrolled in any of the following programs of the Faculty:

- Medical Radiation Sciences; and)
- Occupational Therapy;)
- Physical Therapy;)
- Speech-Language Pathology.)
- Undergraduate Medical Education)
- Physician Assistant Professional Degree Program)

"Trainee" means a Resident registered in a Postgraduate training program or a Fellow in a registered fellowship program under the auspices of Postgraduate Medical Education.

"Associate Dean" means the Associate Dean, Health Professions Student Affairs.

"Director" means the Director of Resident Wellness, Postgraduate Medical Education

2. Purpose

The purpose of the Board is to consider and determine whether there is a medical condition that affects or may affect the ability of a student or trainee to participate, perform or continue in the Health Professional Educational Programs (Program) of the Faculty, and to make recommendations regarding such matters to the Dean. The Board is advisory to the Dean

3. Structure

3.1 The Board shall consist of two distinct Sub-boards which will address matters pertaining to students or trainee in different Faculty of Medicine Programs:

- a. Postgraduate Medical Trainees (PME Sub-Board)

Approved by Dean Whiteside February 7, 2010

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- b. Students in Medical Radiation Sciences, Rehabilitation Sciences (Occupational Therapy, Physical Therapy, Speech and Language Pathology), Physician Assistant Professional Degree Program and Undergraduate Medical Education (Sub-Board)

Administrative support for the function of the Board shall be derived from the Faculty Affairs Officer.

3.2 Membership Appointments

Membership shall be at the request of the Dean. Advice shall be sought from the Chairs of the Clinical Departments and the Rehabilitation Sciences. The following members shall be appointed:

- Chair, PME Sub-Board
- Chair, UME Sub-Board
- Vice Chair, PME Sub-Board
- Vice Chair, UME Sub-Board
- *Ex Officio*
 - Director
 - Associate Dean

Quorum is to be drawn from a list of thirty preselected members to include broad representation from Faculty with experience in Postgraduate Medical Education, Medical Radiation Sciences, Rehabilitation Sciences (Occupational Therapy, Physical Therapy, Speech and Language Pathology), Physician Assistant Professional Degree Program and Undergraduate Medical Education. Members may serve on one or both Sub-Boards. Membership for meetings will be composed based on the requirements for that Sub-Board as indicated below.

3.3 Term of Office

Board members including the Chairs and Vice Chairs shall have a term of three years, renewable at the discretion of the Dean

3.4 Quorum and Composition of a Board Meeting

Meetings of the Board shall be called by the Chair (or Vice Chair in the absence of the Chair) when a referral has been received. Board meetings will consist of a quorum of five members of the Board. Such members shall not consist of someone who has either supervised or taught student or trainee. Membership of meetings will consist of at least:

3. 4. 1. PME Sub-Board
 - a. Chair or Vice Chair
 - b. Four members:
 - One Faculty member from the Trainee's specialty or related specialty
 - One Faculty member from another specialty
 - One Psychiatrist
 - One other Physician member from any other area
 - c. The Director

Approved by Dean Whiteside February 7, 2010

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3. 4. 2. UME Sub-Board
 - a. Chair or Vice Chair
 - b. Four members:
 - i. One Faculty member from the Student's program
 - ii. One Faculty member from another program
 - iii. One Psychiatrist
 - iv. One other Physician member from any other area
 - c. The Associate Dean Health Professions Student Affairs or designate

3. 4. 3 The Chair or Vice Chair may invite consultants to provide advice or opinion(s) on complex situations.

3. 4. 4 In individual cases at the discretion of the Chair, a special Board meeting drawn from the membership (appropriate to the matters(s) at hand) may be composed to address specific health/medical issues.

4. Process

Meetings of the Board shall be called at the request of the Chair or Vice Chair and shall be scheduled by the Faculty Affairs Officer who will set the dates. The composition of the requisite Board will be based on the source of the case. All meetings will be held in camera.

4. 1 Referrals to the Board shall be made by the Dean on the advice of:
 - a. Vice Dean Postgraduate Medical Education, Vice Dean, Undergraduate Medical Education, Vice Dean of Graduate Studies, Chairs of Rehabilitation Sector, Director of Medical Radiation Science, Medical Director of Physician Assistant Education Program or any of their designates, such as Associate Deans, Academy Directors, Chairs of Education Committees or Residency Training Committees.
 - b. The Board of Examiners Postgraduate Medical Education, Undergraduate Medical Education or Medical Radiation Sciences.

4. 2 Assessment Procedure:

- a. The reason(s) for referral must be clearly stated in writing and any relevant documentation must be included for Board review.
- b. The student or trainee shall be invited to meet with the Associate Dean or Director to discuss the concerns/issues raised in the referral and the role of the Board.
- c. The student or trainee shall be provided with a copy of these Terms of Reference.
- d. The student or trainee may provide the Associate Dean or Director with any written documents that will inform the Board about the referral.

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4. 3 Board Procedure:

- a. In the case of the UME Sub-Board, the Associate Dean shall assemble any documentation relevant to the referral for the Board. In the case of the PME Sub-Board, the Director and/or the Program Director or designate shall assemble any documentation for the referral.
- b. The Board shall meet to review the relevant documentation, including any /all documents provided by the Program and any/all documents provided by the student or trainee. The Board may:
 - i. Determine whether there is a medical condition that affects or may affect the ability of a student or trainee to participate, perform or continue in Program and decide on a recommendation concerning the student or trainee; or
 - ii. Determine that further information or medical or other assessment is required.
- c. In the case of (ii.), any further information shall be assembled by, and any medical or other assessment arranged by, the Associate Dean, Director, Program Director or designate.
- d. Once any further information is assembled and any medical or other assessment is completed and reports received for PME the Director, Program Director or designate, or for Medical Radiation Sciences, Rehabilitation Programs or Undergraduate Medical Education the Associate Dean shall invite the trainee or student to meet to review the information and/or reports. The trainee shall be invited to provide any further written documents for the Board.
- e. The Board shall then meet to review the further information, assessments, reports and/or student or trainee documents. The Board may:
 - i. Determine whether there is a medical condition that affects or may affect the ability of the student or trainee to participate, perform or continue in Programs and decide on a recommendation concerning the student or trainee; or
 - ii. Decide that further information and/or assessments are required, in which case the steps in (c.) through (e.) shall be repeated as necessary.
- f. The Faculty Affairs Officer will secure all documents relevant to the Board's deliberations and decisions In accordance with appropriate Private Legislation.

4. 4 Board Report:

Approved by Dean Whiteside February 7, 2010

- 5 -

The recommendation(s) of the Board shall be a report in writing from the Chair addressed to the Dean. The student or trainee shall be provided with a copy of the report. In the event the Board determines that there is a medical condition that affects or may affect the ability of a student or trainee to participate, perform or continue in Program the report of the Board may include a recommendation but is not limited to:

- a. The student or trainee be required to withdraw either:
 - i. Permanently; or
 - ii. For an indefinite or specific period of time with appropriate investigation and/or treatment including medical and/or neuropsychological assessment to be obtained with re-registration or return to training conditional upon further review and recommendation by the Board;
- b. The student or trainee be allowed to continue in Program on the condition that the student or trainee receive appropriate further investigation and/or treatment, which may include further review and recommendations by the Board; or
- c. The student or trainee be allowed to continue in Program with specified modifications or accommodations to Program; or
- d. The student or trainee be allowed to continue in Program without modifications or accommodations to Program.

5. Reports of the Board

The report of the Board must be addressed to the Dean and to the appropriate Vice Dean, Chair of Rehabilitation, Director of Medical Radiation Sciences or designate and copied to the Director or Associate Dean. The report at this stage may be forwarded for further action to the respective Board of Examiners by the appropriate Vice Dean or Chair. Any decision about the academic standing of the student or trainee such as remediation, probation, dismissal or withdrawal must be made by the appropriate Board of Examiners and follow the Appeals process of the Faculty of Medicine at:

<http://www.facmed.utoronto.ca/Assets/about/guide.doc?method=1>

6. Confidentiality

All deliberations of the Board shall meet in camera. The documents provided to the Board at meetings shall be retained by the Faculty Affairs Officer. All deliberations of the Board and all information received by the Board shall be confidential except for such disclosure as is necessary for the Board's Report.



Guidelines for Addressing Intimidation, Harassment and Other Kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education

Approved by: Hospital University Education Committee (HUEC) and Postgraduate Medical Education Advisory Committee (PGMEAC)

Date of original adoption: October 2012

Date of last review: February/March 2016

Date of next scheduled review: February 2020

Note: The previous PGME document on this issue was approved by PGMEAC in May 2006, titled “***Guidelines Addressing Intimidation and Harassment: The Education and Learning Environment at UT-PGME***” and is now retired. These guidelines represent a substantial change from the original document as they now include informal and formal reporting mechanisms, and an appeals procedure.

1. BACKGROUND AND PURPOSE

The University of Toronto Faculty of Medicine places the utmost importance on the safety and well-being of its trainees and their right to learn in an environment of professionalism, collegiality, and respect.

The Faculty of Medicine staff, faculty members, and its affiliated hospitals have a joint responsibility to protect the integrity of the clinical and academic learning environment for its residents and fellows. These guidelines prohibit discrimination, harassment and unprofessional behaviour in the learning environment and provide the assurance that the Faculty will respond when that environment is compromised.

The purpose of these Guidelines is to:

- 1) Define harmful incidents which include intimidation, harassment, and unprofessional behaviour; and
- 2) Outline the process for postgraduate medical trainees to report complaints of harmful incidents involving themselves or other postgraduate trainees and initiate an investigation.

NB: Mechanisms for reporting harmful incidents toward undergraduate medical students, staff or employees are covered under separate protocols or policies.

2. DEFINITIONS

2.1 Harmful incident is defined broadly in Postgraduate Medical Education (PGME) as an incident in which one person's behaviours or actions cause harm to postgraduate trainees or the PGME community and compromise the learning environment. Harmful incidents include intimidation and harassment, and incidents of unprofessional or disruptive behaviour. PGME recognizes as harmful, all behaviours and actions that are deemed unacceptable under the related standards listed in Appendix 1.

2.2 Harassment is defined in the Ontario Human Rights Code as "a course of vexatious conduct which the actor knows or ought reasonably to know is unwelcome". Harassment can be human-rights based; based on someone's race, creed, colour, ethnicity, sex, sexual orientation, national origin, age, marital status, family status, or disability. Examples of what can be viewed as harassment are included in Appendix 2.

Harassment may occur between faculty members, residents, fellows, and medical students, or between allied health professionals or employees of the University or Hospitals. Harassment can create intimidation or a hostile or offensive environment and can interfere with a person's work performance and adversely affect their employment opportunities.

2.3 Intimidation is the use of one's authority to inappropriately influence other people's behaviour, and can reduce the extent to which people are willing to exercise their rights. Abuse of power can involve the exploitation of trust and authority to improper ends. Sometimes abuse of power takes the form of apparently positive conduct, such as flattery that is intended to coerce someone to co-operate, or favouritism.

2.4 Unprofessional conduct is demonstrated when a physician does not act respectfully towards other physicians, hospital staff, volunteers, trainees, patients and their families. Such behaviour has the potential to harm the learning environment. It may include making remarks of an intimidating or discriminatory nature. The CPSO's definition of **disruptive physician behaviour** is contained in its policy on *Physician Behaviour in the Professional Environment* (see Appendix 1 for details).

2.5 Postgraduate trainees include residents and clinical and research fellows registered in the PGME Office at the University of Toronto.

2.6 An Education Leader in PGME is used in this guideline to refer to individuals who are in official positions to receive reports of harmful incidents from trainees. They include Program Directors, Site Supervisors, Vice President Education or equivalent at the training site, the Director of Resident Wellness (PGME), and the Associate Dean, PGME or designate.

3. PRINCIPLES

This guideline is governed by the following principles:

- 1) **Multiple reporting options:** Reporting may be written or verbal and trainees may report to a choice of individuals with the authority to assist and/or take direct or indirect corrective action. However, trainees should recognize that not all options are equally effective. This protocol identifies the preferred PGME reporting procedures.
- 2) **Confidentiality:** Confidentiality will be upheld regardless of how or to whom the report is made unless disclosure is required by law, university regulation, or as necessary to investigate the complaint. Confidentiality is not the same as anonymity. For a complaint to go forward through mediation or an investigation, disclosure of identity and details must be made available to the respondent, mediator and/or investigative committee.

Although there is an option for anonymous reporting of harmful incidents, University policy limits the capacity to investigate and act upon anonymous reports against members of the University. In egregious cases of inappropriate treatment, PGME, the Faculty of Medicine, and the University of Toronto reserve the right to investigate without the participation or consent of the reporting trainee.

Having made the complaint, the complainant shall be encouraged to maintain confidentiality.

- 3) **Fair and transparent reporting process:** There should be a process to clarify the facts concerning the allegation, which must occur in an atmosphere free of retribution. A report of any of the behaviors named is a serious accusation against another individual or a group of individuals and PGME will give serious weight to any such accusation. Making a false, frivolous, vexatious, or malicious report will be considered as a professional lapse and the usual procedures used by PGME for lapses in professionalism will be pursued.
- 4) **Timeliness:** Timely identification of a harmful incident should be the goal of all PGME programs to protect the rights of the complainant and respondent.
- 5) **Training Location and Employment Status**
If deemed necessary by the investigating parties, trainees may be placed at alternative sites/hospitals during an investigation. If the regular training program cannot continue during an investigation, the trainee may be placed on leave of absence with pay until a settlement is reached.

4. REPORTING PROCEDURE

We urge any trainee who believes he or she has been subject or witness to a harmful incident to bring a complaint forward. The trainee is advised to consult in confidence with their chief resident, supervisor, Program Director, hospital authority, Director of Resident Wellness, or Professional Association of Residents of Ontario (PARO) representative (if applicable) before reporting a complaint.

Trainees should recognize that not all individuals will be aware of the most effective options to proceed and are encouraged therefore to seek advice regarding procedure from an Education Leader in the case of uncertainty. At all times, trainees have access to confidential resources in the University and may in particular contact the university's Sexual Harassment Officer, its Anti-Racism and Cultural Diversity Officer, or the Ombudsperson, or PARO, without initiating the complaint process.

Trainees have the option to report harmful incidents by:

- 1) Completing the PGME Incident Report Form (IRF) available online (see Appendix 3) and deliver electronically, by fax or in person to any designated Education Leader; or
- 2) Making a verbal, email, written or in-person report of the incident to any Education Leader.

The IRF is used to track incidents of harm and generate reports for exclusive review by designated Education Leaders. No one else has access to these reports, and sharing of information in the reports (outside of the system) is governed by the principle of confidentiality. Trainees should be aware that if they choose a reporting option other than the IRF, they may be asked to complete an IRF to facilitate tracking of harmful incidents. Designated Education Leaders may complete an IRF on the trainee's behalf.

5. PROCEDURE FOR EDUCATION LEADERS FOLLOWING SUBMISSION OF A REPORT BY A TRAINEE

The Education Leader who receives the report will follow up by contacting the complainant in order to:

- i. Clarify the details of the incident as reported;
- ii. Provide the complainant with information about the process to address their complaint, including informal and formal resolution options and jurisdictional relationships involved in the process;
- iii. Clarify the need for other individuals to be made aware of the incident in order to address the situation;
- iv. Determine the complainant's interest in proceeding and the process to be taken (informal vs. formal); and
- v. Forward reports to the Director of Resident Wellness, PGME.

NOTE: Reports submitted in writing (including e-mail) should be clearly dated and labeled “Confidential report for the attention of Dr. _____” to ensure priority review. If the person to whom the report is submitted is away for a period exceeding seven days, the person responsible for assuming his/her duties may review the report.

A reporting trainee has the right at any time to withdraw from further participation in any investigation or other action based on the report. The investigation or action may continue without the participation of the trainee, depending on established policy, the recommendations of experts, the existence of related reports, and other contributing factors. If a trainee declines further participation, he or she will forgo the right to be informed of subsequent developments in the case.

6. RELATIONSHIP BETWEEN UNIVERSITY AND HOSPITAL

These guidelines do not supersede existing policies of the University; the Faculty of Medicine; or affiliated teaching hospitals, whose authority may take precedence depending on the location of the incident and parties involved.

In particular, sexual harassment/sexual abuse incidents will be reported to the University’s Sexual Harassment Office according to the procedure outlined in the Sexual Harassment Protocol approved by Faculty Council, 2004
<https://medicine.utoronto.ca/research/sexual-harassment-complaints-involving-faculty-and-students-university-toronto-arising>

Relevant references to the Criminal Code of Canada, the Ontario Human Rights Code, and the standards and policies of hospitals, accreditation, and licensing bodies, which may apply, are listed in Appendix 1.

Most situations will require a collaborative response from the University and the hospital. In general, the University will take the lead when complaints involve faculty members and trainees only. Whenever complaints involve hospital employees or patients, the hospital will take the lead.

7. PROCEDURES FOR RESOLUTION

7.1 Informal Resolution Process

A complainant may choose to follow an informal process of resolution. Whenever possible, the trainee is encouraged to discuss the situation directly with the person whose behaviour seemed unprofessional. This approach recognizes the role of collegial conversation in the PGME community, and emphasizes the principle of addressing problems locally wherever possible. Residents may wish to contact their PARO representative and accompany them to meetings.

Trainees are encouraged to confidentially approach their Program Director, Site Supervisor, or Office of Resident Wellness. These support representatives will discuss the matter with the trainee, consult with other University and hospital resources if required, and will promote an informal resolution of the issue to the satisfaction of all parties.

Informal resolution may involve mediation in confidence between the complainant and the respondent. A mediator who is acceptable to both parties may be appointed to work towards a mediated settlement. Once achieved, the settlement will be communicated to both parties.

If for any reason the complainant does not feel comfortable engaging in such a discussion, if he or she feels the situation warrants a formal investigation, or if the result of such a discussion is not satisfactory, the Formal Resolution Process described below can be followed.

7.2 Formal Resolution Process (Investigation)

7.2.1 Jurisdiction

Where an incident has been reported (verbally or through a PGME Incident Report Form) that either the complainant or person hearing the initial complaint feels warrants formal investigation, the Associate Dean PGME or designate and the VP Education or equivalent of the hospital will determine which institution will take the lead and discuss membership of the investigative committee. **Where the hospital takes the lead**, the hospital VP Education or equivalent will inform the appropriate hospital staff (CEO, VP Human Resources) and advise the University (the Associate Dean, PGME or designate the Program Director) of the steps to be taken. The University will safeguard the interests of the trainee.

Residents may wish to contact their PARO representative and accompany them to meetings.

Where the University takes the lead, the University Program Director or Associate Dean, PGME or designate will inform the Office of Resident Wellness, the Division Head or Department Chair, and inform the hospital VP Education or equivalent of developments.

7.2.2 Establishing the Investigative Committee

- a) A committee will be established within 30 days of the receipt of a formal complaint or without settlement of an informal process. Where appropriate, this will be a joint committee with representatives from both the hospital and the University. The Associate Dean, PGME or designate will determine University membership of the committee.

- b) The investigation will include meeting with the complainant, the respondent, and with people who have evidence about the allegations (witnesses). The committee may also consider other evidence such as documents and communications.
- c) In meeting confidentially with the **complainant**, the committee will:
 - i. Summarize the procedure that will be followed for investigating the complaint;
 - ii. Provide information about relevant policies and procedures to be followed for investigating the complaint; and
 - iii. Reassure the complainant that he/she will be given full opportunity to state his/her case and present relevant evidence with the right to a representative.
- d) In meeting with the **respondent**, the committee will:
 - iv. Inform him/her that there has been a complaint and provide details;
 - v. Provide information about relevant policies and procedures to be followed for investigating the complaint;
 - vi. Advise him/her that any retaliation against or intimidation of the complainant or of anyone connected with the complaint will be treated as an offence; and
 - vii. Reassure the complainant that he/she will be given full opportunity to state his/her case and present relevant evidence with the right to a representative.
- e) The committee will determine whether or not the allegations can be substantiated.

7.2.3 Decision/Outcome of the Investigation

- a) The committee will write a report confirming its decision and proposing corrective action(s). The committee will send a letter to the respondent and the complainant with a copy of the report. The hospital VP Education or equivalent and University Associate Dean, PGME will also receive a copy.
- b) The complainant and the respondent will have 10 days after receipt to accept or appeal the outcome of the investigation.

Any trainee, faculty or Program Director or other person who is found, after appropriate investigation, to have harassed any person will be subject to appropriate disciplinary action, up to and including termination.

8. APPEALS

The complainant or the respondent may submit a written appeal to the Associate Dean, PGME or designate, or the hospital VP Education requesting re-consideration. If the complainant is not satisfied with this response, s/he may pursue the matter with the person to whom that administrative officer reports. Members of the University community retain the right to bring a complaint directly to the Ontario Human Rights Commission in accordance with the provisions of the Ontario *Human Rights Code*.

The complainant may wish to seek advice from resources available through the University including the Sexual Harassment Office, the Race Relations Office, or through the hospital's Occupational Health and Safety Offices.

9. MONITORING

All PGME Leaders are expected to monitor the number and content of the reports they receive and look for emerging trends which should be brought to the confidential attention of the Associate Dean, PGME or designate.

In particular, the Director of Resident Wellness, will review the PGME Incident Reports and provide an annual report to the Associate Dean PGME or designate.

10. INSTITUTIONAL RESPONSIBILITY

The Associate Dean, PGME or designate is responsible for actively addressing concerning rates or trends of harmful incidents through the PGME portfolio and in collaboration with the VP or Directors of Medical Education and partners such as the University Departments, the decanal team, and others.

Appendix 1: Related Standards

Government:

- The Ontario Human Rights Code
- The Canadian Charter of Rights and Freedoms

University of Toronto:

- Statement on Prohibited Discrimination and Discriminatory Harassment
- Policy with respect to Workplace Harassment
- Human Resources Guideline on Civil Conduct
- Sexual Harassment: Policy and Procedures
- Code of Student Conduct:
<http://www.governingcouncil.utoronto.ca/policies/studentc.htm>
- Standards of Professional Practice Behaviour for all Health Professional Students

Faculty of Medicine, University of Toronto:

- Guidelines for Ethics & Professionalism in Healthcare Professional Clinical Training and Teaching
- Standards of Professional Behaviour for Medical Clinical Faculty
- Principles re Supervision of Postgraduate Medical Trainees
- Procedural Memorandum: Resolution of Resident Disagreement with Attending Physicians or Supervisors

College of Physicians and Surgeons of Ontario:

- Professional Responsibilities in Postgraduate Medical Education
- CPSO – Physician Behaviour in the Professional Environment:
- <https://www.cpso.on.ca/cpso/media/documents/policies/policy-items/physician-behaviour-professional-environment.pdf>
- CPSO Guidebook for Handling Disruptive Physician Behaviour, April 2008:
https://www.cpso.on.ca/cpso/media/uploadedfiles/policies/policies/disruptive_behaviour_guidebook.pdf

PAIRO-CAHO:

- No Discrimination/Harassment/Intimidation

RCPSC/CFPC:

- Accreditation and the Issues of Intimidation and Harassment in Postgraduate Medical Education Guidelines for Surveyors and Programs

Hospitals and research institutes affiliated with the University of Toronto

- Consult the policies on conduct of the appropriate affiliated hospital or research institute.

Appendix 2: Examples of Harassing and Intimidating Conduct

Examples of harassing and intimidating conduct include the following kinds of behaviour:

- Racial epithets or slurs
- Disrespectful jokes or banter about sex
- Comments about someone's physical appearance or sexual attractiveness
- Comments about one's gender identity or gender expression
- Negative stereotypes about a particular ethnic group
- Homophobic remarks
- Disparagement of someone's religious devotions
- The circulation of insulting or demeaning written material and pictures
- Unwelcome physical contact
- Shouting or raising one's voice
- Constant interruption and refusing to listen
- Ridicule
- Singling someone out for grilling or interrogation
- Unjust assignment of duties; overloading someone with work
- Physical intimidation/harassment, e.g. pushing, punching, slapping, threatening gestures, or throwing objects at an individual
- Education/service imbalance e.g. contractual infractions, inadequate supervision, excessive service load or service assignment without educational merit
- Reprisal or threat of reprisal for negative feedback of staff, program or service, including the lodging of a complaint or grievance
- Other unprofessional behavior and inappropriate words as outlined in the CPSO https://www.cpso.on.ca/CPSO/media/uploadedfiles/policies/policies/Disruptive_Behaviour_Guidebook.pdf

Harassment does **not** include:

- Normal supervisory responsibilities including appropriate assessment and criticism of the resident's academic efforts, even if the resident does not agree
- Expectations of reasonable quality of academic performance
- Personality or interpersonal conflicts
- Discussion and debate of controversial topics in an academic environment

Appendix 3:

Report Form for Incident of Intimidation, Harassment or Unprofessional or Disruptive Behaviour For Postgraduate Medical Education Trainees

ANONYMITY and CONFIDENTIALITY:

While recognizing that there may be circumstances in which you wish to remain anonymous, the PGME Office encourages you to share your identity in this report for the following reasons:

- According to University policy, we are severely limited in our capacity to investigate and act upon anonymous reports against members of the University community.
- Your anonymity will prevent us from providing assistance to you or others affected by this incident
- Anonymous reports may be used to generate statistical data, but are unlikely to result in direct action

Unless disclosure is required by law, your report will remain strictly confidential whether you submit it anonymously or not.

Given the explanation above, please indicate whether you wish to share your identity with the [PGME Office] or not, by either entering your name or "ANONYMOUS" in the space below:

If you have chosen to share your identity, please provide the preferred email address or phone number for [the PGME Office] to contact you:

Enter the email of the Education Leader to whom you would like this report sent. If you do not know the email, please print and fax, or deliver, this report to the intended recipient. **If you wish to send to PGME Resident Wellness Office, email to pgwellness@utoronto.ca**

Description of the Incident

Date of the incident (if multiple, please indicate the most recent date and provide further details below)

Location of the incident (e.g. UofT building, hospital, clinical, community, or other setting):

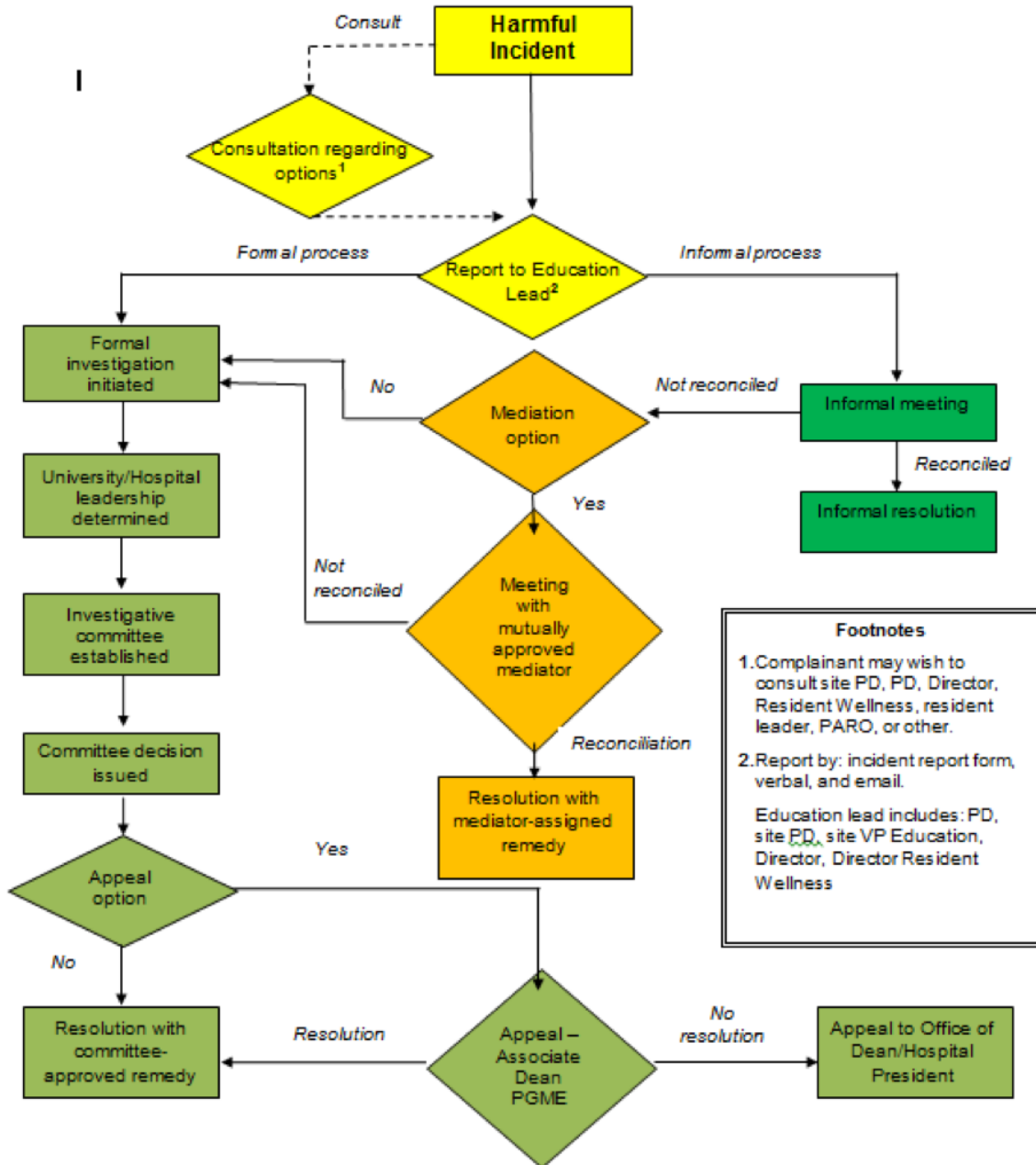
Please describe the incident in the box below (maximum: 4,500 words). Include as many details as you recall, such as:

- Names of the individuals involved (except patients)
- Precise location
- Nature of the incident
- Whether you experienced the incident or witnessed someone else experiencing it
- Training rotation during which the incident occurred (if applicable)

Complaint will only proceed with complainant's permission. It is the complainants' choice whether to proceed with the learner's name affixed. Please direct any questions to the PGME Resident Wellness Office 416-946-3074 or pgwellness@utoronto.ca

Appendix 4:

Process to Address Complaints/Concerns of Intimidation, Harassment, and Unprofessional or Disruptive Behaviour for PGME Trainees
 (See Guidelines for definitions and details)



Footnotes

1. Complainant may wish to consult site PD, PD, Director, Resident Wellness, resident leader, PARO, or other.

2. Report by: incident report form, verbal, and email.

Education lead includes: PD, site PD, site VP Education, Director, Director Resident Wellness

NB: The incident report can be found at <https://pg.postmd.utoronto.ca/wp-content/uploads/2016/05/IncidentReportFormIntimidationHarassment.pdf>

March, 2016

Report Form for Incident of Intimidation, Harassment or Unprofessional or Disruptive Behaviour For Postgraduate Medical Education Trainees

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- Your anonymity will prevent us from providing assistance to you or others affected by this incident
- Anonymous reports may be used to generate statistical data, but are unlikely to result in direct action

Unless disclosure is required by law, your report will remain strictly confidential whether you submit it anonymously or not.

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If you have chosen to share your identity, please provide the preferred email address or phone number for [the PGME Office] to contact you:

Enter the email of the Education Leader to whom you would like this report sent. If you do not know the email, please print and fax, or deliver, this report to the intended recipient.

Description of the Incident

Date of the incident (if multiple, please indicate the most recent date and provide further details below:

Location of the incident (e.g. UofT building, hospital, clinical, community, or other setting):

Please describe the incident in the box below (maximum: 4,500 words). Include as many details as you recall, such as:

- Names of the individuals involved (except patients)
- Precise location
- Nature of the incident
- Whether you experienced the incident or witnessed someone else experiencing it
- Training rotation during which the incident occurred (if applicable)

**NB: Complaint will only proceed with complainant's permission.
It is the complainants' choice whether to proceed with the learner's name affixed.**



Postgraduate Medical Education UNIVERSITY OF TORONTO

Resolution of Resident Disagreement with Attending Physician or Supervisor - Procedural Memorandum

(cross-referenced in the "Principles re Supervision of Postgraduate Medical Trainees" document endorsed by COFM)

Preamble:

At the beginning of each rotation, the program director must provide the resident with the phone/pager number of the local hospital postgraduate program director (**academic**) AND service chief (**hospital**) to call in case of a complaint or disagreement while in training.

When there is a complaint or disagreement between the postgraduate medical trainee and the attending physician or supervisor, the premise is that the issue will be dealt with as close to the source as possible thereby limiting the number of people involved. The conflict can be handled either through the academic or hospital protocol, with the understanding that each side will keep the other informed. It is expected that collegiality in a "no-fault" environment will be such that the resident will feel comfortable discussing the issue with a staff person.

Examples of complaints or disagreements include (but are not limited to):

- (a) Perceived inappropriate professional behaviour
- (b) Perceived inadequate or poor teaching
- (c) Perceived inadequate or poor patient care
- (d) Perceived inadequate supervision

Procedure for Academic Route of Resolution of Supervision Conflict:

1. The resident consults with the local hospital postgraduate program director (or designate) about the issue.
2. The local hospital postgraduate program director (or designate) will speak with the attending physician/supervisor and attempt to resolve the issue.
3. If the resident does not feel that the issue had been resolved, she/he may approach the university program director.
4. If the issue still remains unresolved, the resident may approach the Associate Dean, Postgraduate Medicine.

In cases where immediate resolution is required (#1 and #2 above), it is expected the resident will telephone those involved. Regardless of the outcome of the immediate intervention and/or resolution, there shall be no repercussions to the resident for lodging the complaint. The local hospital postgraduate program director will provide a follow-up written report of the incident to the university program director (**academic**), and the service chief (**hospital**).

This revised version of the Procedural Memorandum approved at Toronto PGMEAC January 18, 2002 as part of the "Principles re Supervision of Postgraduate Medical Trainees" document

PGMEAC

Original Date: January 18th, 2002



UNIVERSITY OF TORONTO

University of Toronto
Governing Council

Policy and Procedures: Sexual Harassment

November 25, 1997

To request an official copy of this policy, contact:

The Office of the Governing Council
Room 106, Simcoe Hall
27 King's College Circle
University of Toronto
Toronto, Ontario
M5S 1A1

Phone: 416-978-6576

Fax: 416-978-8182

E-mail: governing.council@utoronto.ca

Website: <http://www.governingcouncil.utoronto.ca/>

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Policy and Procedures: Sexual Harassment

Preamble to the Policy

Sexual harassment in any situation is reprehensible. In particular, within the University community it fosters a hostile or unfair environment which counteracts the spirit of cooperation and education.

Responsibility shared

All members of the University community share responsibility for bringing about and maintaining an environment free of sexual harassment, but a particular burden is placed on those in positions of academic and administrative authority to attempt to ensure that allegations of sexual harassment which are brought to their attention are dealt with in the appropriate fashion as laid out in this Policy and Procedures.

Against whom complaints may be made

Complaints may be made against any member of the University community -- including, but not limited to, students, academic staff, librarians, administrative staff -- under this Policy and Procedures, except that where provisions for dealing with sexual harassment are contained in a collective agreement, the terms of that collective agreement shall be applicable.

Complaints may also be made against former members of the University about sexual harassment alleged to have been committed by the former member while the former member is or was on University premises or while the former member is or was in the pursuit of a University activity or business.

By whom complaints may be made

Complaints may be made about sexual harassment alleged to have been committed by a member of the University community while the complainant is or was on University premises, while the complainant is or was participating in a University activity or business, or while the member is or was in the pursuit of a University activity or business.

Adoption of Policy by federated institutions

Institutions federated or affiliated with the University, and affiliated employee and student associations with paid staff, may adopt this Policy and, if the President of the University so permits, have access to its Procedures. In granting such permission, the President may impose terms and conditions on such access.

Part A: Interpretation

1. In this Policy:

1(a) "Academic staff"

- (a) "academic staff" means, but is not limited to, persons holding a full-time, part-time, sessional or contractual paid, status-only or honorary academic or instructional appointment, visiting scholars, retired instructors, extra-mural readers, persons holding clinical or adjunct appointments, field and practicum supervisors, librarians, and undergraduate and graduate students when performing duties as teaching assistants;

1(b) "Administrative staff"

- (b) "administrative staff" means staff not referred to in 1(a) and includes, but is not limited to, full-time, part-time, sessional, contract, casual and temporary employees, both budget- and grant-funded, and research associates; and

1(c) "Complainant"

- (c) "complainant" means the person or persons who make a written complaint to the Officer.

1(d) "Days"

- (d) "days" means the days from Monday to Friday inclusive, but excluding University holidays.

1(e) "Record of resolution"

- (e) "record of resolution" means
 - (i) in the case of informal resolution or mediation, the Resolution Report signed by both the complainant and the respondent which shall normally include a description of the complaint or incident(s), and details of any remedial action agreed upon by the parties; or
 - (ii) in the case of a Formal Hearing where the decision of the Hearing Board has not been appealed, the decision of the Hearing Board; or
 - (iii) in the case of an appeal, the decision of the Appeals Board.

1(f) "Sexual harassment"

- (f) "sexual harassment", which shall constitute an offence under this Policy, means:
 - (i) making submission to an unsolicited sexual advance or solicitation, expressly or by implication, a term or condition of a person's right to employment or academic success, or continuation of employment or academic success, or advancement in employment or academic success; and/or
 - (ii) using, or threatening to make use of, rejection of an unsolicited sexual advance or solicitation as a basis for employment, academic or other decisions affecting the person or the person's progress; and/or
 - (iii) physical conduct, occurring either on University premises or in the pursuance of a University activity or business, that emphasizes the sex or sexual orientation of one or more individuals in a manner which the actor knows, or ought reasonably to know, creates for that individual, or those individuals, an intimidating, hostile or offensive working or learning environment; and/or
 - (iv) verbal conduct or other forms of communication, occurring either on University premises or in the pursuance of a University activity or business, that is directed at one or more specific individuals, and that emphasizes the sex or sexual orientation of that individual or those individuals in a manner which the actor knows or ought reasonably to know creates for that individual or those individuals an intimidating, hostile or, offensive working or learning environment, and that exceeds the bounds of freedom of expression or academic freedom as these are understood in University policies and accepted practices, including but not restricted to, those explicitly adopted.

1(g) "Student"

- (g) "student" means any person registered as a participant in any course or program of study offered by or through a college, faculty or school of the University, any person entitled to a valid student

card who is between sessions but is entitled because of student status to use University facilities, and post-doctoral fellows.

1(h) "Vice-President"

- (h) "Vice-President" means the Vice-President and Provost, unless the context otherwise requires; however, where the respondent is under the authority of a different Vice-President, the term shall refer to that Vice-President.

1(i) Words defined in the University of Toronto Act

- (i) except for words that are specifically defined in this Policy, all words defined in the *University of Toronto Act, 1971*, as amended from time to time, have the same meaning herein as in that Act.

1(j) Marginal notes and headings

- j) the marginal notes and headings in the body of this document form no part of the *Policy and Procedures: Sexual Harassment*, but shall be deemed to be inserted for convenience of reference only.

1(k) Notification

- (k) Any notification required under this Policy may be given orally or in writing, unless otherwise specified; notification shall be deemed to have been given five days after notification has been sent by registered letter to the most current address contained in the personnel or student file of the person being notified.

1(l) Time limits

- (l) Although time limits are prescribed from time to time in this Policy, it is to be understood that such limits describe the maximum time generally allowed and that it is usually appropriate that procedures be completed as quickly as possible consistent with the principles of the Policy and the concerns of any party to a complaint.

Part B: Principles

In establishing a Policy and Procedures for dealing with allegations of sexual harassment, the University is guided by the following principles:

2. This Policy to assist the University to fulfill its obligation

- 2. The University does not tolerate any form of sexual harassment and is committed to a process of educating and informing the members of the community. The Procedures laid out herein are provided to deal with allegations of sexual harassment in a fair and appropriate way.

3. Fairness to each party

- 3. A spirit of fairness to each party must guide the proceedings. This includes not only the complainant's right to seek a remedy and the respondent's right to know both the allegations and the accuser, but also the rights of each party to a fair and impartial hearing.

4. The importance of confidentiality

4. The highest standards of confidentiality must be maintained in order to protect any party against unsubstantiated claims which might result in harm or malicious gossip.

5. Complainants and witnesses not to be anonymous

5. Confidentiality must be distinguished from anonymity. Any complainant who wishes to seek a remedy through these Procedures, or a witness in any complaint procedure of this Policy, must be prepared to be identified to the respondent. This Policy does not, however, prevent anyone from seeking counselling or advice on a confidential basis from the Sexual Harassment Officer.

6. Remedy without resort to formal disciplinary proceedings may be appropriate

6. It should be taken into account that a complainant may have suffered harm or injustice as a result of sexual harassment and may wish only to see that harm remedied or redressed and not pursue disciplinary action or seek sanctions against the respondent. Thus, provision is made for a complainant to seek a remedy without necessarily instituting a formal proceeding for disciplinary action.

7. But some cases warrant disciplinary action

7. On the other hand, in specific cases where sexual harassment has occurred, a mere remedy, without disciplinary action against the individual whose misconduct is at issue, may not be appropriate. It is also necessary to avoid situations in which a remedy implies some wrong doing on an individual's part, without allowing that individual due process. Overall, this Policy is structured to encourage solutions with the help of the Officer and/or mediator.

8. Duties of those having authority

8. It is the obligation of all those in academic or administrative authority to be aware of this Policy and, in particular, to know what constitutes sexual harassment and to encourage an environment which is free of sexual harassment. They should inform the staff they supervise about this Policy, and should refer any cases of sexual harassment to the Sexual Harassment Officer, treating such referrals in the strictest confidence.

9. Complainant not compelled to proceed

9. A complainant shall not be compelled to proceed with a complaint or disciplinary action, or be required to testify against her or his will.

10. Respondent entitled to specific disposition of case

10. If a complaint has reached the stage of a Formal Hearing, the respondent is entitled to a specific disposition of the issue; or, where the complaint is withdrawn once a Formal Hearing has begun, but before it is concluded, to a dismissal of the proceedings.

11. Matters not covered under the definitions contained in this Policy

11. A course of conduct that emphasizes sex or sexual orientation, but that does not constitute sexual harassment as defined in s. 1(f) of this Policy, may nevertheless be a matter of University concern to the extent that it affects the working or learning environment of members of the University or of members of the public in the course of their relations in or with the University. Any person

may refer such a matter to the person responsible for the appropriate academic, administrative or disciplinary procedure, who shall make appropriate inquiries, take appropriate action if warranted, and report on the disposition of the matter to the person who has referred the matter to her or him.

Part C: Sexual Harassment Officer

12. Appointment by President

12. The President, on advice of a broadly representative advisory committee, shall appoint an individual to act as Sexual Harassment Officer (the "Officer") for a specified and renewable term of office. The appointment shall be reported for information to the University Affairs Board of the Governing Council.

13. Responsibilities of Officer

13. The Officer shall be responsible to the President and shall:

13(a) Application of this Policy

- (a) be responsible for the application of this Policy and Procedures as provided herein;

13(b) Role as educator

- (b) act as educator and provide the University community with information about the issue of sexual harassment and about this Policy.

13(c) Counsellor and advisor

- (c) function as an impartial counsellor and advisor to any member of the University community who has questions regarding the issues raised in this Policy, providing referrals where appropriate;

13(d) Referral to advisors

- (d) ensure that both male and female advisors are available to provide assistance or advice to individuals requesting it;

13(e) Referral to Mediators

- (e) maintain a list of trained mediators;

13(f) Maintenance of records

- (f) maintain confidential case records and pertinent statistics on all matters of alleged sexual harassment referred to the Officer; and

13(g) Annual Report to University Affairs Board

- (g) report annually to the University community through the President to the University Affairs Board on matters relating to sexual harassment including, without names, the disposition of the cases before the Hearing and Appeals Boards.

Part D: Establishment of a University Hearing Panel

14. Establishment

14. A University Hearing Panel shall be established to hear formal complaints of sexual harassment under this Policy and such other complaints as may be referred to it by other University enactments.

15. President to invite nominations and comment on the nominations

15. The President of the University shall invite the Association of Part-time Undergraduate Students, the Graduate Students' Union, the Students' Administrative Council, the University of Toronto Faculty Association and the University of Toronto Staff Association as well as the University community at large to nominate members for the University Hearing Panel on the basis of their general good judgement and fairness. The President shall circulate all the names of those so nominated to the representatives of the various constituencies for their comment.

16. Selection of Hearing Panel

16. The Hearing Panel shall consist of thirty (30) members, chosen by the President from the nominations received. The Hearing Panel shall be composed as follows:
- (a) twelve (12) undergraduate students, eight (8) of whom are full-time and four (4) of whom are part-time;
 - (b) six (6) graduate students;
 - (c) six (6) academic staff, including librarians; and
 - (d) six (6) administrative staff.

17. Term and eligibility for membership in Hearing Panel

7. Members of the Hearing Panel shall be appointed for two-year terms, which may be renewed twice. No member may remain on the Panel if that member is:
- (a) no longer a part of the constituency from which that person was nominated; or
 - (b) a complainant or respondent in a case of sexual harassment being dealt with under this Policy.

18. Appointment of Chair of Panel

18. A Chair shall be appointed by the President for a two-year, renewable term, from among the Panel members.

Part E: Establishment of a University Appeals Board

19. Establishment

19. A University Appeals Board shall be established to hear appeals from decisions of a University Hearing Board.

20. President to invite nominations

20. The President of the University shall invite each of the constituencies named in s. 15 to nominate members for the University Appeals Board.

21. Selection of Appeals Board

21. The President shall appoint five (5) members to the Appeals Board as follows:
 - (a) one (1) undergraduate student, one (1) graduate student, one (1) member of the academic staff and one (1) member of the administrative staff, chosen from among the nominations received from each constituency; and
 - (b) one (1) additional member, who shall be:
 - (i) the Chair of the Appeals Board, and
 - (ii) a lawyer.

22. Term of office and conditions of continuing eligibility

22. Members of the Appeals Board shall be appointed for two-year terms. No member other than the Chair may remain on the Appeals Board if that member is:
 - (a) no longer a part of the constituency from which that person was nominated; or
 - (b) no longer a member of the University community nor serves on any board or committee of the Governing Council.

Part F: Initiation of a Complaint

23. Complaint made to the Officer

23. A complaint may be made to the Officer by an individual or individuals who claim to have been directly affected by sexual harassment.

24. Report made on behalf of another

24. (1) Any member of the University community may report an incident of alleged sexual harassment to the Officer on behalf of another or others.
- (2) Where such a report is made on behalf of another, a complaint shall not proceed in any manner unless the Officer receives a written complaint from an individual on whose behalf the report was made.

25. Options of the complainant

25. Following consultation with the Officer, a person or persons may:
 - (a) take no further action; or
 - (b) make a written complaint which shall contain a written statement giving details of the alleged sexual harassment, and authorization for the Officer to proceed with the complaint.

26. Complainant's decision not to proceed

26. If the complainant decides to take no further action, the Officer shall not proceed with the complaint.

27. Officer to determine if complaint falls under these procedures

27. The complaint shall be accepted by the Officer unless the Officer determines that the complaint does not fall within the definition of sexual harassment in this Policy, or that the Policy is superseded by a collective agreement, or that the respondent is not a person governed by this Policy.

28. Complaints falling within coverage of a collective agreement

28. If the Officer determines that the complaint falls within the coverage of a collective agreement which includes a procedure for dealing with sexual harassment, the Officer shall inform the complainant how to proceed; in such cases, the Officer shall remain available to counsel and advise impartially both the complainant and the respondent.

29. Two procedures available

29. If the complainant requests the Officer to attempt a resolution of the complaint, the complainant must elect, in writing, to proceed with the complaint by one of two procedures:
- (a) Informal Resolution and Mediation only, as set out in ss. 37 to 49, without access to a Formal Hearing; or
 - (b) Informal Resolution, Mediation and, if necessary, a Formal Hearing as set out below.

30(1) Waiving of right to Formal Hearing

30. (1) The Officer shall advise the complainant that, should the complainant elect to proceed by the procedure described in s. 29 (a), that is, by waiving in advance the right of access to a Formal Hearing with respect to the subject matter of the complaint, the complainant may not later proceed to a Formal Hearing with respect to the subject matter of that complaint, except as provided in s. 30(2).

30(2) Substance of such a complaint may later be included as evidence in certain cases

- (2) Notwithstanding the foregoing, where it is alleged that there is a continuation of the behaviour that has been complained of or new behaviour by the same person that may constitute sexual harassment, the complainant may make a new complaint and may elect to proceed with the complaint by either of the two procedures described in s. 29. In such a case, the substance of the earlier complaint shall not be excluded as evidence in a Formal Hearing by reason only of the fact that the right to a Formal Hearing was waived by the complainant with respect to the substance of the earlier complaint.

31(1) Time limit for filing complaint

31. (1) The Officer may accept a written complaint only within six (6) months from the date of the alleged incident, except for such additional period as provided in s. 31(3).

31(2) Respondent informed

- (2) After accepting the written complaint, the Officer shall forthwith inform the respondent of the allegation(s) and provide the respondent with a copy of the written complaint.

31(3) Officer's discretion to vary time limit

- (3) In circumstances where the complainant and the respondent are related as student and instructor or as staff member and supervisor, the Officer may accept the complaint and/or delay informing the respondent that a complaint has been made until reasonable opportunity has been afforded for the complainant to complete immediate academic work in progress or apply for alternative work. This additional period may extend up to two months after the deadline for submitting academic work involving the complainant and respondent as student and instructor or supervisor but in no case shall the total period during which a complaint may be accepted exceed twelve months from the date of the alleged incident.

31(4) Arrangements for evaluation of academic work by another

- (4) Where the complainant is, at the time of the making of the complaint, either a student or instructor of the respondent, the University, through the Officer, may, after the respondent has been informed that a complaint has been made, and at the request of the complainant or the respondent, make arrangements through the appropriate administrator for the work and examinations, if any, of the student to be evaluated by a disinterested party. The Officer shall inform the respondent and the complainant that such arrangements are being made.

31(5) Arrangements for alternative work assessment or temporary reassignment for member of administrative staff

- (5) Where the complainant is an administrative staff member or librarian whose performance is normally evaluated by the respondent, the University shall assure fair employment treatment of the complainant, and protection from adverse employment-related consequences of the complainant-respondent reporting relationship during the complaint resolution procedure of this Policy. To that end, the University, through the Officer, may, in consultation with the complainant:
- (a) have the complainant's performance assessed by another administrator, where practicable; or
 - (b) temporarily reassign the complainant to other, but equivalent, duties until the complaint is resolved; or
 - (c) delay the complainant's performance appraisal and awarding of merit pay until the complaint is resolved, in which case subsequent payment for merit shall be retroactive to the date it would normally have been received and the University banker's prime rate of interest shall be paid on the amount owed.

31(6) Limit on information conveyed to administrator

- (6) In any action under ss. 31(4) or 31(5), the Officer shall reveal in confidence to the appropriate administrator only that a complaint has been made and shall not in any manner reveal the alleged facts.

32. Complainant's right to withdraw complaint

32. The complainant has the right to withdraw, in writing, the complaint at any time prior to the decision of the Vice-President on whether to undertake prosecution of the case.

33. Such withdrawal to bring matter to an end

33. The decision to withdraw the complaint by the complainant shall bring the matter to an end under this Policy.

34. Officer's discretion to dismiss cases that are frivolous, vexatious or unfounded in fact, or when confidentiality breached by complainant

34. An attempt to resolve the matter by informal means and by mediation shall occur unless it is the opinion of the Officer that the complaint is frivolous, vexatious or unfounded in fact, or that the complainant has not maintained the required standard of confidentiality. In any such case the Officer shall provide written reasons for this determination to the complainant and the respondent. Such determination by the Officer may also be made during the course, or at the end, of informal resolution or mediation. In every such case proceedings shall cease and the complaint shall be dismissed.

35. Complainants not to be penalized for making complaint

35. No supervisor or other person acting on behalf of the University shall:
- (a) dismiss or threaten to dismiss a member of the academic staff or administrative staff;
 - (b) discipline or suspend, or threaten to discipline or suspend a student, or a member of the academic staff or administrative staff;
 - (c) impose any penalty upon a student, or a member of the academic staff or administrative staff; and/or
 - (d) intimidate or coerce a student or member of the academic staff or administrative staff

because that person, acting *bona fide*, has filed an allegation of sexual harassment pursuant to this Policy or has sought the enforcement of this Policy or has been a witness in any hearing or appeal under the procedures of this Policy.

36. Other Administrative Action

36. (1) Although this Policy contemplates that the procedures outlined in ss. 23 to 35 will be the ordinary procedures for dealing with allegations of sexual harassment, if there is good reason to believe that risk of serious physical harm exists for any person arising from the conduct of any member of the University community unless administrative action is taken, any person may bring the matter to the attention of an appropriate Vice-President, even though the alleged conduct appears to be sexual harassment as defined in this Policy, and notwithstanding ss. 23 to 35.
- (2) When such a matter is referred to a Vice-President, or where the Vice-President has knowledge of fact which requires the University to fulfill obligations relating to sexual harassment but no complaint has been made under the procedures of this Policy, the Vice-President shall ascertain whether or not administrative action is appropriate in the circumstances.
- (3) Where the Vice-President decides that administrative action is necessary and the conduct appears to be sexual harassment, the Vice-President shall forthwith:
- (a) refer any person who appears to have been sexually harassed to the Officer; and
 - (b) inform, in writing, the person against whom the complaint has been made of the administrative action being taken, setting out the nature of the complaint in sufficient detail to allow the person to identify the circumstances that led to the administrative action.

Any member of the academic staff or administrative staff against whom such administrative action has been taken may grieve that action in accordance with the established procedures applying to that person.

Part G: Informal Resolution

37. Informal resolution and mediation fundamental

37. Informal resolution and mediation are the fundamental tools for achieving both the educational and the remedial goals of this Policy. The objective of informal resolution and mediation is to secure a reasonable settlement which, in the opinion of the Officer, is consistent with the spirit of this Policy and its fundamental principles.

38. Attendance required

38. The complainant and the respondent must attend as requested at informal resolution and mediation meetings.

39. Officer's role in informal resolution

39. Under informal resolution, the Officer shall discuss the written complaint with both the complainant and the respondent with a view to reaching a mutually agreed-upon resolution.

40. Statements and disclosures without prejudice

40. During attempts at informal resolution and mediation, all statements and disclosures made, information furnished and documents and things provided or presented to the Officer and mediator, if any, are without prejudice and may not be introduced in a Formal Hearing to the prejudice of the maker or presenter without her or his consent.

41. Resolution Report of informal resolution

41. If a resolution acceptable to both parties is achieved through informal means, a Resolution Report shall be signed by the complainant and the respondent, and the matter will proceed no further, except that the Officer may assist in bringing about whatever administrative or other action is reasonably needed to implement the resolution.

42. Time limit for informal resolution

42. (1) The Officer shall conduct the discussion required under Informal Resolution of the written complaint within ten (10) days of the respondent's receiving notification that a written complaint has been made, unless both the complainant and respondent agree to an extension of the time limit. The informal resolution shall be concluded within a further ten (10) days, unless both the complainant and respondent agree to an extension of the time limit.
- (2) Notwithstanding sub-section (1), where it appears to the Officer that a delay is reasonable owing to the particular circumstances of either the respondent or the complainant, the Officer may extend the time limit without the agreement of both the complainant and the respondent.

43. Officer to determine informal resolution failed or inappropriate

43. If the Officer determines that possibilities for informal resolution have been exhausted or that informal resolution is not appropriate in the specific case or that the respondent has not maintained the required standard of confidentiality, both the complainant and the respondent shall be so informed in writing and the complainant may:
- (a) request, in writing, that the Officer initiate mediation; or
 - (b) withdraw, in writing, the individual complaint.

44. Time limit for initiating mediation

44. Within twenty (20) days of being notified in writing that informal resolution has failed, if the complainant has not asked the Officer, in writing, to initiate mediation, the complaint shall be deemed to be withdrawn.

Part H: Mediation**45. Selection of mediator**

45. (1) If a complainant proceeds to mediation, the Officer, after informal consultation with the complainant and the respondent, shall select a mediator, who may be from within the University community. The mediator shall be chosen and the mediation process shall begin within ten (10) days from the time of the request to initiate mediation, unless both the complainant and respondent agree to an extension of the time limit.
- (2) Notwithstanding sub-section (1), where it appears to the Officer that a delay is reasonable owing to the particular circumstances of either the respondent or the complainant, the Officer may extend the time limit without the agreement of both the complainant and the respondent.

46. Officer's role in informing mediators and approving training

46. The Officer shall make all mediators aware of this Policy and Procedures and the basic nature and principles of sexual harassment conflict and resolution through training approved by the Officer.

47. Time limit on mediation

47. (1) The mediation process shall be concluded within ten (10) days, unless both the complainant and respondent agree to an extension of the time limit.
- (2) Notwithstanding sub-section (1), where it appears to the Officer that a delay is reasonable owing to the particular circumstances of either the respondent or the complainant, the Officer may extend the time limit without the agreement of both the complainant and the respondent.

48. Resolution Report of mediation

48. If a resolution is achieved as a result of mediation, a Resolution Report shall be signed by the complainant and the respondent, and the matter will proceed no further, except that the Officer may assist in bringing about whatever administrative or other action is needed to implement the resolution.

49. Officer to determine mediation failed or inappropriate

49. If the Officer determines that mediation is not appropriate in the specific case or that the respondent has not maintained the required standard of confidentiality or, after consultation with the mediator, determines that possibilities for resolution through mediation have been exhausted, or if the respondent substantively or vexatiously fails to comply with any provision of a Resolution Report, the Officer shall inform both the complainant and respondent in writing and the complainant shall:
- (a) withdraw the complaint, in writing; or
 - (b) request, in writing, that the Officer proceed to a Formal Hearing.

50. Time limit for initiating formal complaint

50. Within twenty (20) days of being notified in writing that mediation has failed, if the complainant has not asked the Officer, in writing, to proceed to a Formal Hearing, the complaint shall be deemed to be withdrawn.

51. Final position of respondent during mediation

51. Where the complainant requests a formal hearing, the mediator may, with the consent of the respondent, forward to the Vice-President the final resolution offered by the respondent during mediation; however, the final resolution offered by the respondent in mediation may not be used in evidence at a Formal Hearing.

Part I: Formal Hearing**52. Initiation of request to Vice-President**

52. (1) A Formal Hearing may not be initiated unless (a) the complainant requests that a Formal Hearing be held and (b) the University agrees to prosecute the complaint.
- (2) The complainant's request for a Formal Hearing shall be in writing and shall be made to the Officer.
- (3) The Officer shall notify the Vice-President and the respondent of the complainant's request.

53. Referral of complaint to University Discipline Counsel

53. The Vice-President shall forthwith request the University Discipline Counsel to evaluate the evidence arising from the complaint and to recommend, in confidence, whether or not the complaint should proceed to a Formal Hearing, having regard to whether the complaint is frivolous or vexatious, whether the matter complained of falls under the Policy, whether there is a *prima facie* case that sexual harassment has been committed and any other relevant consideration.

54. Discretion of Vice-President to undertake prosecution of the complaint

54. The Vice-President, after receiving the confidential recommendation of the University Discipline Counsel, shall decide whether the University will prosecute the complaint.

55. Time limit for notification of decision

55. Within thirty (30) days of the complainant's written request for a Formal Hearing, the Vice-President shall notify both the complainant and respondent of the decision. Where the University

declines to prosecute the complaint, the letter notifying the complainant and respondent of the decision must also contain the reasons for the decision.

56. Vice-President to give notice

56. If the University agrees to prosecute the complaint, the Vice-President shall request the Chair of the Hearing Panel to initiate the procedures to strike the Hearing Board to adjudicate the complaint.

57. "The parties"

57. The two parties to a Formal Hearing are the University and the respondent.

58. Vice-President to have carriage of University's case

58. On behalf of the University, the Vice-President, who may designate another University officer to act on her or his behalf, shall instruct counsel, if any, throughout the proceedings, and may consult with the complainant.

59. The Hearing Board

59. The complaint shall be heard by a five-member Hearing Board.

60. Duties of Chair of Hearing Panel in striking a Hearing Board

60. The Chair of the Hearing Panel shall strike a Hearing Board comprising four (4) voting members and a non-voting Chair, proceeding as follows. He or she shall:
- (1) ask the respondent
 - (a) to specify the constituency from which one member of the Hearing Board shall be drawn; for this purpose, the constituencies are:
 - (i) undergraduate students;
 - (ii) graduate students;
 - (iii) academic staff, including librarians; and
 - (iv) administrative staff; and
 - (b) to specify, if the respondent so desires, the sex of the member; and
 - (2) appoint two (2) members from the Panel to serve on the Hearing Board as follows:
 - (a) one member from the constituency specified and of the sex specified by the respondent under ss. 60(1)(a) and (b); and
 - (b) where the respondent declines or fails to specify a constituency, one member from the respondent's constituency; and
 - (c) one member from the complainant's constituency;
 - (3) appoint two (2) other members from the Panel to serve on the Board;
 - (4) arrange with the Senior Chair of the University Tribunal for the University Tribunal Senior Chair or a Co-Chair to preside over the Formal Hearing as a non-voting member;
 - (5) inform each party, in writing, of the composition of the Hearing Board; and
 - (6) set a date, time and place for the Formal Hearing, in consultation with the parties.

61. Right to challenge members of Hearing Board

61. Either party may object to any Board member within five (5) days of receiving notification of the composition of the Board. The grounds for the objection shall be submitted to the Chair of the Hearing Panel in writing. The Chair of the Hearing Panel shall make a ruling within five (5) days thereafter.

62. Release time for members of Hearing Boards

62. Administrative staff and librarians who are members of the Hearing Board, or who are called to provide evidence before it, shall be given release time to participate in the Formal Hearing.

63. Conduct of Hearings

63. The Hearing Board shall conduct a hearing in accordance with the Statutory Powers Procedure Act.

64. Right to attend sessions

64. Subject to s. 65, the parties, the complainant, and counsel for each, the Officer, and the Chair of the Hearing Panel are entitled to attend all Formal Hearing sessions, including any *in camera* portions thereof.

65. Attendance by others and exclusion of witnesses

65. Attendance at the Formal Hearing of any persons other than those specified in s. 64 and the witnesses called by a party to the Formal Hearing for the purpose of giving relevant evidence, is at the discretion of the Chair of the Hearing Board. The Chair may also direct that a witness be excluded from the Formal Hearing until her or his testimony is to be given.

66. Time limit for Hearings

66. The Formal Hearing shall be concluded as expeditiously as possible, not to exceed sixty (60) days from the first day of hearing, unless both the parties agree to an extension of the time period.

67. Standard of proof

67. The standard of proof that the sexual harassment complained of has been committed by the respondent shall be that of proof on clear and convincing evidence.

68. Limitation on questions posed to complainant

68. The complainant may not be questioned on previous behaviour or character for purposes other than that of establishing credibility as a witness.

69. Secretary of Governing Council responsible for administration of Formal Hearing

69. The Secretary of the Governing Council, or a person designated by the Secretary, shall be responsible for the administration of any Formal Hearing or appeal.

70. Record of Proceedings

70. A record of the proceedings before the Hearing Board shall be made by tape recording or other suitable means.

71. Decision of Hearing Board

71. Within twenty (20) days of the conclusion of the Formal Hearing, the Hearing Board shall submit a written decision to the parties regarding whether the alleged sexual harassment occurred or its determination on any matter related to its jurisdiction to hear the case.

72. Votes required for finding for complainant

72. The decision of the Hearing Board need not be unanimous but at least three (3) votes shall be required to sustain the complaint; unless there are at least three (3) such affirmative votes, the complaint shall be dismissed.

73(a) Information to be provided in determining penalty or remedy

73. If a finding of guilt has been made:
- (a) the Hearing Board shall request that the Officer place before them any records of resolution concerning the respondent that remain on file with the Officer as described in s. 99; and

73(b) Arguments as to penalty or remedy

- (b) within ten (10) days, the Hearing Board shall reconvene to hear evidence and arguments concerning the penalty to be imposed and/or remedy to be offered, including arguments regarding the impact of penalties or remedies which might be levied.

74. Penalties for members of staff

74. The Hearing Board may impose the following penalties upon any respondent who is a member of the academic staff or administrative staff in any case where it finds that sexual harassment has occurred:
- (a) oral and written reprimand by the Hearing Board; and
 - (b) inclusion of the decision of the Hearing Board in a specified personnel file(s) of the respondent, for a specified time; and/or
 - (c) exclusion of the respondent from a designated portion(s) of the University's buildings or grounds, or from one or more designated University activities, where such a penalty is appropriate to the offence and where the penalty does not prevent the respondent from carrying out her or his duties; and/or
 - (d) an order that the respondent receive no merit increase or a reduced merit increase for that year, or an order that any recommendation that the respondent receive a merit increase have an effective date of up to one year less a day after the usual effective date; and/or
 - (e) a recommendation that dismissal proceedings be commenced.

75. Penalties for students

75. The Hearing Board may impose the following penalties upon any respondent who is a student in any case where it finds that sexual harassment has occurred:
- (a) oral and written reprimand by the Hearing Board; and

- (b) inclusion of the decision of the Hearing Board in specified student file(s) or the recording of a specific statement on a student's academic record, for a specified period of time; and/or
- (c) exclusion of the respondent from a designated portion(s) of the University's buildings or grounds, or from one or more designated University activities, where such a penalty is appropriate to the offence and where the penalty does not prevent the respondent from pursuing her or his studies; and/or
- (d) an order that the respondent be suspended from attendance in a course(s), a program, a teaching division or unit, or the University for a period of not more than one (1) year; and/or
- (e) a recommendation that expulsion proceedings be commenced.

76. Order for educational counseling

- 76. In any case where sexual harassment is found to have occurred, the Hearing Board may, in addition to any penalty imposed, order that the respondent meet with the Officer for educational counselling regarding sexual harassment.

77. Recommendations for dismissal or expulsion

- 77. Dismissal and/or expulsion may only be recommended. Such recommendations shall be dealt with in accordance with established policies and procedures and by the terms of existing contracts of employment or collective agreements.

78. Remedies

- 78. The Hearing Board may also order remedies which it deems appropriate to redress any harm or injustice suffered by either party.

79. Award of costs

- 79. The Hearing Board may award costs.

80. Written decision of Hearing Board

- 80. Within ten (10) days of the conclusion of the hearing for penalty, the Hearing Board shall submit a written decision regarding the penalty and any remedy to the parties.

81. Publication of decision

- 81. The Secretary of the Governing Council, or a person designated by the Secretary, shall publish a notice of the Hearing Board's decision, including the nature of the offence and any penalty assessed, but without identifying the complainant or respondent by name, in the appropriate campus media.

82. Responsibility for enforcing any penalty or remedy

- 82. The Vice-President shall be responsible for enforcing any penalty or remedy.

83. Reimbursement of University by federated institutions

83. Where an institution federated or affiliated with the University has adopted this Policy, and where that institution, or a member of its staff, is a party to a Formal Hearing or appeal under this Policy, it shall reimburse the University for staff time, any fees of the University Discipline Counsel, and incidental expenses associated with the Formal Hearing or appeal.

84. Power to vary procedural time limits

84. The procedural time limits expressed in this Policy are intended to assure that proceedings are conducted, and resolution is achieved, expeditiously for both parties. In circumstances which a Hearing Board or Appeals Board considers to be exceptional, it may enlarge any of the times provided in s. 55, s. 66, s. 71, and s. 73 of this Policy.

85. Stay of penalty pending appeal

85. Any penalty or remedy shall be stayed pending the outcome of any appeal initiated under s. 86, unless otherwise determined by the Appeals Board hearing the appeal.

Part J: Appeals to the University Appeals Board**86. Right of appeal**

86. Within twenty (20) days of the publication of the decision of the Hearing Board, either the Vice-President or the respondent may request an appeal of the decision of a Hearing Board as to guilt or innocence or the Board's decision as to penalty or redress, except for a finding which is one of fact alone, by giving notice of such request in writing to the Secretary of the Governing Council.

87. Appeal not a trial *de novo*

87. An appeal shall not be a trial *de novo*, but in circumstances which it considers to be exceptional, the Appeals Board may allow the introduction of further evidence on appeal which was not available or was not adduced at the Formal Hearing, in such manner and upon such terms as the Appeals Board may direct.

88. Access to record of proceedings

88. If a party wishes to refer in the argument of an appeal to the transcript of oral proceedings recorded at the Formal Hearing, five copies of such transcript certified by the reporter or recorder thereof shall be ordered by and normally at the expense of that party. A transcript of the entire proceedings shall be produced unless the parties can agree to dispense with certain portions.

89. Decisions available to the Appeals Board

89. The Appeals Board may:
- (a) sustain the decision of the Hearing Board in its entirety and dismiss the appeal; or
 - (b) sustain a finding of guilt but substitute a different penalty, redress or restitution; or
 - (c) order a new Formal Hearing.

90. Variation of penalty or remedy

90. Where the Appeals Board substitutes a different penalty or remedy, the penalty or remedy must be one that the Hearing Board was empowered to make.

91. Majority required

91. Decisions of the Appeals Board shall be the vote of the majority of the members.

92. Decision final

92. The decision of the Appeals Board shall be final except where dismissal or expulsion is recommended, in which case the policies and procedures referred to in s. 77 shall be followed.

Part K: Confidentiality**93(1) Confidentiality enjoined**

93. (1) The Officer, the mediator, the Vice-President, the Vice-President's representative, if any, the complainant, and the respondent are enjoined to maintain strict confidentiality, except as provided in s. 31, s. 93(2) and s. 94 and excepting what disclosure may be required to gather discreetly evidence to prove or disprove a complaint, or to implement and monitor the terms of any resolution properly.

93(2) Confidential material to be provided to those who are to take action

- (2) Except as provided in this Policy, confidentiality must be maintained until the complainant initiates proceedings for a Formal Hearing. After the proceedings for a Formal Hearing have been initiated, the Officer may communicate the information that has been provided by the complainant to those who need to take appropriate action.

93(3) Officer and mediator not to be witnesses

- (3) The Officer and mediator, if any, shall not be witnesses in Formal Hearings or appeals, except to produce and identify any record of resolution or, in circumstances which the Board considers to be exceptional, other documents of record in the Sexual Harassment Office.

94. No confidentiality where risk of serious physical harm

94. If, in the course of receiving a complaint or discharging any other function of her or his office, the Officer receives information that causes the Officer to believe that risk of serious physical harm exists for any person arising from the conduct of any member of the University community unless administrative action is taken, the Officer shall bring the matter to the attention of an appropriate Vice-President as set out in s. 36.

95. Breach of confidentiality may be taken into account

95. In coming to its decision on penalties or remedial measures, a Hearing Board or the Appeals Board may hear evidence on, and having heard such evidence, may take into account any breach of confidentiality by the complainant or respondent.

96. Breaches of confidentiality by Officer or mediator

96. As the Officer and the mediator are agents of the University, breaches of confidentiality on their part are subject to administrative discipline.

PART L: Records

97. Confidentiality of records

97. All records shall be kept in confidence with the following exceptions:
- (a) any decision of the Hearing Board or the Appeals Board;
 - (b) any records that have been agreed to be released by the parties as part of a resolution at either the informal or mediation stages;
 - (c) files or parts of files that are requested by the Ombudsperson in writing that are required by the Ombudsperson in the conduct of an investigation undertaken under the terms of reference of the Office of the Ombudsperson.

98. Records to be kept

98. The Officer shall keep a record of:
- (a) all informal complaints and incident reports which do not proceed to a formal complaint stage;
 - (b) withdrawn complaints; and
 - (c) documents and all other materials relating to formal complaints.

99. Time limits on the keeping of records

99. All records shall remain on file for seven years plus one day and while any proceedings are pending in the University or any external Court or tribunal and until after all rights of appeal have been exhausted and times for appeal have expired, and for such longer period during which it may be reasonable to expect that the University may be under any liability or responsibility at law in connection with the matters recorded. Following that time, the records shall forthwith be destroyed and anonymous data shall continue to be recorded by the Officer for statistical purposes only.

Part M: Right to Counsel

100. Right to counsel

100. The complainant and the respondent may at any stage of any of the procedures outlined in this Policy be accompanied by another person of her or his choice, who may be a solicitor.

Part N: Other Matters

101. Suspension of proceedings if complaint lodged elsewhere

101. Should the complainant make a complaint to or commence proceedings before the Ontario Human Rights Commission or commence or take steps that lead to proceedings in the courts or in any other tribunal with respect to the subject matter of a complaint being dealt with under this Policy

or should the same matter be in progress of being dealt with in accordance with another established University policy or procedure including the procedures under s. 36 of this Policy, proceedings under this Policy, except any contemplated by s. 36 of this Policy, shall be suspended until the other proceedings are discontinued or brought to a conclusion.

Where the subject matter of a complaint under this Policy has been dealt with on its own merits under another policy or proceeding and where the Vice-President is satisfied that the University has no additional or further interest in the matter, proceedings under this Policy shall be stayed.

Where the respondent in a complaint under this Policy is subject to regulation under the jurisdiction of another institution in respect to the subject matter of the complaint, and where that other institution has taken carriage of the complaint, the Officer may decline to accept or to proceed with the complaint under this Policy.

102. Code of Behaviour on Academic Matters to have precedence

102. Where the subject matter of a complaint is such that proceedings could be brought under this *Policy or the Code of Behaviour on Academic Matters*:

- (a) no proceedings shall be initiated under this Policy if proceedings have been initiated under the *Code of Behaviour on Academic Matters*; and
- (b) if proceedings have been initiated under this Policy, such proceedings shall forever cease if proceedings are initiated under the *Code of Behaviour on Academic Matters*.

S. 101 amended by the University Affairs Board, November 25, 1997 (addition of second and third paragraphs)



UNIVERSITY OF TORONTO

University of Toronto
Governing Council

**Statement on
Prohibited Discrimination and Discriminatory Harassment**

March 31, 1994

To request an official copy of this policy, contact:

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Statement on Prohibited Discrimination and Discriminatory Harassment

Purpose

1. The University aspires to achieve an environment free of prohibited discrimination and harassment and to ensure respect for the core values of freedom of speech, academic freedom and freedom of research. The purpose of this *Statement* is to promote a greater awareness of the rights and responsibilities entailed by these aspirations and to describe the manner in which the University deals with prohibited physical and verbal harassment (apart from harassment based on sex or on sexual orientation, which are dealt with in [Policy and Procedures: Sexual Harassment](#)).

The approach taken in the *Statement* is to reiterate the University's commitment to the rights of freedom from prohibited discrimination and harassment and to the rights of freedom of expression and inquiry, to recognize that the task of implementing and respecting those values within the unique environment of the University is a delicate one that precludes the use of blunt instruments, and to describe the responsibilities of various members of the University community and the institutional arrangements available to fulfill the commitment to a working and learning environment free from prohibited discrimination and harassment.

Foundation Documents

2. The University of Toronto *Statement on Prohibited Discrimination and Discriminatory Harassment* is based upon the principles set out in the following foundation documents:
 - (a) The University of Toronto [Statement of Institutional Purpose](#)
 - (b) The University of Toronto [Statement on Human Rights](#)
 - (c) The Ontario [Human Rights Code](#)
 - (d) The University of Toronto [Statement on Freedom of Speech](#)
 - (e) The University of Toronto [Employment Equity Policy](#)

Discrimination and Harassment

3. In its *Statement of Institutional Purpose* the University affirms its dedication "to fostering an academic community in which the learning and scholarship of every member may flourish, with vigilant protection for individual human rights, and a resolute commitment to the principle of equal opportunity, equity and justice." This principle is further explained in the University's *Statement on Human Rights* which states that the University

acts within its purview to prevent or remedy discrimination or harassment on the basis of race, gender, sexual orientation, age, disability, ancestry, place of origin, colour, ethnic origin, citizenship, creed, marital status, family status, receipt of public assistance or record of offence.

4. The Ontario *Human Rights Code* provides that employees have a right to

freedom from harassment in the workplace by the employer or agent of the employer or by another employee because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, record of offences, marital status, family status or handicap.

The *Human Rights Code* further provides that occupants of accommodation have a right to

freedom from harassment by the landlord or agent of the landlord or by an occupant of the same building because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, marital status, family status, handicap or the receipt of public assistance.

5. Under the *Human Rights Code*, harassment is defined as "engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome." As well as being expressly prohibited as indicated above, such conduct may constitute discrimination when based on prohibited grounds.
6. In addition, the *Human Rights Code* provides that:

Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, or handicap.

This provision has been interpreted to include the provision of education to students.

The *Human Rights Code* further requires that employees of the University be accorded equal treatment without discrimination on prohibited grounds, as well as according the right to equal treatment with respect to the occupancy of accommodation without such discrimination. Discrimination against employees on the basis of record of offences, and in respect of accommodation on the basis of receipt of public assistance is also prohibited.

7. According to the Human Rights Commission, offensive or threatening comments or behaviour which create a "poisoned environment" in the workplace or in the provision of services or accommodation, whether or not amounting to harassment, may violate the right to equal treatment without discrimination.
8. Accordingly, the University of Toronto and all members of its community are both morally and legally bound to foster a learning and working environment free from prohibited discrimination and harassment.

Freedom of Speech Academic, Freedom and Freedom of Research

9. The University's commitment to a learning and working environment free from prohibited discrimination and harassment must take account of what the University of Toronto's *Statement of Institutional Purpose* has defined as "the most crucial of all human rights" within the unique context of the university, "the rights of freedom of speech, academic freedom and freedom of research". The *Statement of Institutional Purpose* also affirms that

these rights (of freedom of speech, academic freedom and freedom of research) are meaningless unless they entail the right to raise deeply disturbing questions and provocative challenges to the cherished beliefs of society at large and of the university itself.

10. These rights are further explained in the University's *Statement on Freedom of Speech*.

Reconciling Competing Rights

11. The task of respecting the rights of freedom from prohibited discrimination and harassment together with freedom of expression and inquiry is difficult and complex, and raises issues which lie at the very core of the University's purpose and mission. Attempts to formulate a comprehensive code of conduct which defines precisely what is permitted and what is forbidden are impractical because of the difficulty of anticipating the range of possible conflicts and determining in advance the proper balance.
12. The University aspires to achieve an appropriate balance between these rights in order to maximize the capacity of every individual to flourish to the fullest extent possible. A detailed code or policy runs the serious risk of giving one right or value undue emphasis or priority, and thereby inhibiting and interfering with the ability of the University to live up to its highest aspirations.

Responsibilities of Individuals

13. It is the responsibility of every member of the University community, including visitors and persons on campus in the conduct of University business to adhere to University policies and to support and promote its aim of creating a climate of understanding and mutual respect for the dignity and rights of each individual. It is the responsibility of every member of the University community to respect both the rights of freedom of expression, academic freedom and freedom of research, and the University's institutional commitment and obligation to provide a learning and working environment free from prohibited discrimination and harassment.

Responsibilities of Academic and Non-academic Administrators and Supervisors

14. The University confers particular responsibilities upon its administrators and supervisors to implement University policies and to work diligently within their departments or divisions towards fulfilling the University's institutional commitment to provide a learning and working environment free of prohibited discrimination and harassment. This includes the responsibility to foster a non-discriminatory environment, to inform those under their authority of their responsibilities to avoid prohibited behaviour, to monitor activities within their jurisdiction, and to deal effectively with reports of prohibited conduct.

The Race Relations Office

15. In furtherance of its commitment to a learning and working environment free from prohibited discrimination and harassment, the University has established a Race Relations Office. The mandate of the Race Relations Officer is to provide the President and other members of the University community with advice and assistance in fostering the principles of equal opportunity and equity.

Responsibilities of Student Leaders and Organizations

16. While student leaders and organizations are not given specific institutional powers with respect to the implementation of University policies, they are encouraged to adopt policies and practices which will enhance the capacity of the University to provide a learning and working environment free of prohibited discrimination and harassment. In particular,
 - (a) newspapers publishing on the campuses of the University of Toronto are encouraged to develop a voluntary University of Toronto press council similar to the Ontario Press Council

- (b) college and residence student organizations are encouraged to promote an awareness of anti-discrimination and harassment policies and to review their activities in light of University policy.

Information and Education

17. The University, through the offices of the Provost, the Race Relations Office, the Sexual Harassment Office, the Office of the Vice-President Human Resources, the Equity Issues Advisory Group and the Student Affairs Office, has a responsibility actively to foster a learning and working environment free of prohibited discrimination and harassment by providing all members of the University community with access to appropriate information regarding the University's policies in this regard. In particular, the University has the responsibility to:
 - (a) inform and remind administrators and supervisors of their responsibilities, provide supervisors and academic administrators with appropriate training, advice and information to fulfill their responsibilities, and
 - (b) make available appropriate written materials to all members of the University community describing the University's policies regarding prohibited discrimination and harassment and the University's institutional arrangements for ensuring respect for such policies.

Complaints

18. Complaints of harassment based on sex or sexual orientation should in all cases be referred to the Sexual Harassment Office in accordance with the *Policy and Procedures: Sexual Harassment*.

As with any violation of University policy, complaints of discriminatory or harassing behaviour should, in the first instance, be directed to the administrative officer or supervisor responsible for the department or division in which the incident is alleged to have occurred. Complainants may also seek the advice and assistance of the Sexual Harassment Office in the case of harassment on the grounds of family or marital status, or the Race Relations Office in the case of harassment on the grounds of race, ancestry, place of origin, colour, ethnic origin, citizenship or creed. General advice about dealing with complaints of harassment may be sought from the Equity Issues Advisory Group, who may refer them to the appropriate office or assist directly in dealing with complaints of harassment based on age, handicap, receipt of public assistance or other grounds.

Administrative officers to whom concerns of harassment based on sex or sexual orientation are addressed should refer the complainant to the Sexual Harassment Officer. In the case of concerns based on other grounds, they are encouraged to seek the advice of the Convenor of the Equity Issues Advisory Group, the Sexual Harassment (for concerns based on family or marital status) or Race Relations office as the case may be and to make appropriate but discrete inquiries, take appropriate action if warranted, and report as appropriate on the disposition of the matter to the person who has referred the matter to her or him.

The Sexual Harassment Office, the Race Relations Office and the Convenor of the Equity Issues Advisory Group may also be asked to mediate any dispute should the complainant so wish. In dealing with incidents raised under this policy, administrative officers or supervisors shall act in accordance with the existing and applicable academic, administrative or disciplinary policies or procedures. Should a complaint result in adverse consequences for the person complained of, existing channels for questioning that decision will be available to that person. A complainant who is not satisfied with the handling of a complaint by the administrative officer responsible may pursue the matter with the person to whom that administrative officer reports or pursue the matter in accordance with the existing and applicable academic, administrative or disciplinary policies or procedures.

Members of the University community retain the right to bring a complaint directly to the Ontario Human Rights Commission in accordance with the provisions of the Ontario *Human Rights Code*.

19. Persons may seek enforcement of this policy without reprisal or threat of reprisal by any person acting on behalf of the University for so doing.
20. To better enable the University community, including the University's officers, to fulfill effectively its commitment to a learning and working environment free from prohibited discrimination and harassment, the Equity Issues Advisory Group shall make annual reports, through the President, to Governing Council assessing the efficacy of these policies.

April 1, 1994



UNIVERSITY OF TORONTO

University of Toronto
Governing Council

Terms of Reference of the Office of the University Ombudsperson

January 21, 2010

To request an official copy of this policy, contact: The

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TERMS OF REFERENCE OF THE OFFICE OF THE OMBUDSPERSON

1. The Office of the Ombudsperson

The University of Toronto provides the services of an independent and impartial University Ombudsperson to assist the University: in protecting the rights of its students, faculty and staff; in fulfilling its obligations to its students, faculty and staff; and in achieving its mission to be an internationally leading public teaching and research university.

The Office of the Ombudsperson provides an impartial and confidential service to assist members of the University who have been unable to resolve their concerns about their treatment by University authorities. The work of the Office is devoted to ensuring procedural fairness and just and reasonable outcomes. While the Ombudsperson does not have the authority to over-rule decisions, she/he can consider complaints, make informal enquiries, carry out formal reviews, draw conclusions and recommend changes to decisions and to University policies and procedures.

2. Status

The Ombudsperson is appointed by the Governing Council on the recommendation of the President; is accountable to the Governing Council and has unrestricted access to all University authorities. The Office of the Ombudsperson is independent of all existing administrative structures of the University.

3. Mandate: Consideration of Individual Complaints

3.1 Appropriate stage for consideration of a matter by the Ombudsperson. The Ombudsperson considers complaints from members of the University (a) when they have been unable to resolve their concerns through the usual processes; or (b) when they have encountered unreasonable delays in the consideration of their concerns through the usual processes; or (c) when they are unable, because of other factors that are reasonable in the circumstances, to determine or to follow the usual processes. The Ombudsperson shall not normally consider complaints that are in the process of being dealt with through established processes, or that could reasonably be dealt with through established processes, apart from (a) situations of unreasonable delay or (b) situations where, given special circumstances, additional assistance is warranted. The Ombudsperson shall not consider complaints that are before the courts of law or are pending at or before any administrative tribunal outside the University.

3. Mandate: Consideration of Individual Complaints (cont'd)

3.2 Impartiality. In considering complaints, the Ombudsperson shall act in an impartial fashion, acting neither as an advocate for the individual members of the University nor as a defender of the University, but rather seeking procedural fairness and reasonable outcomes.

3.3 Confidentiality. The services of the Ombudsperson are provided on a confidential basis. The Ombudsperson's Office shall hold all initial consultations in strict confidence. Where a member of the University decides to ask that the Ombudsperson deal with a complaint, the name of the complainant and the substance of the complaint shall be disclosed only to those staff who need to know the name to respond, and those staff shall hold the matter in strictest confidence. Where the outcome of an individual complaint is a formal report, that report shall be regarded as confidential by the Ombudsperson and by all recipients, although any policy implications of the reports may be made public without disclosure of the complainant's name(s). Where, in special cases, the Ombudsperson reports on a matter that has become public, the Ombudsperson may, with the written permission of the affected persons, publicly disclose names and findings. In all cases, confidentiality is also subject to disclosure required by law or where, in urgent situations, absent disclosure there is a real risk to health and safety.

Complainants who have provided written consent to an investigation or inquiry are reminded of the importance of confidentiality and encouraged to respect it in the interest of fostering an effective process.

3.4 Eligibility. The services of the Ombudsperson shall be available to any member of the University whose relationship with the University is under the jurisdiction of the Governing Council of the University and where resolution of the member's complaint is within the authority of the Governing Council. These individuals include: students, members of the teaching staff, and members of the administrative staff and former students and former members of the teaching and administrative staffs, but only in respect of matters arising out of and crystallizing during their former student or employment status. The services of the Ombudsperson shall not be available to applicants for admission to the University or to members of the public with complaints about the actions of University authorities.

3.5. Consideration of an individual matter at the request of a University Officer. A University Officer may request that the University Ombudsperson consider a matter. The Ombudsperson may do so provided: (a) that the matter has not already been brought to the Office as a complaint by an individual member of the University (in which case it will be dealt with in the usual manner); and (b) that the other party(ies) consent to the Ombudsperson's considering the matter.

3. Mandate: Consideration of Individual Complaints (cont'd)

3.6 Process for Consideration of Individual Complaints.

The normal process for the Ombudsperson's consideration of individual complaints is informal inquiry and fact-finding, proceeding if appropriate to further fact-finding and informal intervention, and thereafter if appropriate to a formal review and report.

The Ombudsperson shall have such access to all University files and University Officers as she/he deems necessary in the pursuit of official duties, and Officers are required to provide prompt and full responses to the Ombudsperson's enquiries.

In dealing with individual complaints, the Ombudsperson shall not seek to replace established legislative, judicial or administrative rules or procedures or to make a judgement that will replace University policy. The objective shall be to determine whether the established legislative, judicial or administrative rules or procedures have been carried out fairly and appropriately and to determine whether a University policy, in the case under review, had an unintended outcome that is unfair or unreasonable.

In considering individual complaints, the Ombudsperson may decline to proceed with a matter if she/he determines that the complaint is frivolous or vexatious.

If the consideration of an individual complaint proceeds to the stage of a formal review and report, a draft of the report will be provided in advance to the University Officer responsible for the matter, who will be invited to provide a formal written response. That response will be included in the final report, which is submitted to that Officer, to the senior officer to whom she/he reports, to the Vice-President responsible for the division, to the Secretary of the Governing Council, and to the Chair of the Governing Council or to the member of the Governing Council designated by the Chair as the Ombudsperson's liaison.

3.7. **Complainants not to be penalized for making complaint.** Persons who, acting in good faith, have filed a complaint or sought the assistance of the Office of the Ombudsperson or participated in an investigation/inquiry or made an effort to resolve a problem should be able to do so without fear of reprisal.

Accordingly, no supervisor or other person acting on behalf of the University shall:

- (a) dismiss or threaten to dismiss an employee;
- (b) discipline or suspend, or threaten to discipline or suspend a student or an employee;
- (c) impose any penalty upon a student or employee; and/or
- (d) intimidate or coerce a student or employee

because that person, acting *bona fide*, has filed a complaint with, or participated in an investigation or inquiry by, the Office of the University Ombudsperson.

4. Mandate: University Policies and Procedures

4.1 Ombudsperson's responsibility. In the course of considering complaints, the Ombudsperson may become aware of possible deficiencies in the University's policies or procedures. Where the Ombudsperson perceives such deficiencies, she/he shall expeditiously draw them to the attention of the appropriate University authorities. It shall be the special concern of the Ombudsperson to draw the following matters to the attention of the appropriate University authorities:

- (a) any situations where the rights and responsibilities of members of the University community are not adequately defined and publicized; and any situations where information on proper procedures for problem-resolution is not readily understandable and readily available;
- (b) any gaps and inadequacies in existing University policies and procedures that affect the ability of individuals to function as members of the University community or that might jeopardize their human rights and civil liberties;
- (c) any situations in which the problems of members of the University community are not addressed with reasonable promptness; and
- (d) any deficiencies in procedures used to reach decisions or in criteria and rules on which the decisions are based.

In carrying out this responsibility, the Ombudsperson shall not purport to make University policy or to replace established legislative, judicial or administrative rules or procedures. Rather the Ombudsperson shall draw problems to the attention of the appropriate University authorities and recommend a review of the policy of procedure. Where the Ombudsperson wishes to do so, she/he may recommend specific improvements.

While it is anticipated that the Ombudsperson will become aware of potential deficiencies in the University's policies or procedures or in their application as the result of complaints, it is recognized that such potential deficiencies may come to the attention of the Ombudsperson by other means. In such cases, the Ombudsperson may give consideration to the matter.

4. **Mandate: University Policies and Procedures** (cont'd)

4.2. **Process for consideration of possible deficiencies in the University's policies or procedures.**

The Ombudsperson shall have access to all University Officers as she/he deems necessary in the pursuit of official duties, and Officers are required to provide prompt and full responses to the Ombudsperson's enquiries.

If the consideration of a possible deficiency in a policy or procedure proceeds to the stage of a formal report and recommendation for review, a draft of the report will be provided in advance to the University Officer responsible for the matter, who will be invited to provide a formal written response. That response will be included in the final report, which is submitted to that Officer, to the senior officer to whom she/he reports, to the Vice-President responsible for the division, to the Secretary of the Governing Council, and to the Chair of the Governing Council or to the member of the Governing Council designated by the Chair as the Ombudsperson's liaison.

5. **Reporting**

5.1 Annual report. The Ombudsperson shall make a written annual report to the Governing Council, and through it to the University community, as well as such other special reports as may be required from time to time by the Governing Council.

5.2 Interim report to the Executive Committee. In addition, the Ombudsperson shall, early in the governance cycle, provide an interim written report to the Executive Committee of the Governing Council.

5.3 Protection of privacy in public reports. The Ombudsperson, in public reports to the Governing Council and the Executive Committee, shall protect the privacy of members of the University who use the services of the Office in accordance with the requirements of the *Freedom of Information and Protection of Privacy Act* <https://www.ontario.ca/laws/statute/90f31>.

6. **Files**

6.1. The Ombudsperson shall maintain suitable records of complaints, findings and recommendations, and these shall be accessible only to the Ombudsperson and members of the staff of the Office of the Ombudsperson who need those records to perform their official duties.

6. Files (cont'd)

- 6.2.** Each file and record will be maintained for a period of three years and one day from the date on which the Ombudsperson deems the case to be completed. At the end of the period of three years and one day, the file or record may be destroyed; however, no destruction of the file or record will take place while any proceedings are pending in the University, the Courts or any outside tribunal and until after all rights of appeal are exhausted or times of appeal have expired.
- 6.3.** Unless otherwise required by law, the Ombudsperson shall not release any information regarding personal and personnel records, unless written permission has been received from the affected persons for releasing the information.

7. Term / Review / Appointment

- 7.1 Term.** The normal term of the Ombudsperson should be for three to five years, with the possibility of reappointment.
- 7.2 Review.** The Office of the Ombudsperson shall be reviewed on a regular basis. At least eight months before the end of the term of the Ombudsperson, the Executive Committee of the Governing Council will commission a review, state its terms of reference and appoint its membership. The report of the review will be presented to the Governing Council through the Executive Committee, and the recommendations will be considered for approval by the Governing Council, upon their endorsement by the Executive Committee.
- 7.3 Search and Appointment.** The search for Ombudsperson shall be conducted in the light of the recommendations of the review of the Office, subject to their approval by the Governing Council and in the light of other guidance as provided by the review. The search committee, appointed by the Executive Committee of the Governing Council, shall be representative of the University community and shall include, among others, students and members of the teaching and administrative staff.
- 7.4 Mid-Term Review.** The Executive Committee of the Governing Council shall consider the appropriateness of a limited review of the operations of the Office of the Ombudsperson in the middle of the incumbent's term. If the Executive Committee determines that a review is appropriate, it will specify the manner in which the review is to be carried out. The Committee may also determine, in the light of the regular reports to the Committee, that a review is unnecessary.

Approved by Governing Council on December 14, 2006, replacing the policy approved on May 31, 2001

Revisions approved by Executive Committee on October 6, 2008

An addition to section 3.3 and the addition of a new section 3.7 approved by the Governing Council on January 21, 2010

Sexual Violence and Sexual Harassment Complaints involving Faculty Members and Students of the University of Toronto arising in Independent Research Institutions, Health Care Institutions and Teaching Agencies

A. Introduction

The University of Toronto, independent Research Institutions, Health Care Institutions and Teaching Agencies in which University faculty members, students (including trainees) and staff may work and study, have their own separate policies and procedures covering sexual violence, including sexual harassment or assault. This protocol does not change or replace those policies. Instead, it provides a process for deciding, in a particular case involving members of the University community working in an independent Research Institution, Health Care Institution or Teaching Agency, which institution will take responsibility for the case and, therefore, which procedure should be followed. It also provides for the relevant institution to keep the other informed to the extent appropriate to enable each institution to meet its own obligations to faculty members, employees, and students or otherwise at law. In some cases the responsibility for dealing with a case will most appropriately be shared by the University and the relevant independent Research Institution, Health Care Institution or Teaching Agency.

Nothing in this protocol precludes an institution from taking independent action to safeguard its community members.

For the purposes of this protocol, independent Research Institutions, Health Care Institutions and Teaching Agencies shall be referred to collectively as "Non-University Institutions". While many of these Non-University Institutions will be affiliated with the University of Toronto, they are not University institutions.

This protocol applies to any complaint made by a student (including trainee), employee, or faculty member appointee of the University hereafter, collectively referred to as "University member" about sexual violence, including sexual harassment that arises in the context of the University member's work in a Non-University institution. The goal is to clarify jurisdiction in the interests of the complainant and of both involved institutions.

The protocol encompasses all faculty members (including clinical (MD), dentistry or health science faculty or scientists, including those with status-only appointments), employees on the University payroll, and all students who are registered at the University for full-time or part-time studies in a program that leads to a degree or post-secondary diploma or certificate of the University or in a program designated by the Governing Council as a program of post-secondary study at the University.

B. Notification of Complaints

i. Complaints made by University members

Where a University member situated in a Non-University Institution brings forward a complaint of sexual violence, including sexual harassment, to the Non-University Institution, the Non-University Institution shall notify the University of the complaint as soon as reasonably possible after its receipt. Notification shall be to the Vice-Provost, Relations with Health Care Institutions and the Executive Director, Sexual Violence Prevention and Support at the University of Toronto.

Where the Non-University Institution has sole jurisdiction over the complaint (e.g., where the respondent is directly employed by the Non-University Institution and has no relation to the University), the Non-University Institution will promptly provide the University (via the Vice-Provost, Relations with Health Care Institutions and the Executive Director, Sexual Violence Prevention and Support) with the name(s) of the complainant(s) and with access to the relevant policies and procedures. The relevant Non-University Institution shall also provide the complainant(s) with contact information for the University's Sexual Violence Prevention and Support Centre. Where there is, or may be, shared jurisdiction between the University and one of these other Institutions, the protocol in Section (iii), below, shall be followed.

ii. Complaints made against University Member(s)

This protocol provides guidelines for determining the jurisdiction of complaints of sexual violence, including sexual harassment made against University members who are working or studying in a Non-University Institution. The University and Non-University Institution will each have its own sexual violence/harassment complaint procedures, which are in no way modified by the provisions of this memorandum. Rather, the memorandum provides a protocol for determining, in each case, which institution shall take carriage of a complaint.

Where an allegation of sexual violence, including sexual harassment is made against a University member, in order to determine which Institution's process should be followed, in every case, the following questions will be addressed by the person receiving the initial complaint:

1. Which institution(s) have the authority, capacity and responsibility for supervision and management of the person(s) accused of sexual violence/harassment?
2. Which institution(s) have obligations to or liabilities in respect of the person(s) complaining of sexual violence/harassment?

In order to answer these questions, the jurisdictional analysis set out in Part D will be followed.

C. Persons to be notified:

In every case, the person receiving the initial complaint of sexual violence/harassment shall notify the relevant other institution as to the nature of the complaint and invite the other institution to assert that it has jurisdiction over the matter. In the case of Non-University Institutions, the Office of the President & Chief Executive Officer, and the Vice-President, Human Resources & Equity, and/or another officer as designated by the institution, will be so notified. In the case of the University of Toronto, notification will be to the Vice-Provost, Relations with Health Care Institutions, and to the Executive Director, Sexual Violence Prevention and Support.

These parties will initially only be provided with information about the complaints to the extent appropriate to make the decision as to jurisdiction.

D. Jurisdiction:

Students

Where a complaint is made against a student (including a trainee), the University of Toronto will have carriage of the complaint.

Faculty members

Jurisdiction over complaints against faculty members will vary according to the circumstances of the particular complaint. In general, jurisdiction will be determined by reference to the following factors:

1. a. In the circumstances of the particular complaint of sexual violence/harassment, which institution had immediate authority over the respondent? For example, was the respondent engaged at the time in activities which were consequent on her or his University status, or on her or his status at the Non-University Institution? It is understood that at times the authority over the respondent will be conjoint. One criterion will be whether the respondent is, at the relevant time, primarily accountable for the performance of her or his activities to the University, or to the particular Non-University Institution.
 - b. Which institution has the primary general capacity to regulate the conduct of the respondent, or to impose restrictions on the respondent's access to persons or facilities?
 - c. Which institution is primarily responsible for protecting the respondent's interest in fair and unbiased process?
 - d. Which institution has the principal responsibility for safeguarding the working and learning environment of the complainant?

2. Parts (3) and (4) below outline: the circumstances in which the University shall normally have carriage of a complaint (3) and the circumstances in which the Non-University Institution shall normally have carriage of a complaint (4).

In most cases both institutions will have an interest in the disposition of the complaint, irrespective of which institution has primary jurisdiction. Once the decision as to the jurisdiction has been made, the institution which does not have jurisdiction will be invited to assert its interests in the disposition of the complaint.

3. *University of Toronto jurisdiction and procedures:* Where the allegations refer to the conduct of a member of the University of Toronto faculty in the course of his or her work in a Non-University Institution, and where the allegations concern conduct which is related to or consequent on the faculty member's status at the University of Toronto, the complaint will normally be dealt with under the University of Toronto's Policy on Sexual Violence and Sexual Harassment [*]

4. *Non-University Institutions jurisdiction and procedures:* Where the allegations refer to the conduct of a member of the University of Toronto faculty in the course of study or work in a Non-University Institution, where the faculty member is alleged to be in breach of a Non-University Institution's policy, and where the allegations concern conduct that is not related to or consequent on the faculty member's status in the University of Toronto, the allegations will normally be dealt with through the mechanisms available within the relevant Non-University Institution. However, the Vice-Provost, Relations with Health Care Institutions and the Executive Director, Sexual Violence Prevention and Support will be notified of the complaint and will have an opportunity to make representations in respect of the disposition of the complaint.

E. Confidentiality & Patient care

Where the allegations refer to the conduct of a member of a health science Faculty in the course of providing patient care, or where it is alleged that a public interest has been threatened, the public interest and / or the patient care concerns will take priority.

Confidentiality also cannot be maintained in circumstances where information must be disclosed in order to address a risk to the health and safety of patients or University members or where the Institution is obliged by law to disclose the information (for example, notification to applicable health professions regulatory bodies, as appropriate).

[*] <http://www.governingcouncil.lamp4.utoronto.ca/wp-content/uploads/2016/12/p1215-poshtv-2016-2017pol.pdf>

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