

Update to PGMEAC on Temerty Medicine's Approach to Learner Mistreatment and Alleged Breaches of Standards for Professional Behaviour by Medical Clinical Faculty

Pier Bryden, Senior Advisor, Clinical Affairs and Professional Values

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TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Process for faculty in raising concerns regarding mistreatment/breaches of professional standards

<https://temertymedicine.utoronto.ca/sites/default/files/standardsofprofessionalbehaviourformedicalclinicalfaculty-05132020.pdf>

Key sections 3 and 4



Process for faculty in raising concerns regarding mistreatment/breaches of professional standards

Key Principles:

- Disclosure versus Reporting
- Protections for Complainants consistent with Rights of the Respondents
- Clear guideline with regard to potential retaliation
- Limitations of Anonymous Disclosures
- Jurisdictional Issues
- Alignment of all Temerty Medicine and its Departments' Policies and Processes



Process for faculty in raising concerns regarding mistreatment/breaches of professional standards

If an individual observes or experiences a clinical faculty member potentially breaching these Standards, and if the individual feels comfortable, willing, and judges that it is safe to do so, they may choose to approach the faculty member and communicate their concerns with the goal of ending the behaviour. This approach recognizes the important role of collegial conversation in the medical community, and emphasizes the principle of addressing problems locally wherever possible.



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*However, if such a conversation is inappropriate in the circumstances (e.g., it has previously been ineffective, or if more support is required due to a significant power imbalance) then a complainant may disclose their concerns to a member of the University community with whom they feel comfortable (e.g., their course or program director or **the Clinical Faculty Advocate**). It will be the choice of the complainant to make a disclosure or formal report, after being advised of the information above.*



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A formal report must be directed to the relevant University Vice-Dean or Department Chair for action, depending on the nature of the issue. In a case where a complainant has concerns about the role of the relevant Vice-Dean or Department Chair, the matter should be reported in a one-up manner to the Dean. Similarly, concerns about the Dean would be handled in the same one-up manner to the University's Provost. In the event that a formal report is directed to someone other than the foregoing, the individual who receives the report should, in accordance with the terms of these Standards, notify the relevant Vice Dean or Department Chair, as appropriate.

Please see "Jurisdiction" section for guidance on the appropriate notification and collaboration with the applicable clinical site leaders.



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Discipline:

The Reviewer may recommend remedial or other action or consequences in their report. If remediation is unsuccessful, if subsequent retaliatory threats or behaviour by the clinical faculty member are alleged and confirmed, or depending on the seriousness of the circumstances underlying the complaint, breaches of these Standards may result in discipline up to and including termination for cause.



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*Individual programs and departments may have additional policies setting out the preferred reporting mechanisms.**

**These must adhere to the processes articulated in the Standards of Professional Behaviour for Medical Clinical Faculty*



Clinical Faculty Advocate Role

The CFA has been appointed to help individual physicians interact with administrative and academic leaders, hospitals and the University, in difficult situations. Whether in informal discussions about mild conflicts or when facing serious allegations or other challenges, physicians may feel disadvantaged by inexperience, lack of system knowledge, time constraints, emotional pressures etc.

The CFA can listen, provide information and advice, help with written submissions, and accompany physicians to meetings. The CFA is not expected to be impartial, and as appropriate, will argue for and act on behalf of the physician.



Clinical Faculty Advocate Role

The CFA deals with matters related to work in the clinical academic environment, including clinical issues that intersect with hospital privileges, hospital or university appointments, compensation, etc.

The CFA does not assist clinical faculty on strictly clinical matters, does not adjudicate disputes, and does not offer client privilege (protection from discovery in court) as would legal counsel. The CFA will work with the physician as needed to obtain expert advice including through the Canadian Medical Protective Association, Ontario Medical Association, or independent counsel.



Clinical Faculty Advocate Role

<https://temertymedicine.utoronto.ca/sites/default/files/ClinicalFacultyAdvocate.pdf>



Questions/Discussion

pier.bryden@utoronto.ca

professional.values@utoronto.ca



Thank You



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