



Guidelines for Managing Disclosures about Learner Mistreatment for Postgraduate Medical Education (PGME) Learners

Approved by: *To be approved by* Postgraduate Medical Education Advisory Council (PGMEAC), Hospital University Education Council (HUEC)

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Note: This Mistreatment Guideline for PGME Learners is a revision to the ***Guidelines for Addressing Intimidation and Harassment and Other Kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education***, approved by PGMEAC in May 2016 and revisions bring it into alignment with the Protocol for managing allegations of mistreatment within the MD Program (approved in March 2020). This Guideline represents changes that harmonize the definitions of what constitutes mistreatment, guiding principles, and intake processes. Resolution mechanisms have also been modified to reflect existing policy documents at the University of Toronto and changes to Professional Values standards and expectations.

Important: This Guideline is NOT for emergency use.

Learners with reasonable concern about imminent harm to themselves or others should call 911 or seek immediate assistance from onsite security or other authorities.

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A. Preamble: Purpose and Scope

Postgraduate Medical Education (PGME) places the utmost importance on the safety and well-being of learners including their ability to learn in an environment of professionalism, collegiality, civility and respect.

The purpose of this Guideline is to clarify processes available for University of Toronto (U of T) PGME learners to disclose/report certain behaviour or incidents that they have experienced or witnessed. This Guideline does not replace or limit the legal and ethical standards established by professional or regulatory bodies; by relevant clinical settings; or by other applicable University standards, policies, and procedures that are outlined in Appendix A, which may apply in certain circumstances.

This Guideline is available to support all residents and clinical fellows registered with PGME (including International Medical Graduates (IMGs) and externally sponsored learners).

We encourage PGME Learners in the Assessment Verification Period (AVP) or Pre-Entry Assessment Period (PEAP) who have concerns about potential mistreatment to contact the Director of Learner Experience directly, given that registrants in AVPs or PEAPs, as pre-entry learners, may not necessarily have access to the full breadth of University resources or other policies outlined in these Guidelines but any concerns that they raise regarding mistreatment will still be taken seriously by PGME.

B. Guiding Principles

The Postgraduate Medical Education program considers the following mutually related principles to be relevant to the disclosure/reporting and subsequent review process:

- **Learner safety, well-being and support:** The experience of any kind of mistreatment may be extremely stressful. Throughout the disclosure/reporting process, utmost care will be taken to minimize further harm or stress to the learner, to limit to the extent possible the number of times a learner has to re-share their story, and to protect the learner from retaliation. Learners who disclose/report alleged mistreatment should have appropriate physical, emotional and psychological supports.
- **Fairness:** The University is committed to fairness by all involved in a complaint process, including affording individuals that are the subject of a complaint an opportunity to respond, and for both complainants and respondents to have an opportunity to be heard.
- **Distinction between disclosure and reporting:** Disclosure is when a complainant conveys information about the conduct of an individual to the University and/or seeks information about options. Reporting is when a complainant conveys information about the conduct of an individual to the University with the intention that the University formally reviews and potentially acts upon the information, which could result in remedial or disciplinary action taken against the individual responsible for concerning behaviour, or further processes. The decision to disclose and the decision to report are separate decisions made by the learner, except in cases where the University determines it necessary to act upon a disclosure,

independent of the learner's intent, including out of health or safety concerns, as required by law, or required by a regulatory body, or a University regulation.

- Designated points of contact: Learners will have designated points of contact to disclose/report alleged mistreatment they experienced or witnessed non-evaluative to provide learners with advice and guidance regarding possible next steps to address the concerning behaviour.
- Confidentiality and anonymous disclosures/reports: All parties must maintain confidentiality to the extent possible and the privacy of complainant and respondent should be respected. Only those who need to be involved to review the matter, to respond, to provide information about an incident they witnessed, or those who are requested to provide personal support to an involved party, should be informed about the disclosure or report.
- Anonymity: We recognize that sometimes learners may feel it is unsafe to report in an identified manner and they may only wish to come forward anonymously. Although we receive anonymous disclosures, (i.e. disclosures made without a requirement that learners provide their identity), the ability to respond to such disclosures/reports is limited and the learner should be aware:
 - that there are circumstances where the University may need to disclose their identity in extenuating circumstances (i.e. including health or safety concerns, regulatory or legal obligations);
 - that it may be possible for the individual that is the subject of the concern to identify them based on their description of the underlying incident(s);
 - that the individual or institution may have a limited ability to respond to an unidentified or anonymous disclosure or report;
 - that the University may be limited in the scope of its review, if the individual has not had a meaningful chance to respond to the disclosure or report;
 - that the University may be limited in the sanctions that it can impose against the individual;
- When deciding whether to proceed with a review of an anonymous disclosure or report, the University may consider whether the issues underlying the disclosure or report are egregious and if there is sufficient information to enable the review. If the University decides to proceed with an anonymous disclosure or report, the learner(s) who submitted the disclosure/report will not be known and so will be unable to participate in the review process or receive information about its outcome.
- Good faith disclosure/reporting: The University may choose not to review a disclosure or report if it determines that the disclosure or report is frivolous, has been made in bad faith, or there is insufficient information to proceed. Disclosures/reports that are frivolous or made in bad faith may be subject to disciplinary action, in accordance with the appropriate statements, policies, protocols, codes and standards.

C. Categorization and Definitions of Mistreatment

The Association of American Medical Colleges (AAMC) defines mistreatment within the medical education context as intentional or unintentional behaviour that shows disrespect for the dignity of others and interferes with the learning process. Mistreatment can involve a single incident or a pattern of behaviour and can range from subtle gestures and/or comments to egregious actions. Any behaviour involving mistreatment of another person compromises the learning environment.

The Faculty of Medicine recognizes as harmful all of the behaviours and actions that are deemed unacceptable under one or more of the statements, policies, protocols, codes and standards referenced below and listed in Appendix A.

For the purposes of this Guideline, mistreatment is categorized as follows:

- i. Unprofessional behaviour
- ii. Discrimination and discriminatory harassment
- iii. Sexual violence and sexual harassment

Behaviours that fall under the discrimination and discriminatory harassment and sexual violence and sexual harassment categories are considered in principle to be unprofessional. However, they are presented as discrete mistreatment categories since they are defined and addressed through specific policy and procedure documents, as summarized below.

The examples provided throughout these Guidelines are not exhaustive and are not intended to represent the spectrum of behaviours that may be considered mistreatment.

Any learner who witnesses behaviour that they perceive or suspect as being mistreatment can disclose/report the concerning behaviour, as outlined below in Section D Disclosure/Reporting Procedures, in order to make an informed decision about next steps.

PGME encourages all members of the Faculty of Medicine community, including learners, to practice allyship by disclosing/reporting mistreatment witnessed in the learning environment, even if not experienced directly.

Definitions

i. Unprofessional behavior¹

Unprofessional conduct is demonstrated when a physician does not act respectfully towards other physicians, hospital staff, volunteers, trainees, patients and/or their families. Such behaviour has the potential to harm the learning environment. It may include making remarks of an intimidating or discriminatory nature.

- *Selected examples of unprofessional behavior for Clinical Faculty, as outlined in the Faculty of Medicine [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#) may include:*
 - required to perform inappropriate personal services
 - publicly humiliated
 - subjected to recurring outbursts of anger (e.g. shouting, throwing objects)
 - subjected to non-constructive disparaging remarks about the character of another physician / health professional / learner
- *Selected examples of unprofessional behavior for PGME learners, as outlined in the University of Toronto [Standards of Professional Practice Behaviour for all Health Professional Students](#) may include:*
 - Committing any act that could reasonably be construed as mental or physical abuse
 - Failure to work harmoniously with instructors, peers and other health professionals;
 - Failure to maintain appropriate boundaries with patients / clients and other health professionals;

ii. Discrimination and discriminatory harassment

Discrimination under the [Ontario Human Rights Code](#) refers to unequal treatment based on the following protected grounds: age, ancestry, citizenship, colour, creed (religion/faith), disability, ethnic origin, family status, gender expression, gender identity, record of offences, marital status, place of origin, race, sex (including pregnancy and breastfeeding), and sexual orientation. Discrimination can be direct or indirect, subtle or overt.

Medical learners have the right to freedom from discriminatory harassment, which refers to a course of vexatious conduct based on any of the protected grounds identified in the *Ontario Human Rights Code* that the alleged perpetrator knows or ought reasonably to know to be unwelcome.

¹ Key documents with respect to identifying and addressing behaviours that are considered unprofessional include but are not limited to:

- CPSO [Physician Behaviour in the Professional Environment](#) and [Guidebook for Managing Disruptive Physician Behaviour](#)
- CPSO [Professional Responsibilities in Postgraduate Medical Education](#)
- Faculty of Medicine [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#)
- University of Toronto [Standards of Professional Practice Behaviour for all Health Professional Students](#)
- CPSO [Physician Behaviour in the Professional Environment](#) and [Guidebook for Managing Disruptive Physician Behaviour](#)
- CPSO [Professional Responsibilities in Postgraduate Medical Education](#)

Selected examples of discrimination and discriminatory harassment (I am a medical learner who experienced or witnessed someone being):

- subjected to offensive remarks/names related to or based on any of the protected grounds identified in the Ontario *Human Rights Code*
- denied opportunities for training or rewards based on any of the protected grounds identified in the Ontario *Human Rights Code*
- received lower evaluations/grades based on any of the protected grounds identified in the Ontario *Human Rights Code*
- Mistreatment under this category also includes ‘micro-aggressions’, which are often unintentional, but experienced as a pattern of, snubs, slights, put-downs, and gestures that demean or humiliate individuals based on their belonging to a group, particularly those identified by gender, race/ethnicity, sexual orientation, immigration status, and/or socioeconomic class.

iii. Sexual violence and sexual harassment

According to the University of Toronto [Policy on Sexual Violence and Sexual Harassment](#):

- Sexual violence includes any sexual act or act targeting a person’s sexual orientation, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person’s consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism, and sexual exploitation.
- Sexual harassment includes but is not limited to engaging in a course of vexatious comments or conduct that is known or ought to be known to be unwelcome and is sexual in nature.

Selected examples of sexual violence and sexual harassment (I am a medical learner who experienced or witnessed someone being):

- Sexually solicited or subjected to an advance made by a person in a position to confer or deny a benefit or advancement to the person where the person making the solicitation or advance knows or ought reasonably to know that it is unwelcome.
- Subjected to reprisal or a threat of reprisal for the rejection of a sexual solicitation or advance, where the reprisal is made or threatened by a person in a position to confer or deny a benefit or advancement.
- Subjected to sexist remarks/names
- Subjected to sex-related comments about physical appearance or actions

D. Disclosure/Reporting Procedures

If a learner feels comfortable, willing, and judges that it is safe to do so, they may choose to approach the individual responsible for the concerning behaviour and communicate their concerns with the goal of ending the behaviour. This approach recognizes the important role of collegial conversation in the PGME community and emphasizes the principle of addressing problems locally wherever possible. 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 we recognize that a learner may end up disclosing their concerns to someone in the University of Toronto community who is not named in this document, however they may not be in a position to act on the disclosure. These individuals should refer the learner to the Designated PGME Program Leaders for further support and resources. Upon contacting the Designated PGME Program Leaders, it will be the choice of the learner to make a disclosure or formal report.

i. Who to Contact: Designated PGME Program Leaders

For the purposes of this Guideline, the term “designated PGME Program leader” refers to the following individuals, who are officially designated to receive and discuss disclosures/reports from PGME learners regarding any behaviour experienced or witnessed that a learner perceives or suspects as being mistreatment. These designated PGME leaders include the:

- Director, Learner Experience (MD and PGME)
- Associate Dean, Postgraduate Medical Education (PGME)²

Contact information for the designated PGME Program leaders is provided on our Faculty of Medicine [Learner mistreatment webpages](#).

ii. How to Disclose/Report

The [Disclosure Form](#) (DF) is an online tool that learners can use to provide information to a designated PGME Program leader regarding any behaviour experienced or witnessed that the learner perceives or suspects as being mistreatment. The PGME Program, via a designated PGME Program leader, will strive to promptly contact the learner to initiate a discussion regarding the behaviour, possible next steps, and supports.

Learners have the option to provide information anonymously (i.e. without the requirement that they provide their identity) to a designated PGME Program Leader regarding mistreatment they have experienced or witnessed, with the understanding that doing so is subject to the limitations outlined above. If a learner chooses to disclose an incident of alleged mistreatment to an individual other than a Designated PGME Program Leader, the individual receiving the submission should:

- make the learner aware of this Guideline.
- inform the learner to contact a designated PGME Program Leader (as per above).

Designated PGME Program leaders can also be contacted through more traditional communication, such as email, telephone, and in-person communication. Written submissions (including by e-mail) should be clearly dated and labelled “Confidential disclosure for the attention of Dr. ” to ensure priority review. Contact information for the designated PGME Program leaders, as well as other supports, is provided on the [Learner mistreatment webpages](#).

Since the DF facilitates tracking of harmful incidents, learners should be aware that even if they use another option, they may be asked to complete a DF. Alternatively, the designated PGME Program

² The Director of Learner Experience or Associate Dean PGME may delegate management of a learner concern based on learner request, conflict of interest, volumes, or expertise of another program leader

leader may complete a DF in consultation with the learner, preserving confidentiality to the extent possible, to ensure there is a record of the learner's recollection of the experience.

Medical learners also have the option of providing information regarding experienced or witnessed concerns on course and teacher evaluation forms. While every effort is made to review evaluation forms in a timely manner, learners should be encouraged to make disclosures or reports through a DF.

E. Next Steps Following a Disclosure/Report

Procedures and Principles following a Disclosure/Report.

1. The PGME Program will strive to review all DFs and clearly labelled written submissions to a Designated PGME Program leader in a timely manner and contact the learner within 7 business days to initiate a plan for a discussion (if the learner provided their identity on submission).
2. During the initial discussion with the learner, the designated PGME Program leader should inform the learner:
 - about this Guideline and how to access it, along with any other applicable University policies and procedures (if known, based on the information provided in the DF; otherwise, this information can be provided to the learner in a subsequent communication);
 - about the supports that are available to them, ensuring that best efforts are made to prioritize the learner's psychological, social, and physical safety;
 - about the distinction between disclosure and reporting (and gauge the learner's intent);
 - that there could be egregious circumstances triggering the University's obligation to act on a disclosure, independent of the learner's intent to disclose vs. report (e.g., CPSO mandatory reporting, health/safety risk, other requirements at law);
 - about the restrictions associated with confidentiality and anonymity (outlined above);
 - that the University will not tolerate retribution or reprisal towards learners who come forward;
 - that the University works with its affiliated hospitals to determine which party should investigate a complaint, depending on the nature of the issues raised;
 - that the Director of Learner Experience, Associated Dean PGME, or Designate is involved in intake and ensuring the learner has adequate supports and resources to decide on next steps. Formal review and investigation, if determined to be necessary, will be undertaken by the relevant hospital and / or university leadership (see Resolution Mechanisms, below).
 - about any relevant referrals if the issues raised clearly fall outside of the University's jurisdiction (e.g. a complaint about a member of the public, or a patient at a clinical site)
3. Following the discussion with the learner, the designated PGME Program leader may wish to:
 - consult with individuals in relevant leadership positions within hospitals and / or the university on a need-to-know basis in order to determine applicable policies (if not already known), to determine primary jurisdiction (hospital vs. University), to coordinate efforts, to provide effective options to the learner, and to avoid duplication of work;

- provide referrals to the learner for concerns that must be addressed through an alternative process (e.g., sexual harassment/assault, criminal behaviour, research misconduct, referral to CPSO, complaint that would be more appropriately addressed by a clinical site).

F. Resolution Mechanisms

Once a learner decides to make a report, a variety of actions may be undertaken depending on the nature and severity of behaviour identified, the individuals involved in the incident(s), the environment in which the incident(s) occurred, and other factors.

For the purposes of review and resolution:

- The “**complainant**” is the learner who makes the report (claim) of mistreatment
- The “**respondent**” is the alleged source of mistreatment within the FOM against whom a petition (i.e., a report of learner mistreatment) is made. This may be a faculty member, postgraduate learner, postdoctoral fellow, medical student. For respondents outside of the Faculty of Medicine (e.g. professional from another health discipline, patient or family member) jurisdiction for managing the report will generally fall outside of the Faculty

Investigation

Following a report of alleged mistreatment, PGME may determine that an investigation is required depending on the incident(s) described.

Jurisdiction

Where a formal investigation is required, and an affiliated hospital site is involved, the Associate Dean PGME will contact the VP-Education or equivalent (and in the event that there is no VP-Education or equivalent, the Chief Medical Officer or equivalent) to notify them of the investigative process.

The expectation is that matters brought forward under this Guideline are to be addressed by the University with assistance by the Hospital, as appropriate. This Guideline is not intended to address matters that fall within the jurisdiction of the hospital (ex. strictly clinical care, involving complaints against a hospital employee). In these latter circumstances, the Director of Learner Experience will provide support to the Learner to navigate relevant Hospital procedures, including any relevant review processes.

Establishing the Investigative Committee

- a) The Associate Dean PGME will designate a Chair of the investigative committee, and together they will determine membership for the investigative committee.
- b) PGME will strive to establish an investigative committee 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 chair of the

investigative committee will inform the Director of Learner Experience and the Associate Dean PGME of the committee membership.

- c) Where possible, the investigative committee must strive to be inclusive of members from equity-seeking groups. It is expected that all members of the investigative committee undertake some form of unconscious bias training prior to the first meeting, and the Chair of the committee is responsible for ensuring all committee members attest to its completion. The committee will convene in advance of commencing the investigation to review procedures and clarify the goals and required output (a report) of their work.
- d) 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.
- e) 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;
 - iii. Reassure the complainant that they will be given full opportunity to state their case and present relevant evidence with the right to a representative.
 - iv. Remind the complainant of steps that PGME takes to protect the complainant against retaliation
 - v. Advise the complainant of their right to have a PARO representative accompany them to meetings
- f) In meeting with the **respondent**, the committee will:
 - i. Inform them that there has been a complaint and provide details;
 - ii. Provide information about relevant policies and procedures to be followed for investigating the complaint, including the mandate and scope of the investigative committee;
 - iii. Advise them that the University takes seriously any retaliation against or intimidation of the complainant or of anyone connected with the report (e.g., witnesses);
 - iv. Reassure the respondent that they will be given full opportunity to state their case and present relevant evidence with the right to a representative (ex. PARO if a learner, Clinical Faculty Advocate, if a clinical faculty member).

Decision/Outcome of the Investigation

- a) The committee will review all relevant evidence as it relates to the allegations and determine, on a balance of probabilities whether there is evidence to support the concerns.
- b) The committee will write a report, outlining the evidence it considered, the reasons for its decision, and a final determination, including whether any corrective or follow-up action(s) is necessary. The committee will send a letter to the respondent and the complainant with a copy of the report. The university and / or hospital leader with jurisdiction as well as the Director of Learner Experience and University Associate Dean PGME will also receive copies.

The complainant and the respondent will have 10 days after receipt to accept or appeal the outcome of the investigation.

G. Appeals

Following their receipt of the committee's decision, if the complainant or the respondent is not satisfied with the outcome, they may submit a written appeal to the Vice Dean, Medical Education. If unsatisfied, the complainant or respondent may further appeal the matter to the Dean. 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.

Note: Appeals may be based on grounds that the decision was unreasonable because:

- I. A fair process was not followed; or
- II. Relevant evidence was not taken into consideration when the decision was made; or
- III. The decision could not be supported by the evidence which was considered when it was made.

If an appeal relates to a jurisdiction outside of the University, the complainant will be referred to the appropriate body with oversight (e.g., Hospital leadership).

An appeal is not an opportunity to re-hear a report of mistreatment rather it is a review of the decision that was made to ensure that no facts were missed and that no error occurred during the initial review.

H. Relationship Between University and Hospital

The university and hospital are governed by existing affiliation agreements and these will be respected and upheld in the application of these Guidelines.

In particular, sexual harassment/sexual abuse incidents must be reported to the University of Toronto Sexual Violence Prevention and Support Centre (SVPSC).

I. Institutional Responsibility: Tracking, Analyzing, and Addressing Trends

The Director of Learner Experience is responsible for oversight of this Guideline and holds primary responsibility for the tracking of allegations of mistreatment disclosures/reports by medical learners. The Director along with the Associate Dean, PGME are also jointly responsible for identifying concerning rates or trends in mistreatment within our learning environments, in collaboration with partners such as University departments, hospital affiliates, the decanal team, and others.

The Director of Learner Experience will coordinate the production of an annual report that summarizes the frequency and spectrum of alleged mistreatment disclosures / reports by medical learners, including the types of resolutions. Any data included in the report will be conveyed in an anonymous and aggregated manner to ensure that individuals (complainants and respondents) are not identifiable.

DRAFT

Appendix A

Relevant Statements, Policies, Guidelines, Codes and Standards

- [Ontario Human Rights Code](#)
- University of Toronto:
 - [Statement on Human Rights](#)
 - [Statement on Prohibited Discrimination and Discriminatory Harassment](#)
 - [Policy on Sexual Violence and Sexual Harassment](#)
 - [Protocol with Health Care Institutions: 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](#)
 - [Code of Student Conduct](#)
 - [Standards of Professional Practice Behaviour for all Health Professional Students](#)
 - [Policy with Respect to Workplace Harassment](#)
 - [Policy with Respect to Workplace Violence](#)
 - [Policy on Conflict of Interest and Close Personal Relations](#)
 - [Human Resources Guideline on Workplace Harassment and Civil Conduct \(Civility Guideline\)](#)
 - [Terms of Reference of the Office of the Ombudsperson](#)
- Faculty of Medicine:
 - [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#)
 - [Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education](#)
 - [Principles Resolution of Resident Disagreement with Attending Physician or Supervision](#)
 - [Postgraduate Trainee Health and Safety Guidelines](#)
 - [Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education](#)
- College of Physicians and Surgeons of Ontario (CPSO):
 - [Physician Behaviour in the Professional Environment](#) and [Guidebook for Managing Disruptive Physician Behaviour](#)
 - [Physician Behaviour in the Professional Environment](#)
 - [Professional Responsibilities in Postgraduate Medical Education](#)
 - [Guidelines for Supervision](#)
- Canadian Medical Association (CMA)
 - [CMA Code of Ethics and Professionalism](#)