



## ***Guideline for Managing Disclosures about Learner Mistreatment***

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**Approved by:** *To be approved by* Postgraduate Medical Education Advisory Council (PGMEAC)

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Note: This Guideline for Managing Disclosures about Learner Mistreatment 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. This revision brings the Guideline 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 additions 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 on site 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 behaviours or incidents that they have experienced or witnessed where there may be a concern related to potential mistreatment. 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.

We acknowledge the role that power and positionality play in enabling the mistreatment of learners and have constructed this Guideline according to an anti-racist, anti-oppressive, and inclusive framework.

This Guideline is available to support all residents and clinical fellows (including International Medical Graduates (IMGs) and externally sponsored learners), as well as visiting elective learners who are registered with PGME.

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 this Guideline. Any concerns that they raise regarding mistreatment will be reviewed by PGME with the utmost seriousness.

We encourage all faculty in leadership roles to contact the Director of Learner Experience directly should they have any questions or concerns pertaining to mistreatment in their programs and/or learning environments, particularly when managing issues locally, in order to ensure alignment with this Guideline. We recognize that many issues will be appropriately managed at a departmental or hospital level; these should be addressed in a manner that upholds the frameworks, definitions, processes, and principles for managing learner mistreatment as outlined in this Guideline.

## B. Guiding Principles

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

- Learner safety, trauma-informed approaches, well-being and support: Any experience of mistreatment may be extremely stressful. Throughout the disclosure/reporting process the approaches taken will be trauma-informed, with utmost care 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 will be offered appropriate physical, emotional and psychological supports.

- Equity, Diversity, and Inclusion: This Guideline recognizes that power differentials related to both the inherently hierarchical nature of medical education and to sociodemographic identifiers can influence the learning environment and enable learner mistreatment. These effects are pronounced for learners identifying as Black and Indigenous, under-represented racialized minorities, sexual or gender minorities, minoritized faith groups, and individuals living with a disability, among others. This Guideline has the goal of dismantling systemic barriers that learners face during their training and also supporting learners to achieve resolution of their individual concerns in ways that are EDI-informed. This Guideline is founded on anti-racist, anti-oppressive, and inclusive principles in all aspects of its development and implementation.
- Fairness: The University is committed to fairness for all involved in a complaint review process, including for example, ensuring that both complainants and respondents have an opportunity to be heard with impartiality and with protection of their privacy.
- Distinction between disclosure and reporting: A disclosure occurs 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 the 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 deems it necessary to act upon a disclosure, independent of the learner's intent, including out of health or safety concerns, as required by law, 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 to provide learners with advice and guidance regarding possible next steps to address the concerning behaviour.
- Confidentiality: 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 it may be possible for the individual who is the subject of the concern to identify the learner based on their description of the underlying incident(s);

- that the 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 respondent 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 respondent.

We acknowledge that certain groups are under-represented in various programs, which may make learners reticent to report in that they may be more easily identifiable. This will be considered by PGME when deciding on whether to proceed with formal review of an anonymous disclosure. Furthermore, when deciding whether to proceed with a review of an anonymous disclosure or report, the University will also 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 act on 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.

### C. Categorization and Definitions of Mistreatment

Mistreatment can be defined within the medical education context as intentional or unintentional behaviour that shows disrespect for the dignity of others. Mistreatment can involve a single incident or a pattern of behaviour and can range from subtle gestures and/or comments to egregious actions<sup>1</sup>. Mistreatment may include making remarks of an intimidating or discriminatory nature. Any behaviour involving mistreatment of another person compromises the learning environment.

The Temerty 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 or 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 the Guideline are not exhaustive and are not intended to represent the spectrum of behaviours that may be considered mistreatment.

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<sup>1</sup> Association of American Medical Colleges (AAMC)

Any learner or other Temerty Faculty of Medicine community member who witnesses behaviour that they perceive as or suspect to be 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 Temerty Faculty of Medicine community, including learners, to practice allyship by disclosing/reporting mistreatment witnessed in the learning environment, even if not experienced directly. Note that the reporter should have more than a superficial understanding of what happened (i.e. direct knowledge of the situation), and the welfare and interests of the person who directly experienced the mistreatment should be a primary consideration.

## Definitions

### i. Unprofessional behavior<sup>2</sup>

Unprofessional conduct is demonstrated when a healthcare professional or trainee 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.

- *The Temerty Faculty of Medicine [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#) outlines expectations. Selected examples of unprofessional behavior for Clinical Faculty may include:*
  - Public humiliation;
  - Being subjected to recurring outbursts of anger (e.g. shouting, throwing objects);
  - Being subjected to non-constructive disparaging remarks about the character of another physician / health professional / learner
  - Being subjected to reprisal or a threat of reprisal for bringing a concern forward, where the reprisal is made or threatened by a person in a position to confer or deny a benefit or advancement.
- *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.

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<sup>2</sup> 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](#)
- Temerty Faculty of Medicine [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#)
- University of Toronto [Standards of Professional Practice Behaviour for all Health Professional Students](#)

## 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, marital status, place of origin, race, record of offences, sex (including pregnancy and breastfeeding), and sexual orientation. Discrimination can be direct or indirect, subtle or overt.

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.

*Selected examples of discrimination and discriminatory harassment include:*

- Being subjected to offensive remarks/names related to or based on any of the protected grounds identified in the Ontario *Human Rights Code*;
- Being denied opportunities for training or rewards based on any of the protected grounds identified in the Ontario *Human Rights Code*;
- Receiving lower evaluations/grades based on any of the protected grounds identified in the Ontario *Human Rights Code*;
- Being subjected to reprisal or a threat of reprisal for bringing a Human Rights concern forward, where the reprisal is made or threatened by a person in a position to confer or deny a benefit or advancement.

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 include:*

- 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;
- Being 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;
- Being subjected to sexist remarks/names;
- Being 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 choose to disclose their concerns to someone in the University of Toronto community who is not named in this document and who may not be in a position to act on the disclosure. These individuals should either refer the learner to Designated PGME Program Leaders for further support and resources or contact the Designated PGME Program Leaders directly for consultation on how to manage the situation locally in ways that are in alignment with this Guideline.

### **i. Who to Contact: Designated PGME Program Leaders**

Learners may disclose an incident of alleged mistreatment to departmental / program or hospital leadership including (but not limited to) Program Directors, Site Education Leaders, Vice Chairs of Education, Chief Residents, or directly to a Designated PGME Program Leader. 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)<sup>3</sup>

Contact information for the Designated PGME Program Leaders is provided on our Temerty Faculty of Medicine Learner mistreatment webpages.

When a learner contacts an individual other than a Designated PGME Program Leader, the individual receiving the disclosure should make the learner aware of this Guideline and:

- Inform the learner that they may contact a Designated PGME Program Leader (as per above), or

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<sup>3</sup> 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



- Proceed to manage the situation locally (See Section F below for applicable procedures), and contact a Designated PGME Program Leader if there are any questions related to how this Guideline applies in the local management of learner concerns.

## **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 as or suspects to be 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 disclose anonymously (i.e. without the requirement that they provide their identity) information regarding mistreatment they have experienced or witnessed to a designated PGME Program Leader, with the understanding that doing so is subject to the limitations outlined 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.

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 or through a Designated PGME Program Leader.

## **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 Processes, 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;
  - 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. Review and Resolution Processes for Reports

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 person who makes the report (claim) of mistreatment.
- The “**respondent**” is the alleged source of mistreatment within the Temerty Faculty of Medicine against whom a petition (i.e., a report of learner mistreatment) is made. This may be a faculty member, postgraduate learner, or medical student. For respondents outside of the Temerty 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 Temerty Faculty of Medicine.

### Jurisdiction

Where a review or investigation involves another university office outside of the Temerty Faculty of Medicine, PGME will provide ongoing support to the learner and remind learners of other relevant local University resources (i.e. Wellness, Equity Offices, Office of Equity Diversity and Inclusion, Sexual Violence Prevention and Support Centre (SVPSC)) that can provide support.

Where an affiliated hospital is involved in a review or investigation, Departmental/Program leadership or the Associate Dean PGME will contact the VP-Education or equivalent to notify them of the review/investigative process.

The expectation is that relevant 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 (e.g. patient safety, strictly clinical care, 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.

### **Departmental/Program-level Review and Resolution**

Depending upon the nature of the complaint, reports of mistreatment may be reviewed and resolved at the departmental/program-level. To enable and support an integrated approach across the Temerty Faculty of Medicine, local-level review and resolution of complaints may occur and should operate in accordance with the guiding principles and processes articulated in this Guideline, including the understanding that other policies, guidelines, or processes may apply depending upon the nature of the complaint. Agreed upon resolution actions must be informed by the nature of the complaint, with particular attention paid to impact on the complainant and the learning environment. Any questions about applicable policies, guidelines, and processes can be directed to the Director of Learner Experience to ensure alignment.

There is a spectrum of resolution actions, including discussion and informal awareness building. Examples of resolution actions across this spectrum are included in **Appendix B**, including actions that require consultation with the Director of Learner Experience, decanal leadership, and other sources of advice at the University of Toronto.

Departmental/program-level leadership will work in partnership with the Director of Learner Experience and decanal leadership to review the complaint and determine the appropriate resolution process if:

- the complaint falls under the jurisdiction of other University offices (e.g. Research Oversight, Sexual Violence, Conflict of Interest, etc.);
- agreement is not reached between departmental/program-level leadership and the respondent regarding whether the complaint is substantiated and/or appropriate resolution;
- departmental/program-level leadership believes that resolution actions should involve discipline, revocation or restriction in rights or entitlements of the respondent (including relating to promotion, awards and/or other University appointments).

If departmental/program-level leadership determines that the complaint is not substantiated, the department/program will notify the complainant of this determination. The complainant may speak with the Director of Learner Experience to discuss next steps.

If the learner is not satisfied with the resolution actions, the complainant may speak with the Director of Learner Experience to discuss next steps.

### **Hospital-level Review and Resolution**

Hospital-level review and resolution may be undertaken for complaints falling under the hospital's jurisdiction (e.g. Patient safety, strictly clinical care, complaints against a hospital employee, see **Jurisdiction** above). If any complaints arise that involve a learner as a complainant or respondent, this should be managed through the educational unit of the hospital, in collaboration with PGME. Any questions about applicable policies, guidelines, and processes can be directed to the Director of Learner Experience to ensure alignment.

### **PGME Investigations**

#### **Establishing the Investigative Committee**

When it is determined that an investigation is necessary and appropriate, the following steps will be taken:

- 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 when a decision is made that an investigation is required. Where appropriate, this will be a joint committee with representatives from both the applicable hospital site and the University. The membership of the investigative committee will be submitted for information to the Director of Learner Experience.
- c) Where possible, the investigative committee must strive to be inclusive of members from equity-deserving groups. It is expected that all members of the investigative committee undertake 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 willing participants 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 (e.g. faculty mentor or other support person);
  - iv. Advise the complainant of their right to have a PARO representative accompany them, if applicable, to meetings;
  - v. Remind the complainant of steps that PGME takes to protect the complainant against retaliation.
- f) In meeting with the **respondent**, the committee will:
- i. Inform them that there has been a complaint and summarize its content;
  - 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. Reassure the respondent that they will be given full opportunity to state their case and present relevant evidence with the right to a representative (e.g. PARO if applicable for a PGME learner; Clinical Faculty Advocate, if a clinical faculty member);
  - iv. 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).

#### **Decision/Outcome of the Investigation**

- a) The committee will review all relevant evidence as it relates to the allegations and determine whether there is evidence to support the concerns; if the committee decides that there is insufficient evidence then no further action will be taken unless there is a request for review (see Section G, below).
- 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 seek review of the outcome of the investigation.

#### **G. Requests for Review**

Following their receipt of the committee's decision, a complainant or respondent may seek a review, in the form of a written request to the Vice Dean, Medical Education, 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.

A request for review 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 a fair process was followed during the initial review.

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

Members of the University community retain the right to bring an application directly to the Human Rights Tribunal of Ontario in appropriate matters.

## **H. Relationship Between the University and Hospital**

The University and hospital are governed by existing affiliation agreements and these will be respected and upheld in the application of this Guideline. Review and management of learner concerns will comport with these existing University and hospital affiliation agreements vis-à-vis information sharing.

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 and implementation of this Guideline and holds primary responsibility for the tracking of allegations of mistreatment disclosures/reports by PGME 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 tracking and storage of documentation pertaining to disclosures/reports of mistreatment by PGME learners will be in accordance with university policy and the Freedom of Information and Protection of Privacy Act (FIPPA).

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 PGME learners, including the types of resolutions. To inform the production of this annual report, departmental/program-leadership will provide the Director of Learner Experience with de-identified data regarding incidents reviewed locally. Any data included in the annual report will be conveyed in an anonymous and aggregated manner to ensure that individuals (complainants and respondents) are not identifiable.

## 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](#)
- Temerty Faculty of Medicine:
  - [Faculty of Medicine Diversity Statement](#)
  - [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](#)

## Appendix B

### Review and Resolution Processes

Review and management of a report may include, but is not limited to, one or more of the following actions (at the discretion of leadership who are tasked with acting on a report):

- Referral to another University process or body, as appropriate;
- Informal conversation by a University and/or hospital leader with the respondent with the aim of encouraging self-awareness and self-reflection;
- Referral for mentoring, coaching, or education (for example, Center for Faculty Development, Canadian Medical Protective Association);
- Written reflection or apology from the respondent;
- Confidential, mediated discussion or resolution between the respondent and the complainant. This approach recognizes the role of collegial conversations in the PGME community, but this must take into account the power imbalances that exist in our clinical and learning environments. A mediator who is acceptable to both parties may be appointed to work towards a resolution. Learners can ask PARO representatives to accompany them;
- Notification to applicable regulatory body;
- Temporary or permanent change to teaching, research, or leadership duties;
- Termination of Academic Appointment;
- Notification to campus police or law enforcement.