Introduction:

The College’s current Re-entering Practice policy is under review. As a part of this review, an external consultation was undertaken on the current policy from June 13 to August 12, 2016. The purpose of this consultation was to obtain stakeholders’ feedback to help ensure that any updates made to the policy reflect current practice issues, embody the values and duties of medical professionalism, and are consistent with the College’s mandate to protect the public.

Invitations to participate in the consultation were sent via email to a broad range of stakeholders, including the entire College membership as well as key industry organizations. In addition, a general notice was posted on the College’s website, Facebook page, and announced via Twitter.

Feedback was collected via regular mail, email, an online discussion forum, and an online survey. In accordance with the College’s posting guidelines, all feedback received through the consultation has been posted online.

This report summarizes the stakeholder feedback that was received through the online survey.

Caveats:

19 respondents started the survey, but of these, 1 was excluded for not having completing any of the substantive questions, leaving a total of 18 surveys for analysis. The results reproduced below capture the responses for both complete and partially complete surveys.

The purpose of the online survey was to collect feedback from physicians, organizations, and the public regarding the current Re-entering Practice policy. Participation in the survey was voluntary and one of a few ways in which feedback could be provided. As such, no attempt has been made to ensure that the sample is representative of the larger physician, organization or public populations, and no statistical analyses have been conducted.

The quantitative data shown below are complete and the number of respondents who answered each question is provided.

The qualitative data captured below are a summary of the general themes or ideas conveyed through the open-ended feedback.

1 These respondents completed only the initial demographic or ‘warm-up’ questions.
Respondent Profile:

As shown in *Table 1*, the vast majority of the respondents were from Ontario (94%).

**Table 1**

<table>
<thead>
<tr>
<th>Do you live in...</th>
<th>n=18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ontario</td>
<td>17</td>
</tr>
<tr>
<td>Rest of Canada</td>
<td>0</td>
</tr>
<tr>
<td>Outside Canada</td>
<td>1</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>0</td>
</tr>
</tbody>
</table>

As shown in *Table 2*, the majority of respondents were physicians (86%).

**Table 1: Respondents (cont’d)**

<table>
<thead>
<tr>
<th>Are you a....?</th>
<th>n=18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (including retired)</td>
<td>16</td>
</tr>
<tr>
<td>Medical Student</td>
<td>0</td>
</tr>
<tr>
<td>Member of the public</td>
<td>1</td>
</tr>
<tr>
<td>Other health care professional (including retired)</td>
<td>1</td>
</tr>
<tr>
<td>Organization</td>
<td>0</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>0</td>
</tr>
</tbody>
</table>
Physician Experiences with the College’s Re-entering Practice Process:

Please note that the following questions were only asked of the physician respondents. For some questions the base is quite small and caution should be exercised when interpreting these results.

Q4. “Have you ever undergone the re-entering practice process with the College?”

Two physician respondents indicated that they had undergone the re-entering practice process with the College (Table 2).

Table 2:

<table>
<thead>
<tr>
<th>Have you ever undergone the re-entering practice process?</th>
<th>n=16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>12.50%</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>87.5%</td>
</tr>
<tr>
<td>n = 16</td>
<td></td>
</tr>
</tbody>
</table>

Q5: “How did you find this process?”

The two physician respondents indicated that they found the process negative and very negative (Table 3).

Table 3:

<table>
<thead>
<tr>
<th>How did you find this process?</th>
<th>n=2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Positive</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Positive</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Neutral</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>Very Negative</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>50%</td>
</tr>
<tr>
<td>n = 2</td>
<td></td>
</tr>
</tbody>
</table>

Q6: “Please elaborate on your answer above.”

One respondent indicated that the process does not take into account the extent to which physicians have managed to stay up-to-date and prepared to return to practice - particularly those who remained in academic centers and that the process treats absence from practice the same way for everyone. The other respondent indicated that the current policies are extremely strict, unfair, confusing, and unhelpful.
Q7: “The College’s bylaws require physicians to report when they plan to re-enter practice after a prolonged absence. Are you aware of this obligation?”

All of the physician respondents indicated that they are aware of their obligation to notify the College when they plan to return to practice after a prolonged absence (Table 4).

Table 4:

<table>
<thead>
<tr>
<th>Are you aware of this obligation?</th>
<th>n=16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Don’t know/ Not sure</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>

Q8. “Physicians must notify the College through the annual renewal survey if they are planning to re-enter practice after a prolonged absence. However, if a physician is planning to re-enter practice after they have completed the annual survey period they must also notify the College. If this were to pertain to you, would you know how to notify the College?”

Most of the physician respondents indicated that they would know how to notify the College if they were planning on re-entering practice after the annual renewal period had passed (81%). A few physician respondents indicated that they would not know who to notify the College outside of this period (19%). (Table 5)

Table 5:

<table>
<thead>
<tr>
<th>Do you know would how to notify the College outside of the Annual Renewal?</th>
<th>n=16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>81%</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>19%</td>
</tr>
</tbody>
</table>

Absence from Practice and Competency:

Please note that the following questions were asked of all respondents.

Q9. “The current policy sets out a number of expectations to ensure that physicians have the competency necessary to return to practice. Please indicate whether you agree or disagree with each of the following expectations:”

As shown in Figure 1, the majority of respondents agree that it is important that physicians who have been absent from clinical practice for a prolonged period have a needs assessment prior to returning to practice (83%). Respondents were more divided about the importance of supervision (45% agree; 17% neither agree
nor disagree; 39% disagree), and of a final assessment (44% agree; 17% neither agree nor disagree; 39% disagree) prior to returning to practice after an extended leave.

**Figure 1:**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is important that physicians who have been absent from clinical practice for a prolonged period have a needs assessment prior to returning to practice.</td>
<td>39%</td>
<td>44%</td>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is important that physicians who have been absent from clinical practice for a prolonged period undergo supervision prior to returning to practice.</td>
<td>17%</td>
<td>28%</td>
<td>17%</td>
<td>33%</td>
<td>6%</td>
</tr>
<tr>
<td>It is important that physicians who have been absent from clinical practice for a prolonged period undergo a final assessment prior to returning to practice.</td>
<td>11%</td>
<td>33%</td>
<td>17%</td>
<td>28%</td>
<td>11%</td>
</tr>
</tbody>
</table>

n=18

**Q10. “Please elaborate on your answers above. (Optional)”**

Open ended feedback regarding the components of the College’s re-entry process was received from 13 respondents.

- Respondents were generally divided about whether they felt that the assessment and supervision components of the re-entry process are important to ensure competency. Some respondents expressed support for these components of the process while others felt they are unnecessary. Still others expressed that one or the other would be important but not both.

- Those that felt they were unnecessary elaborated that it is difficult to find a supervisor, mentorship should occur instead of supervision, and that maintaining CME credits is enough to return to practice after an extended absence. Another indicated that this should be competence-based rather than time-based, as the residency programs now are in family medicine.

- A few respondents also indicated that the importance of these components of the process is dependent on how long the physician had been out of practice and the frequency of their practice prior to leaving.
Q11. “The current Re-entering Practice policy requires physicians to report if they have been absent from practice for at least 3 years consecutively or have worked less than 6 months in the preceding 5 years and intend to enter the same type of practice in which they were previously involved. Is it also important for the College to be aware of physicians who have been out of practice for a shorter period of time?”

Overall, a majority of respondents (physicians) indicated that it is not important for the College to be aware of physicians who have been out of practice for a shorter period of time than what is set out in the policy (61%). A minority felt that it is important for the College to be aware of these physicians (22%) and a few (17%) didn’t know (Figure 2).

Figure 2:

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>22%</td>
</tr>
<tr>
<td>No</td>
<td>61%</td>
</tr>
<tr>
<td>Don't know</td>
<td>17%</td>
</tr>
</tbody>
</table>

n=18

Q12. “Please elaborate on your answer above.”

Open ended feedback regarding the importance of the College’s awareness of physicians who have been out of practice for less time than what is currently required was received from 12 respondents.

- Those that felt that the College does not need to be aware of physicians who have been out of practice for a shorter period of time provided:
  - The current requirements are sufficient and that any change to the current requirements would be arbitrary;
  - The College should be cautious how many restrictions are implemented, so as not to continue losing doctors to other countries. This only hurts the public;
  - As long as CME credits are kept up to date, absences are irrelevant;
  - The best way to monitor competence is through reporting of incompetence;
  - People who go on maternity leave would be affected unnecessarily;
  - This expectation may be redundant in light of the existing expectation that physicians should work in areas they are trained and experienced in.

- Those that supported the College being aware of shorter absences indicated that this is important to ensure quality of services. One respondent suggested it may be better to notify the College of absences of 2 or more years consecutively and less than 6 months over the past 3 years.

- Those that were unsure indicated that it depends on the physician.
Q13. “State your level of agreement regarding the following statements:”

A slight majority of respondents agree that a physician who practises two days per month for 5 years maintains their competency to practise medicine (53% agree, 12% neither agree nor disagree, 36% disagree). A slight majority disagree that a physician who practises two days per month for 5 years maintains the same level of competency as a physician who practises 6 months consecutively and is out of practise for 4 and a half years (30% agree, 12% neither agree nor disagree and 59% disagree). Respondents were generally divided about whether a physician who practises 6 months consecutively and is out of practice for 4 and a half years maintains their competency to practise medicine (30% agree, 29% neither agree nor disagree, 29% disagree) (Figure 3).

Figure 3:

Q14. “Please elaborate on your answer above.”

Open ended feedback regarding frequency of clinical practice and competence was received from 9 respondents.

- Two respondents specified physicians should work 2-3 days per week and must maintain their knowledge and skills to practise medicine.
• Others felt that time spent in clinical practise was not the most important factor for determining competency. These respondents provided:
  o You do not lose your experience, you add to it;
  o Maintaining continuing medical education is sufficient;
  o It is not time as much as attitude (physician compassion and dedication to patients) that matters;
  o Competency varies and is based on many different factors besides time in practice.
• Others provided that competence is dependent on:
  o the physician
  o the type of practice (surgeons would require a higher level of screening/assessment)
  o the level of support in a practice.

Q15. “How long can a physician be continuously out of clinical practice before competency starts to be impacted?”

When asked how long a physician can be continuously out of clinical practice before competency starts to be impacted, almost a quarter of respondents (24%) indicated that physicians can be continuously out of practice for 2 years or more before competency starts to be impacted. Just over a tenth (12%) of respondents indicated that physicians can be continuously out of practice for 1 year or more and the same percentage felt that physicians can be continuously out of practice for 3 years or more before competency starts to be impacted. A minority of respondents chose 6 months (6%) and 5 years or more (6%). None of the respondents chose 4 years or more (0%). 12% indicated that they ‘don’t know’ and a majority of respondents chose ‘other’. Of those who chose ‘other’ most specified that it depends on the physician and the situation (Figure 4).

Figure 4:

[Bar chart showing responses to Q15]

n=17

Q16. “Please elaborate on your answer above.” (Optional)

Open ended feedback regarding the length of time a physician can be continuously out of clinical practice before competency starts to be impacted was received from 9 respondents.

• Some respondents indicated:
  o Two years seems about right.
  o One year is a fair time- more than 2 years is too long.
  o Medicine is changing very rapidly these days (drugs, techniques, tests, guidelines, policies, etc. etc.) Physicians are responsible for remaining current in all that is involved in the practice of medicine in the community, hospitals, etc.
• Others stated that the impact of absence from practice on a physician’s competency is dependent on:
  o whether the physician is maintaining an academic position, administrative role or doing research
  o specialty
  o the individual
  o what they are doing while absent/reason for being off
  o years of experience
  o age of physician
  o CME record
  o what characterizes being 'out of clinical practice'.

• Others felt that physicians should be responsible for ensuring their own competency and if they don’t, the current policy is sufficient to protect the public.

Q17. “Choose the statement that you most agree with:”

A slight majority of respondents (41%) indicated that a physician must practise a certain number of days per year to maintain competency. A minority of respondents felt that a physician must practise a certain number of days per month or days per week to maintain competency (12%). Just over a third of respondents (35%) specified another interval. Those that chose “Other” indicated that this cannot be generalized, as it depends on various other factors and one respondent stated that the current policy expectations are adequate.

Figure 5:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A physician must practise a certain number of days per year to maintain competency.</td>
<td>41%</td>
</tr>
<tr>
<td>A physician must practise a certain number of days per month to maintain competency.</td>
<td>12%</td>
</tr>
<tr>
<td>A physician must practise a certain number of days per week to maintain competency.</td>
<td>12%</td>
</tr>
<tr>
<td>Other (Please specify another interval)</td>
<td>35%</td>
</tr>
</tbody>
</table>

n=17

Q18. “Please elaborate on how often a physician would need to practise in order to remain competent (how many days per week, month, year, etc.).”

Open ended feedback regarding the number of days per week, month, or year a physician must practise before competency starts to be impacted was received from 17 respondents. Respondents indicated:

• It depends on the type of practice (speciality, team-based, number of years prior to taking a leave, and ongoing maintenance of CME)
Others suggested:
- 1-2 days per week
- 3 days per week
- at least 3 days/week or 3 weeks/month for at least 10 months of the year
- 2 days per week or one week per month
- at least 4 days per month
- 30 days per year
- 12 days per year or more
- I believe as few as eight or 10 days a year may be sufficient.

Assessments of the Policy:

Q19. “For the next few questions it is important that you have read the current policy. If you have not read the current policy, you will not be in a position to answer these questions, and as such, the questions will be skipped over. Your answers to all other questions will still be collected and analyzed. If you would like to take a moment to read the current policy, you may do so by clicking on the link in the sentence below.

Have you read the current Re-entering Practice policy?”

Nearly all of the respondents (93%) reported having read the current policy (Figure 6) and were subsequently asked whether they felt the policy was clear and comprehensive.

Figure 6:

<table>
<thead>
<tr>
<th>Yes</th>
<th>93%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>7%</td>
</tr>
</tbody>
</table>

n = 15

Q20. “The Re-entering Practice policy sets out that physicians undergoing the re-entry process must pay for the costs related to supervision and training and that the costs of the final assessment are to be borne by the College, unless the physician is re-entering practice following certain circumstances delineated in the policy.

Do you agree with the cost provisions set out in the policy?”

Respondents are generally divided about their level of agreement with the cost provisions set out in the policy (38% agree, 13% neither agree nor disagree, 50% disagree) (Figure 7).

Figure 7:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhat agree</td>
<td>13%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>13%</td>
</tr>
<tr>
<td>Somewhat disagree</td>
<td>25%</td>
</tr>
<tr>
<td>Strongly disagree</td>
<td>25%</td>
</tr>
</tbody>
</table>

n = 8
Q21. “Please elaborate on your answer above. “

Open ended feedback was received from 5 respondents who provided a range of responses.

Respondents indicated:
- The current provisions are just and reasonable;
- The College charges enough money through the annual membership fee and should thus contribute to the re-entry process;
- I disagree with the policy and thus paying isn’t supportable;
- Depends on the cost;
- The College should pay a portion of the cost;
- It the responsibility of the person choosing to take a leave of absence to cover the cost of the process for re-entry.

Q22. “We’d like to understand whether the policy is clear. Please indicate whether you agree or disagree with each of the following statements regarding the clarity of the policy.”

As reported in Figure 8 below, about half of the respondents agreed that the current policy is easy to understand (51%), well organized (51%), clearly written (51%) and that the policy clearly articulates that the Changing Scope of Practice policy expectations would also apply if the physician returning to practice was planning to practice in a different area than that in which they had previously practiced (51%). A majority feel that the policy clearly articulates physicians’ obligations to report when they have been absent from practice for a prolonged period of time (63%), and that a physician must meet certain expectations before they can return to practice after a prolonged absence (75%).
The policy is easy to understand.

The policy is well organized.

The policy is clearly written.

It is clear what is meant by practising 6 months within the preceding 5 year period.

The policy clearly articulates physicians’ obligations to report when they have been absent from practice for a prolonged period of time.

The policy clearly articulates that the Changing Scope of Practice policy expectations would also apply if the physician returning to practice was planning to practice in a different area than that in which they had previously practiced.

The policy clearly articulates that a physician must meet certain expectations before they can return to practice after a prolonged absence.

Strongly agree  Somewhat agree  Neither agree nor disagree  Somewhat disagree  Strongly disagree

Note: responses < 5% are not labeled

n = 8
Q23. “Please elaborate on your answers above. (Optional)”

Open ended feedback was provided by 3 respondents. Respondents suggested that the policy

- Reads well and is clear but the trouble comes in understanding how it applies to specific circumstances;
- Is easy to understand but not specific enough;
- Is self-explanatory.

Q24. “We’d like to understand whether the Requirements for Re-entering Practice section of the policy is clear. Please indicate whether you agree or disagree with each of the following statements regarding the clarity of the section.”

As shown in Figure 9, the majority of respondents indicated that the policy clearly sets out what is involved in steps 1, 2, 3 and 4 of the re-entry process (65%, 72%, 72% and 64% agree, respectively).

Figure 9:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The policy clearly sets out what is involved in step 1 of the re-entry</td>
<td>29%</td>
<td>36%</td>
<td>21%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>process (needs assessment).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The policy clearly sets out what is involved in step 2 of the re-entry</td>
<td>29%</td>
<td>43%</td>
<td>21%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>process (high level supervision).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The policy clearly sets out what is involved in step 3 of the re-entry</td>
<td>36%</td>
<td>36%</td>
<td>7%</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>process (moderate and low level supervision).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The policy clearly sets out what is involved in step 4 of the re-entry</td>
<td>21%</td>
<td>43%</td>
<td>21%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>process (final assessment).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

n = 14

Note: responses < 5% are not labeled

Q25. “Please elaborate on your answers above.” (Optional)

Open ended feedback was provided by 5 respondents. Respondents stated the following:

- The process is too vague;
- The duration of time for which supervision is needed is not specified;
- The college should entrust the reports received from the supervisor, thus saving on cost and time and cutting the final assessment;
• The final assessment should be based on the feedback received from the clinical supervisor and other sources related to the standards of practice of the supervised physician;
• There is difficulty finding a supervisor;
• It is not entirely clear how the final assessment of practice readiness is accomplished.
• All is clear.

Other respondents asked:
• May a physician practise (and bill) during this process? Will a license be "restricted" during this process?
• Some research involves clinical work so why would this not require supervision?
• Can re-entry be by graduated re-entry hours?

Q26. “How can we improve the policy’s clarity? (Please feel free to elaborate on your answers above or touch on other issues relating to clarity.)

Eight respondents provided open ended feedback about how to improve the clarity of the policy. Some of the key suggestions included:

• Reframing the policy to clarify that the College supports physicians in re-entering practice;
• Reframing the policy into guidelines in order to allow for more flexibility within the process, to account for the individuality of each situation;
• Clarifying reporting requirements for those that have taken a leave but do not meet the threshold identified in the policy;
• Providing more detail about changing scope of practise;
• Providing timelines for each stage of the process to help the re-entering physician undergo a cost-benefit analysis;
• Clarifying what the final assessment entails and who it is given by;
• Specifying the considerations pertaining to re-entry (ie. practice type, availability of support of colleagues, personal responsibility to "work in areas in which they are adequately trained and experienced", continuous licensure, CME maintenance, etc.).
• It was also suggested that consideration should be given to the CME activities maintained during the absence.

Q27: “We’d like to understand whether the policy is comprehensive. That is, it addresses all of the relevant or important issues related to re-entering practice after a prolonged absence and the process related to re-entry. Please indicate whether you agree or disagree with the following statements:”

Over half of respondents somewhat agree that the currently policy is comprehensive (57%). A majority of respondents agree that the description of prolonged absence from practice is comprehensive (64%) and about half agree that the Requirements for Re-entering Practice section is comprehensive (50%). (Figure 10)
Q28. “Please elaborate on your answers above.” (Optional)

Open ended feedback regarding the comprehensiveness of the policy was provided by 7 respondents. The feedback reiterated much of what was provided in response to earlier questions (e.g. the policy is too vague, the policy is adequate as each case must be handled on a case by case basis, request for clarification on the definitions of “practice” and “out of practice” and request for clarification about requirements regarding part-time practice). One respondent suggested that the policy address scenarios whereby a physician changes their scope of practice or returns to a previous scope after an extended leave. Another respondent suggested the reporting requirements to the College related to re-entering practice should be clarified.

Q29. “How can the policy be made more comprehensive? (Optional)”

Open ended feedback suggesting ways the policy could be made more comprehensive was received from 6 respondents. Respondents suggested the policy could be made more comprehensive by:

- Highlighting the re-entry process is a collaborative process;
- Updating requirements pertaining to supervision:
  - Providing a list of physicians willing to be clinical supervisors;
  - Reducing the clinical supervision condition from 5 to 3 years to facilitate willingness to be a supervisor;
  - Clarifying the decision making process regarding how much supervision is required, length of time supervision is required, and who makes the ultimate decision about when practice re-entry requirements have been met.
- Clarifying the steps physicians who have been out of practice for an extended period must take at the time of the annual renewal;
- Allowing for case by case assessments.
Q30. “If you have any additional comments that you have not yet provided, please provide them below, by email, or through our online discussion forum. (Optional)"

When given the opportunity to provide any feedback they have not yet had the opportunity to voice, 3 respondents offered a response. Respondents stated:

- The College should have a forum for closer communications with physicians and be more open to suggestions.
- CPSO has a mandate to protect the public. This requires all MD’s to meet standards of care irrespective of number of hours worked or length of time away from work. The number of hour or days worked does not reflect safety or quality in any way.
- In the rush to control physicians and their practices the college will lose out on many dedicated and competent physicians who need lighter workloads or experience a catastrophic illness or injury. Those physicians restrict their practices to match their competence and still have a great deal to contribute. Rather than encourage foreign medical graduates to fill the thinning ranks perhaps it is in the patients of Ontario’s best interest to view physicians as the human beings they are. The effort put into assisting FMG’s cultural integration and competency should be paralleled by efforts to keep our own physicians in the workforce at their pace not in trying to push them out the door.