WHO WE HEARD FROM

- 36 responses were received in response to this consultation.
- Feedback was primarily received from physicians (78%), but we also heard from other health professionals and the following organizations: Ontario Medical Association (OMA); Medico-Legal Society of Toronto; Professional Association of Residents of Ontario (PARO); and OMA Section on General and Family Practice.

WHAT WE HEARD

- The majority of respondents were supportive of the draft policy, and made suggestions for ways it could be made clearer and more comprehensive.
- The inclusion of “disasters” alongside “public health emergencies” in the draft policy added a level of confusion for respondents as to which situations the policy would apply.
- Some respondents were comfortable with the level of flexibility the draft policy afforded given the unpredictable nature of public health emergencies. Other respondents felt that the draft policy was too vague and lacked the detail needed for application to specific public health emergency situations.
- The addition of a terminology section in the draft policy was positively received. Respondents indicated that it would be helpful to have examples, either in the policy or in a companion document.
- Respondents noted that the reasonableness of some of the expectations in the draft policy could be improved upon. Specifically, expecting physicians to provide physician services during public health emergencies may have unintended consequences that could hamper the overall response effort. Some respondents felt that the expectation did not account for a physician’s familial responsibilities or for physicians who are severely ill or immunocompromised, although the draft policy specifically acknowledged physicians who have familial or personal health and/or ability limitations.
- Several comments were made that fell outside of the College’s mandate to regulate the practice of medicine to protect and serve in the public interest. Examples include: making liability, death and disability coverage available for physicians providing care; setting criteria for when a disaster or public health emergency could be declared; assigning authority for which officials could declare a public health emergency; dictating how physicians should be compensated for the services they provide; and, developing communications infrastructure and regional plans for emergency preparedness.
OTHER IMPORTANT CONSIDERATIONS

In addition to the feedback received on the draft policy, we considered a wide range of information while developing the final policy. This included:

- A comprehensive literature search;
- A jurisdictional comparison of guidance on public health emergencies provided by medical regulators and medical associations across Canada; and,
- A preliminary consultation on the current policy.

HOW WE RESPONDED TO YOUR FEEDBACK

The revised policy retains the key content and central principles of the draft policy that was released for consultation however changes were made based on consultation feedback to enhance the clarity and applicability of the document.

Some specific examples of revisions undertaken in response to feedback are set out below:

<table>
<thead>
<tr>
<th>POLICY DECISION</th>
<th>RATIONALE</th>
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<tbody>
<tr>
<td>An Executive Summary has been included at the beginning of this revised draft policy in order to provide a quick overview of the top issues and key expectations that are addressed in the policy.</td>
<td>Both external and internal stakeholders have commented that it is sometimes difficult to navigate policies to identify relevant policy content.</td>
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<tr>
<td>The draft policy has been revised to focus on public health emergencies rather than to signify that the cause of these emergencies could be the occurrence of disasters.</td>
<td>The inclusion of disasters added a level of confusion for the reader that detracted from the policy’s application.</td>
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<td>The title of the revised draft policy has been streamlined to focus on the event to which this policy applies: Public Health Emergencies.</td>
<td>This change was made to enhance clarity.</td>
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<td>The revised draft policy affirms the profession’s commitment to providing physician services by acknowledging the role physicians have always played and recognizes the unique position they occupy in society to provide assistance to people in need.</td>
<td>This addition was made in response to feedback that the draft policy did not recognize the role physicians have always played during public health emergencies, implying that physicians aren’t going to help unless they are compelled to. This was not intended, and so a change to the tone of the revised draft policy has been made.</td>
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<tr>
<td>A section on planning and preparation was added to the revised draft policy. This section sets expectations for physicians to plan and prepare for public health emergencies and provides information on liability protection available through legislation and assistance from the Canadian Medical Protective Association.</td>
<td>This addition was made in response to feedback received throughout the consultation noting the importance of planning and simulation exercises.</td>
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<td>Revisions made to the “Providing Physician Services” section clarify that physicians must be available to provide services, that physicians with familial or ability limitations are expected to help the response effort in indirect ways, that “physician services” include direct medical care, as well as administrative and other indirect activities, and that documentation of patient encounters is dependent on whether or not the specific circumstances allow.</td>
<td>These changes were made to reduce the risk of misinterpretation and to recognize that physicians have many skills that are useful during a public health emergency that go beyond direct medical care provision.</td>
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</table>
The Public Health Emergencies policy received final approval from Council on February 23, 2018, and is now an official policy of the College of Physicians and Surgeons of Ontario.

A companion document with frequently asked questions is being developed to provide examples of public health emergencies, as well as to elaborate on key issues grounded in the principles and expectations of the policy.

READ THE FINAL POLICY

KEY MESSAGES OF THE FINAL POLICY

1) Acknowledges that physicians are integral to an effective public health emergency response, and that they have always provided medical care and other physician services in times of crisis.

2) Recommends that physicians prepare for the occurrence of public health emergencies, and reminds them that in Ontario there is legislation that offers legal protection to those who offer emergency assistance to people in need.

3) Advises physicians to be proactive and inform themselves before a public health emergency occurs. Once a public health emergency occurs, the policy requires physicians make reasonable efforts to stay informed.

4) Requires physicians to be available to provide physician services during public health emergencies, and clarifies that “physician services” includes direct medical care, administrative or other indirect activities, as well as expanding capacity in a physician’s existing practice where appropriate given the circumstances.

5) Reminds physicians providing direct medical care to people in need that they must document these patient encounters, and that this documentation must be done to the best of their ability given the circumstances.

6) Outlines criteria that must be met before physicians can practise outside of their scope of practice during public health emergencies, and reminds them that once the public health emergency is over they must follow the College’s Ensuring Competence: Changing Scope of Practice and/or Re-Entry to Practice policy.