



## **Standards of Professional Behaviour for Clinical (MD) Faculty**

### **Purpose and Application**

These Standards articulate the University's expectations for the appropriately high standard of behaviour that is already exemplified by the majority of our clinical faculty. The Standards apply to Medical Clinical Faculty appointed under the University of Toronto's *Policy for Clinical Faculty*, and are relevant to their interactions with any members of the University community, including undergraduate or graduate students, residents, clinical or research fellows ("learners"), other faculty members, other health care professionals, and staff. These Standards may be used as a relevant factor in the evaluation of clinical faculty members.

These Standards are also relevant to clinical faculty members' interactions with patients or others when these interactions are witnessed by learners or other members of the University community. As trainees learn what it means to be medical professionals, the examples set by their teachers, the clinical faculty with whom they work in daily patient care, are important influences. Learners engage in formal curricular sessions on professional values but are also influenced by the informal and hidden curricula, which include the behaviours and attitudes they observe in clinical faculty. Early career clinical faculty also learn from the examples set by senior clinical faculty.

### **Other policies**

The Standards do 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 particularly outlined in Section 5 of these Standards. Nothing in these Standards limits the academic freedom of clinical faculty as defined in the *Policy for Clinical Faculty*.

### **Summary**

The Standards are divided into 5 sections as follows:

- **Section 1** lists appropriate professional behaviour and characteristics that clinical faculty should strive to demonstrate.
- **Section 2** lists inappropriate behaviours that clinical faculty should not engage in.
- **Section 3** explains the reporting process for breaches of professional behaviour including the difference between a disclosure and a report, and the University's approach to confidentiality, anonymity, and withdrawn disclosures and reports.
- **Section 4** outlines a process for reviewing reported breaches.
- **Section 5** lists associated or incorporated policies, codes, and guidelines.

## SECTION 1 – Appropriate Professional Behaviour and Characteristics

**Clinical (MD) faculty should hold and effectively model high standards of professional values, including a commitment to excellence and fair and ethical dealings with others in carrying out their professional duties, and to facilitating a psychologically and physically safe learning environment. The following illustrate some of the behaviours and characteristics that clinical faculty should consistently strive to demonstrate:**

- Maintain a high standard of practice and teaching as defined by the College of Physicians and Surgeons of Ontario (CPSO), departmental standards, and program guidelines, and seek excellence (e.g., self-assessment, life-long learning)
- Demonstrate honesty, integrity, empathy, humility, and compassion
- Show concern for patients and their caregivers and their physical and psychosocial well-being; exhibit altruism
- Be a role model when managing relationships with patients and their families in the clinical and community setting, with participants and their families in the research setting, and with learners.
  - Act with courtesy and respect
  - Recognize and observe boundaries
  - Communicate effectively, provide appropriate information, and answer questions
  - Respect privacy and maintain confidentiality
  - Maintain an acceptable standard of appearance and hygiene
- Be collegial in relations with other physicians, health-care professionals, staff, and learners, and promote a psychologically safe environment.
- Be available and approachable; be sensitive to the power dynamics between faculty and learners, and between senior and early-career faculty.
- Comply with the Ontario Human Rights code in a manner that ensures that the clinical learning environment is one in which all individuals are treated with respect and are free from discrimination.
- Be sensitive to and accepting of social identities in patients, colleagues, and learners, and support culturally safe communication and relationships.
- Be aware of the Truth and Reconciliation Commission’s Calls to Action particularly with respect to health and health care professional education (items 18-24).
- Be a role model in maintaining healthy integration of work and life, health, and well-being, including seeking support and engaging in self-care when required.
- Contribute to meeting the collective responsibilities of the profession:
  - Practice in a socially responsible manner, considering and advocating for the needs of the patient, the community, and any vulnerable populations in the physician’s practice.
  - Be supportive of colleagues in achieving and maintaining good standards of practice and teaching and appropriate professional behaviour.
  - Demonstrate allyship with colleagues who face any type of intimidation, harassment, or discrimination in the workplace.
- Demonstrate insight into one’s own behaviour and seek to improve when not meeting standards of behaviour, including acknowledging errors, listening to feedback, and accepting coaching if needed.
- Work collaboratively with the University to address tensions and conflicts that arise in the educational environment, including responding to requests by a University leader to meet;
- Recognize that conduct of clinical faculty beyond the clinical and educational setting and after hours, such as in interviews, school visits, and community groups, may also reflect on one’s role at the University
- Use the internet, social media, and other electronic communication in an appropriately professional manner
- Recognize, disclose, and manage Conflicts of Interest, in accordance with relevant policies.

## SECTION 2 – Inappropriate behaviours

**Clinical faculty members will not engage in actions inconsistent with these Standards, applicable University policy and other applicable professional standards, including but not limited to the following behaviours:**

- Creation of a hostile environment
  - Failure to work collaboratively with physicians, other health-care professionals, staff, learners, volunteers, patients, and the public
  - Intemperate language: rudeness, profanity, insults, disrespectful tone, demeaning remarks, or verbal abuse
  - Inappropriate remarks or jokes
  - Disparaging public remarks about the character, skill, or patient care of another physician or health professional
  - Use of ridicule in the learning environment or as an instructional technique
  - Circulating inappropriate pictures or written materials
  - Harassing behaviour (e.g., engaging in a course of conduct or comments which is known or ought reasonably to be known to be unwelcome and/or offensive).
  
- Intimidation and abuse of power
  - Physical intimidation (e.g., pushing, punching, slapping, threatening gestures, throwing objects, breaking objects, violence, or threats of violence)
  - Verbal intimidation (e.g., bullying, recurring outbursts of anger, shouting, constant interrupting, or refusing to listen)
  - Inhibiting others from carrying out their appropriate duties
  - Inhibiting learners from providing appropriate feedback and evaluation of teachers and experiences
  - Inhibiting and/or coercing others in order to prevent their exercise of their rights or desire to report improper conduct, (e.g., by threats of reprisal)
  - Acts of retribution towards complainants under these Standards
  - Inappropriate assignment of duties to influence behaviour or as a “punishment”
  - Denying appropriate opportunities for learning and experience
  - Failure to respect boundaries with learners (e.g., communicating about and expecting responses to non-clinical and non-emergent matters after hours and during vacations; imposing unreasonable deadlines on learners and early career faculty colleagues; asking learners to carry out work without clinical or educational merit, including doing personal favours)
  - Favouritism
  
- Discrimination or microaggression; making distinctions based on protected human rights grounds.
- Repeated failure to be available for scheduled duty, including teaching
- Chronic lateness
- Failure to fulfill academic supervisory obligations (e.g., inadequate supervision, being unavailable to learners, or failure to hand in evaluations in a timely fashion)
- Failure to cooperate with the University’s review and management of alleged breaches of professional conduct (e.g., refusing to: meet with University leadership, provide a response to allegations, engage in collaborative problem-solving).
- Sexual harassment or sexual violence

## SECTION 3 – Disclosure, reporting, anonymity, and withdrawal of disclosures or reports

The University distinguishes between disclosures and reporting.

**Disclosure** is when a complainant conveys information about the conduct of a clinical faculty member to the University, or seeks information about options.

**Reporting** is when a complainant conveys information about the conduct of a clinical faculty member to the University with the intention that the University formally reviews and potentially acts upon the information according to the Standards or another process, which could result in remedial or disciplinary action taken against the clinical faculty member.

At the outset of any disclosure or report, the University community member receiving the disclosure or report should inform any complainant:

- that these Standards are publicly available for their reference;
- about the distinction between disclosure and reporting (and gauge the complainant's intent);
- that there could be rare egregious circumstances triggering the University's obligation to act on a complaint, independent of the complainant's intent to disclose vs. report (e.g., CPSO mandatory reporting, health/safety risk including sexual harassment or sexual violence, other requirements at law);
- about the supports that are available to them, ensuring that best efforts are made to prioritize the complainant's psychological, social, and physical safety;
- about the restrictions associated with anonymity (outlined below);
- if there are any alternative dispute resolution options that the University thinks are appropriate to explore (e.g., restorative justice, mediation);
- that the University will not tolerate retribution or reprisal towards complainants.

### Process for disclosure and reporting

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

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

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

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

mechanisms.

Questions about the appropriate disclosure or report handling process, or the supports available to a particular complainant, should be raised with the Faculty of Medicine's academic lead on Professional Values or the Vice-Provost, Relations with Health Care Institutions.

### **Confidentiality and anonymous disclosures or reports**

All parties must maintain confidentiality to the extent possible. Only those who need to be involved to review the matter, to respond or are requested to provide personal support, should be informed about the disclosure or report.

If a complainant identifies themselves to the University, but does not wish to be named to the clinical faculty member who is the subject of the disclosure or report, the complainant should be made aware:

- that there are circumstances where the University may be required by law or other compelling reasons (e.g., health/safety) to disclose their identity;
- that it may be possible for the clinical faculty member to identify them based on their description of the underlying incident(s);
- that the clinical faculty member 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 clinical faculty member 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 clinical faculty member.

When deciding whether to proceed with a review of an anonymous disclosure(s) or report(s), the University may consider whether the issues underlying the disclosure or report are egregious and if there is sufficient information to enable the review, and if the clinical faculty member will be able to meaningfully respond. If the University decides to proceed with an anonymous disclosure or report, the complainant(s) will not be known and so will be unable to participate in the review process or receive information about its outcome.

### **Withdrawn disclosures or reports**

While a complainant may withdraw from further participation in the review process, the University may elect to proceed with a review without participation of the complainant (e.g., where the issue is egregious, or demonstrates a pattern of behaviour, if the conduct raises health and safety risks, or if there are potential CPSO reporting requirements, e.g., competence issue). In such a case, the complainant may not be advised of subsequent developments in the matter.

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.

## SECTION 4 – Reviews of reported breaches

### Authority

The University, via the Vice-Provost, Relations with Health Care Institutions, bears responsibility for administering and enforcing these Standards.

Individual disclosures or reports will be reviewed by the applicable Vice-Dean, Department Chair, or Vice-Provost (the “University Leader”) unless jurisdiction is otherwise established through another policy, or if the circumstances require a different review framework.

The Vice-Provost, on identifying issues that require collaborative action with the clinical site where the faculty member is appointed, may share confidential information about the issue with a senior leader at the clinical site (e.g., CEO or delegate). The University and the clinical site will work co-operatively when taking action under the Standards.

Beyond responding to disclosures or reports submitted by complainants, the University Leader may proactively initiate a review of a clinical faculty member’s behaviour in the event that they independently identify significant issues, including in teacher evaluation forms.

### Jurisdiction

While management of disclosures or reports will generally be a collaborative initiative between the University and the relevant clinical site, the following general principles will assist in making a decision with respect to jurisdiction:

- **The clinical site should take the lead** in responding to the disclosure or report if the breach of professional conduct is alleged to involve matters under the clinical setting’s oversight or within their appropriate jurisdiction (e.g., involving patient care, hospital personnel, hospital records, or hospital resources). The clinical site will follow its own protocols for the review and management of behavioural misconduct that affects the clinical environment.
- **The University should take the lead** in responding if the breach of professional conduct relates to the learning environment, concerns an academic administrator in their academic capacity, and/or relates primarily to the relationship between faculty and learners, or between early-career and senior faculty. Any learner mistreatment is of concern to the University.
- **When there is doubt about jurisdiction**, or a situation arises that does not appear to be covered by this policy, or is otherwise unclear, advice should be sought from Faculty of Medicine’s academic lead on Professional Values or the Vice-Provost, Relations with Health Care Institutions. These individuals will liaise with hospital leadership to determine a mutually agreeable approach.

### Remediation

If no other authority with jurisdiction compels otherwise (e.g., the law, a regulatory body, or other University policy or regulation), the initial approach to all but the most serious breaches of these Standards will be an effort to remediate the behaviour of the clinical faculty member. At this level the goal should remain internal resolution of the problem or referrals to the appropriate resources (e.g., the OMA’s Physician Health Program).

## **Urgent issues**

In cases where the alleged breach of professional conduct, if proven, could constitute a significant disruption or a health and safety risk to patients, students, or other members of the University or clinical community, the Vice-Provost, Relations with Health Care Institutions, the Provost, or the President of the University, or a delegate, have authority to impose such interim conditions upon the clinical faculty member as they consider appropriate. Clinical faculty should be aware of circumstances when the University has an obligation to report their alleged conduct (either in their role as a physician or as an educational administrator) under the regulations of the CPSO.

## **Timelines**

The University will strive to identify and review disclosures or reports in a timely manner, and attempt to minimize the number of occasions on which a complainant is asked to meet, or re-tell their story. In addition, the University will strive to review complaints in a timely manner, and provide updates at key points in the process to the relevant parties.

## **Process for reviewing disclosures or reports**

When the University takes the lead in reviewing the disclosure or report, the University Leader will undertake the review, or if appropriate, assign a Reviewer to determine the facts, and make recommendations.

The Reviewer will meet with both the clinical faculty member who is the subject of a disclosure or report, and the complainant, and communicate the following:

- The relevant review process and any applicable policies;
- If possible, the expected timelines;
- That both parties will be given an opportunity to state their position and provide evidence;
- That both parties have the right to bring a representative to any meetings;
- That the University promotes an environment free from reprisal and retribution and will take extremely seriously any such disclosures or reports on this matter;
- That both parties are expected to maintain confidentiality throughout the review process and not attempt to influence any witnesses to the underlying incidents;
- That the University may need to discuss with the relevant clinical site about making changes to the clinical faculty member or complainant's work schedules if deemed necessary.

The Reviewer will take into account all relevant documentation and perspectives and may invite the affected parties and/or witnesses to the underlying incident(s) to provide written submissions, or the Reviewer may conduct in-person interviews. The Reviewer may invite an administrative support person to the meeting to take notes. An affected party and/or witness may be afforded an opportunity to read and confirm such notes.

The Reviewer should focus on clarifying the facts of the incidents underlying the complaint, whether they can be substantiated by witnesses, and what steps, if any the University should take to respond to the issues raised.

Once the Reviewer has come to a preliminary determination of the facts, the clinical faculty member who is the subject of the complaint will be given an opportunity to respond. After considering the clinical faculty member's response, the Reviewer may choose to consider the matter further (e.g., if new information is raised), make a determination as to whether there was a breach of these Standards, and/or make recommendations for disposition of the complaint.

If, in the course of the Reviewer’s work, it appears that there are issues that must be addressed through an alternative process (e.g., sexual harassment, criminal behaviour, research misconduct, referral to CPSO), they will refer the matter to the appropriate body and/or advise the Complainant accordingly.

### **The Decision**

The Reviewer, when they are distinct from the University Leader, will communicate their fact-finding, whether they determined that there was a breach of these Standards, and any recommendations to the University Leader, who will then accept or reject the recommendations and make a decision. The University Leader will inform the complainant and the clinical faculty member of the results, generally in written form. Where the Reviewer and University Leader are one and the same, the University Leader will similarly issue recommendations and a decision to the complainant and the clinical faculty member.

The University Leader will also communicate their decision and recommendations to the appropriate leadership at the University and the clinical site.

### **Discipline**

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

### **Requests for Review**

The clinical faculty member will have the option to accept the decision or to seek an informal review of the decision within twenty business days after receipt of the decision/recommendations. Requests for review will be made to the appropriate “one-up” academic administrator (i.e. Dean, Vice-Dean), unless otherwise set out in applicable University policy or procedures.

Alternatively, and in the appropriate circumstances, a clinical faculty member may be able access the grievance procedures according to the *Procedures Manual for the Policy for Clinical (MD) Faculty*.



## SECTION 5 - Associated and incorporated policies, codes, and guidelines

### University of Toronto policies

Policy for Clinical (MD) Faculty <a href="https://governingcouncil.utoronto.ca/secretariat/policies/clinical-faculty-policy-december-16-2004">https://governingcouncil.utoronto.ca/secretariat/policies/clinical-faculty-policy-december-16-2004</a>
Procedures Manual for the Policy for Clinical (MD) Faculty <a href="https://medicine.utoronto.ca/sites/default/files/ProceduresManualClinicalFaculty.pdf">https://medicine.utoronto.ca/sites/default/files/ProceduresManualClinicalFaculty.pdf</a>
Code of Behaviour on Academic Matters <a href="https://governingcouncil.utoronto.ca/secretariat/policies/code-behaviour-academic-matters-july-1-2019">https://governingcouncil.utoronto.ca/secretariat/policies/code-behaviour-academic-matters-july-1-2019</a>
Policy on Conflict of Interest — Academic Staff <a href="https://governingcouncil.utoronto.ca/secretariat/policies/conflict-interest-policy-academic-staff-june-22-1994">https://governingcouncil.utoronto.ca/secretariat/policies/conflict-interest-policy-academic-staff-june-22-1994</a>
Conflict of Interest and Close Personal Relations <a href="https://www.provost.utoronto.ca/planning-policy/conflict-of-interest-close-personal-relations/">https://www.provost.utoronto.ca/planning-policy/conflict-of-interest-close-personal-relations/</a>
Relationships with Industry and the Educational Environment in Undergraduate and Postgraduate Medical Education <a href="https://medicine.utoronto.ca/sites/default/files/Relations%20with%20Industry.pdf">https://medicine.utoronto.ca/sites/default/files/Relations%20with%20Industry.pdf</a>
Policy on Ethical Conduct in Research <a href="https://governingcouncil.utoronto.ca/secretariat/policies/research-policy-ethical-conduct-march-28-1991">https://governingcouncil.utoronto.ca/secretariat/policies/research-policy-ethical-conduct-march-28-1991</a>
Framework to Address Allegations of Research Misconduct <a href="http://www.research.utoronto.ca/framework-to-address-allegations-of-research-misconduct-revised/">http://www.research.utoronto.ca/framework-to-address-allegations-of-research-misconduct-revised/</a>
Policy on Sexual Violence and Sexual Harassment <a href="https://governingcouncil.utoronto.ca/secretariat/policies/sexual-violence-and-sexual-harassment-policy-december-15-2016">https://governingcouncil.utoronto.ca/secretariat/policies/sexual-violence-and-sexual-harassment-policy-december-15-2016</a>
Sexual Harassment: Policies and Procedures <a href="https://governingcouncil.utoronto.ca/secretariat/policies/sexual-harassment-policy-and-procedures-november-25-1997">https://governingcouncil.utoronto.ca/secretariat/policies/sexual-harassment-policy-and-procedures-november-25-1997</a>
Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions <a href="https://medicine.utoronto.ca/research/sexual-harassment-complaints-involving-faculty-and-students-university-toronto-arising">https://medicine.utoronto.ca/research/sexual-harassment-complaints-involving-faculty-and-students-university-toronto-arising</a>
Statement on Prohibited Discrimination and Discriminatory Harassment <a href="https://governingcouncil.utoronto.ca/secretariat/policies/harassment-statement-prohibited-discrimination-and-discriminatory-harassment">https://governingcouncil.utoronto.ca/secretariat/policies/harassment-statement-prohibited-discrimination-and-discriminatory-harassment</a>
Policy with Respect to Workplace Harassment <a href="https://governingcouncil.utoronto.ca/secretariat/policies/workplace-harassment-policy-respect-october-26-2017">https://governingcouncil.utoronto.ca/secretariat/policies/workplace-harassment-policy-respect-october-26-2017</a>
Policy with Respect to Workplace Violence <a href="https://governingcouncil.utoronto.ca/secretariat/policies/workplace-violence-policy-respect-october-26-2017">https://governingcouncil.utoronto.ca/secretariat/policies/workplace-violence-policy-respect-october-26-2017</a>
Human Resources Guideline On Workplace Harassment And Civil Conduct <a href="http://policies.hrandequity.utoronto.ca/wp-content/uploads/sites/34/2016/09/Human-Resources-Guideline-on-Workplace-Harassment-and-Civil-Conduct-Civ....pdf">http://policies.hrandequity.utoronto.ca/wp-content/uploads/sites/34/2016/09/Human-Resources-Guideline-on-Workplace-Harassment-and-Civil-Conduct-Civ....pdf</a>

### **College of Physicians and Surgeons of Ontario (CPSO) policies**

Physician Behaviour in the Professional Environment

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Physician-Behaviour-in-the-Professional-Environmen>

Professional Responsibilities in Medical Education

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Professional-Responsibilities-in-Medical-Education>

Social Media – Appropriate Use By Physicians

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Statements-Positions/Social-Media-Appropriate-Use-by-Physicians>

Mandatory and Permissive Reporting

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Mandatory-and-Permissive-Reporting>

### **Other policies**

Canadian Medical Association – Code of Ethics and Professionalism

<https://policybase.cma.ca/documents/policypdf/PD19-03.pdf>

Royal College of Physician and Surgeons of Canada - Accreditation and the Issues of Intimidation and Harassment in Postgraduate Medical Education Guidelines for Surveyors and Programs

[https://www.cfpc.ca/uploadedFiles/Education/Intimidation\\_and\\_Harassment\\_en.pdf](https://www.cfpc.ca/uploadedFiles/Education/Intimidation_and_Harassment_en.pdf)

## FREQUENTLY ASKED QUESTIONS

### **Where do I make a disclosure or report about a clinical faculty member?**

Please refer to the section titled "Process for disclosure and reporting" in Section 3 of these Standards. Your individual program or department may have a reporting protocol in place. Generally speaking, disclosures can be made to a variety of University community members. Reports will be forwarded to the relevant University Vice-Dean or Department Chair.

### **What happens if I am mistreated by a tenured faculty member, or a staff member at the University?**

Any mistreatment is of concern to the University. If you are a faculty or staff member, you may consider making a disclosure or report to your immediate supervisor, someone at a senior level of the relevant department, a human resources representative or someone in an [equity office](#). If you are a learner, you may consider speaking with an academic leader – e.g., course director, program director, Vice-Dean.

### **What happens if I am mistreated by another health professional?**

You may wish to make a disclosure or report to that person's immediate supervisor, or another leader in the university or hospital unit. If the person mistreating you is a member of a regulated health profession, you may also have the option to contact the regulatory body that governs professional behaviour.

### **What happens if I am mistreated by a patient?**

Clinical sites generally have health and safety policies in place, including those that cover workplace violence and harassment. If you experience mistreatment from a patient or their family, you may consider making a disclosure or report to your clinical supervisor, to the clinical site's health and safety office, or to the clinical site's security team.

### **How do I submit an anonymous complaint?**

Please refer to Section 3 of these Standards and specifically the sub-section titled "Confidentiality and anonymous disclosures or reports."

### **I am a learner who has made a disclosure or report to the University about an alleged breach of these Standards. What resources are available to assist me?**

The University has a variety of resources available to support students' psychological safety. The University's Student Life office publishes a [list of referrals](#). In addition, the Faculty of Medicine offers support services through its [Offices of Health Professions Student Affairs](#) and [Resident Wellness](#) and through its [Office of Inclusion and Diversity](#).

### **I am a clinical faculty member who is responding to a formal report about an alleged breach of these Standards. What resources are available to assist me?**

You may wish to consult with the [Clinical Faculty Advocate](#).

## What are the differences between discrimination and harassment?

Generally speaking, the University relies on the definitions of these terms established by legislation, regulation, and case law.

The following is an excerpt from the Ontario Human Rights Commission [website](#):

“Discrimination is not defined in the *Human Rights Code* but usually includes the following elements:

- not individually assessing the unique merits, capacities and circumstances of a person
- instead, making stereotypical assumptions based on a person’s presumed traits
- having the impact of excluding persons, denying benefits or imposing burdens.”

Discrimination can be direct or indirect; it can include both subtle and overt behaviours; and it can occur on an individual basis, a systemic basis, or within an institution.

The following is an excerpt from the University’s [Statement On Prohibited Discrimination And Discriminatory Harassment](#):

“Under the *Human Rights Code*, harassment is defined as "engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome." As well as being expressly prohibited as indicated above, such conduct may constitute discrimination when based on **prohibited grounds**.”

The following list of prohibited grounds is an excerpt from the Ontario Human Rights Commission’s [website](#):

“Age; Ancestry, colour, race; Citizenship; Ethnic origin; Place of origin; Creed; Disability; Family status; Marital status (including single status); Gender identity, gender expression; Receipt of public assistance (in housing only); Record of offences (in employment only); Sex (including pregnancy and breastfeeding); Sexual orientation.”

For a full understanding of these terms and similar terms, please consult the resources and policies listed on the University’s Equity, Diversity & Inclusion [website](#), or enquire with the Faculty of Medicine’s lead on professional values.

## What does social identity mean?

In these Standards, the term “social identity” is used to describe a person’s self-identification with one or more of the various group memberships outlined above, in addition to other aspects of a person’s identity that are not associated with a ground specified in the *Human Rights Code* (e.g. socio-economic status, political opinion etc.).

## What is microaggression?

Microaggressions are subtle comments, attitudes, or behaviours that have the effect of making a person feel demeaned on the basis of their social identity. Microaggressions are a common form of discrimination and/or harassment in the workplace and/or learning environment. Impact on the affected individual(s) is more significant than intention. For more information, please see this Faculty of Medicine [website](#).

## **How can I be a good ally to someone facing discrimination or harassment?**

The University's Equity Offices, including the Anti-Racism and Cultural Diversity Office and the Sexual and Gender Diversity Office, offer a number of education and training opportunities for those interested in fostering inclusive environments. Beyond educating oneself and being open to actively listening to the experiences and barriers faced by marginalized individuals and groups, allyship includes proactively identifying discrimination and harassment, interjecting when it is safe to do so, and offering detailed witness statements when the University is reviewing a report under these Standards. The Faculty of Medicine also publishes information about allyship and inclusion on its [website](#).

## **What are anti-oppression and anti-discrimination principles?**

The following is an excerpt from the Ontario Human Rights Commission [website](#):

“Anti-racism/Anti-oppression: an active and consistent process of change to eliminate individual, institutional and systemic racism as well as the oppression and injustice racism causes.”

The terms anti-oppression and anti-discrimination as used in these Standards suggest that Clinical Faculty members are expected to not only passively accept equity, diversity, and inclusivity in the educational and work environments, but to actively seek opportunities to promote them. The terms take into consideration the often insidious and systemic nature of oppression and discrimination within institutions.

## **What were the Truth and Reconciliation Commission's Calls to Action, as well as that of the University, subsequently?**

The Truth and Reconciliation Commission of Canada released its 94 Calls to Action in 2015. This report and others can be found on the National Centre for Truth and Reconciliation [website](#).

The Steering Committee for the University of Toronto Response to the Truth and Reconciliation Commission of Canada released its final report "Answering the Call / Wecheehetowin" in 2017. This report and its 34 Calls to Action can be found on the Provost's [website](#).

## **When the University formally reviews a report under these Standards, what records should be kept, and where should they be maintained?**

The University should retain all records related to any disclosures or reports under these Standards or under a related process. Records should include email, meeting notes, decisions, appeals, and any other related documents. Records should be held by the Department where the clinical faculty member holds their primary faculty appointment in the same secure and confidential manner as all other personnel files are kept and for a minimum of 7 years.

## **How does the University distinguish between unprofessional conduct, and appropriate supervision and teaching?**

Harassment does not include: Normal supervisory responsibilities including appropriate assessment and criticism of the resident's academic efforts, even if the resident does not agree; Expectations of reasonable quality of academic performance; Personality or interpersonal conflicts; Discussion and debate of controversial topics in an academic environment.

## **What is considered harassing behaviour?**

Harassment is often interpreted by reference to applicable case law and legislation. For example, the Occupational Health and Safety Act defines workplace harassment as engaging in a course of vexatious comment or conduct against a worker in a workplace that known or ought reasonably to be known to be unwelcome and/or offensive.

Sexual harassment is a form of harassment and, under University policy, is defined as including but not limited to engaging in a course of vexatious comments or conduct that is known or ought to be known to be unwelcome, and includes workplace sexual harassment. Sexual harassment includes any sexual solicitation or advance made by a person in a position to confer, grant 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. Sexual harassment also includes a 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, grant or deny a benefit or advancement to the person.