



Assemblée générale annuelle (AGA) de 2024 du CCPM

DATE: VENDREDI 7 JUIN, 2024

TIME: 15H00 À 16H00 HC

REUNION PARTICIPER EN PERSONNE DANS LA SALLE

HYBRIDE: LOMBARDY, DELTA REGINA

PARTICIPER VIRTUELLEMENT EN [S'INSCRIVANT À L'AVANCE](#)

ORDRE DU JOUR

Points de l'ordre du jour	
1.	Mot de bienvenue et adoption de l'ordre du jour <i>Motion proposée : Il est proposé d'adopter l'ordre du jour de l'Assemblée générale annuelle (AGA) du 7 juin 2024 tel que distribué.</i>
2.	Procès-verbal de l'AGA de 2023 <i>Motion proposée : Il est proposé d'adopter le procès-verbal de l'Assemblée générale annuelle (AGA) du 15 septembre 2023 tel que distribué.</i>
3.	Rapport de la présidente
4.	Rapport du registraire
5.	Rapport de l'examineur en chef
6.	Rapport du secrétaire-trésorier a. États financiers vérifiés de 2022 b. Nomination du vérificateur des états financiers de 2024 <i>Motion proposée : Il est proposé de nommer Kelly Huibers McNeely à titre de vérificateur général pour l'exercice 2024.</i>
7.	Divers a. Présenter les nouveaux membres du conseil d'administration b. Présenter le nouveau code d'éthique et le processus de résolution des plaintes c. Les règlements du CCPM <i>Motion proposée : Approuver les révisions du règlement du Collège canadien des physiciens en médecine.</i>
8.	Levée de la séance <i>Motion proposée : Il est proposé de lever l'assemblée générale du CCPM</i>



PROCÈS-VERBAL provisoire
Assemblée générale annuelle
Virtuelle via Zoom
Vendredi 15 septembre 2023, 12h 30 ET

1.0 Adoption de l'ordre du jour

Le président G. Fallone ouvre la réunion à 13h30 en présentant les membres du Conseil d'administration. L'ordre du jour est adopté par consensus.

MOTION 2023-09-15-01

IL EST RÉSOLU d'approuver l'ordre du jour tel que diffusé.

2.0 Adoption du procès-verbal de l'assemblée générale annuelle (AGA) de 2022

MOTION 2023-09-15-02

IL EST RÉSOLU d'approuver le procès-verbal de l'AGA du 24 juin 2022 tel que diffusé.

3.0 Rapport de la présidente

G. Fallone fait état de ce qui a été accompli au cours de la dernière année :

- Code de déontologie conjoint CCPM-COMP
 - Groupe de travail composé de médecins médicaux de diverses spécialités
 - Infraction au Code de déontologie : Présentée cet automne.
- L'OCPM et le CCPM soutiennent les discussions sur l'accréditation avec le RAC
- Discussion de la planification stratégique pour la CCPM
- AUCUNE vacance au conseil en 2023-2024
- Gabriela Stroian deviendra Secrétaire-Trésorière en 2024
- Mike Sattarivand deviendra Registraire en 2024
- DEUX vacances en 2024
 - Vice-Président
 - Examineur en chef adjoint
 - Veuillez contacter le Comité des nominations si vous êtes intéressé.

4.0 Rapport du registraire : (G. Menon)

Registre du CCPM

En date du 15 septembre 2023 :

530 membres du CCPM (augmentation par rapport à 513 l'an dernier)

- 370 membres qui ne détiennent pas le titre de FCCPM
- 160 membres qui détiennent le titre de FCCPM

65 non-membres qui détiennent le titre de FCCPM

45 personnes certifiées en mammographie

Membres par surspécialité en 2023 (sur un total de 530) :

- Physique de la radio-oncologie : 468
- Physique de la médecine nucléaire : 16
- Physique de la radiologie diagnostique : 13

- Physique de la résonance magnétique : 10
- 21 membres détiennent 2 surspécialités et 2 membres détiennent 3 surspécialités

Renouvellement de la certification à l'automne 2023

2 membres ont indiqué qu'ils ne souhaitent pas renouveler leur certification

2 membres n'ont pas répondu à l'appel de recertification.

82 membres devaient renouveler leur certification

72 RO, 6 DR, 1 MR, 3 NM

22 membres se sont portés volontaires pour examiner les certifications

11 comités d'examen des demandes ont été formés

82 demandes ont été approuvées par les comités

Demandes d'adhésion présentées en 2023

30 demandes ont été reçues pour l'examen d'adhésion en 2023

- 2 candidats se présenteront à nouveau à l'examen oral seulement
- 25 candidats se présenteront à l'examen au complet
 - 22 RO, 1 DR, 1 MR, 1 NM

Les titres de compétence de 11 candidats avaient été examinés dans les 2 années précédentes (examen non requis)

- 5 supplémentaires pour repasser l'examen oral seulement

Les titres de compétence de 19 candidats ont dû être examinés

- Tous ceux qui ont présenté une demande étaient de nouveaux candidats à l'examen

5 comités formés pour examiner les demandes (3 membres chacun)

Tous ont passé avec succès leur examen d'accréditation

Demandes d'adhésion à titre de fellow en 2023

9 candidats à l'examen d'adhésion à titre de fellow

- Tous RO
- 4 se sont présentés de nouveaux demandeurs nécessitant un examen des titres de compétences

1 comité de 3 boursiers chacun formés pour examiner les candidatures

- Toutes les candidatures ont été examinées et approuvées par le comité

Programme de transition 2022-23

2 demandes :

- 1 a été approuvée (a démarré le programme)
- 1 a été invitée à améliorer les cours de physique (n'a pas donné suite)

Bourse de voyage Harold E. Johns en 2023

Une bourse de 3 000 \$ était disponible pour 2023 - 5 candidatures solides ont été reçues.

Félicitations au gagnant :

- Dr. Leigh Conroy, Princess Margaret Hospital, Toronto

Renouvellement de la certification en automne 2023

104 candidats au renouvellement de la certification en 2023.

93 RO, 4 DR, 3 NM

Date limite : 30 septembre 2023

Ali Forgie et Erika Brown, les examinateurs bénévoles, et le reste des membres du conseil d'administration ont été remerciés pour leurs efforts et leur soutien.

5.0 Rapport de l'examineur en chef : G. Jarry

Examen de 2023 – MCCPM

Examen écrit

- Samedi 18 mars 2023
- 14 lieux d'examen, 15 surveillants, 41 correcteurs, 5 « RO » capitaines
- 20 RO, 1 DI, 1 NM, 1 MR
- 24 personnes ont relevé à l'examen
- 1 examens en français

Examen écrit - Résultats

- RO
 - 18 ont réussi
 - 2 ont échoué
 - 90% de réussite
- DI
 - 0 ont réussi
 - 1 ont échoué
 - 0% de réussite
- NM
 - 0 ont réussi
 - 0 ont échoué
 - 0% de réussite
- MR
 - 1 ont réussi
 - 0 ont échoué
 - 100% de réussite

Examen oral

- En personne à Montréal
- 13 mai 2023
- 24 RO examinateurs
 - 23 RO
 - 1 MR
- 4 examens de français
- Résultats
 - RO - 18 réussis (78%), 5 échoués (22%)
 - MR - 1 réussi (100%)

Le taux global (examen écrit et examen oral) de réussite à l'examen de MCCPM en 2023 était 68 %

Examen de 2023 – FCCPM

- En personne à Montréal
- 17 septembre 2023
- 8 candidats (RO)
- 14 examinateurs

Examen de 2023 – Mammographie

- En personne à Montréal avec les examens oral
- 13 mai 2023
- 4 candidats
- 4 réussis
- Taux de réussite de 100 %

Nouveaux MCCPM en 2023

- Alexandra Bourque
- Herve Choi
- Eric Christiansen
- Sali Di
- Brennen Dobberthien
- Clara Fallone
- Olivier Fillion
- Derek Gillies
- Ackeem Joseph
- Anastasia Kolokotronis
- Nicholas Majtenyi
- Julien Mégrouèche
- Evan McNabb
- Lalageh Mirzakhanian
- Joel Mullins
- Humza Nusrat
- Nadia Octave
- Michael Reynolds
- Judy Wang

Certifications en mammographie 2023 :

- Patricia Baxter
- Lawrence Le
- Julien Mondor
- Narinder Sidhu

Reconnaisances et remerciements

Les membres du CCPM ont été félicités pour leurs nombreux et excellents bénévoles. Il a été noté que le processus d'examen a reçu l'aide de 80 physiciens cette année. Des remerciements ont également été adressés aux membres du conseil d'administration du CCPM, anciens et actuels, à Alasdair Syme, ancien chef examinateur, à Marcus Sonier, chef examinateur adjoint, et à Ali Forgie et Erika Brown de l'AMCES.

6.0 Rapport du secrétaire-trésorier (F. Hobeila)

Aperçu

- L'exercice 2023 à ce jour :
 - Les recettes des examens sont plus élevées que prévu en raison d'un plus grand nombre de candidats.
 - Les frais de recertification sont attendus à l'automne.
 - En voie d'atteindre les recettes budgétisées
 - Les dépenses liées aux examens sont incomplètes.
 - Les examens d'agrément auront lieu les 18 et 19 septembre 2023.
 - Dépenses de recertification à l'automne
 - Les dépenses de bureau/administration et les dépenses liées aux opérations sont conformes aux prévisions.

Examen des états financiers

Kelly Huibers McNeely ont examiné les états financiers du CCPM pour 2022.

RÉSOLUTION 2023-09-15-03

IL EST RÉSOLU que l'état financier 2022 est accepté tel que présenté.

Nomination du vérificateur pour les états financiers 2023

RÉSOLUTION 2023-09-15-04

IL EST RÉSOLU de nommer Kelly Huibers McNeely comme vérificateur de la société pour l'exercice 2023.

Examen des frais

Les dépenses d'examen dépassent les recettes d'examen, ce qui se traduit par une perte de 5700 \$ pour les deux dernières années.

Changements pour 2024

- Les frais d'examen du MCCPM passent de 340 \$ à 730 \$.
- L'encadrement du certificat n'est plus inclus dans les frais d'examen et passe à 150 \$.
- Guides de préparation à l'examen
 - Comprend les règlements d'examen (conception, instructions)
 - Guides publiés le 1er octobre
- Le titre de Fellow ne sera accordé qu'aux membres du CCPM.

8.0 Autres affaires

Modifications proposées au règlement du CCPM

Erika Brown a présenté aux membres les modifications proposées. Il s'agit notamment de :

- Clarifier l'exigence d'adhésion au COMP en ajoutant la clause 1.01 Définitions, en ajoutant un nouveau libellé aux clauses 3.01 Frais et 3.02 Cessation de l'adhésion.
- Clarifier les droits des membres certifiés dans la sous-spécialité de la mammographie en ajoutant un libellé aux clauses 2.01 Catégories de membres et 4.02 Élection et mandat.
- Des modifications rédactionnelles mineures ont également été apportées, notamment en ce qui concerne les termes "bylaw" (règlement) et "by-law" (arrêté), la mise en majuscules des termes définis et l'utilisation de pronoms neutres pour les deux sexes.

RÉSOLUTION 2023-09-15-05

IL EST RÉSOLU PAR RÉSOLUTION SPÉCIALE par un vote affirmatif de la majorité des 2/3 des personnes présentes (60 membres) que les révisions des règlements du Collège canadien des physiciens en médecine soient approuvées.

9.0 Ajournement

G. Fallon conclut la réunion en remerciant les membres et le personnel pour leur appui. Sans plus d'affaires à traiter, la séance est levée à 13h 30.

**CANADIAN COLLEGE OF
PHYSICISTS IN MEDICINE**

**FINANCIAL STATEMENTS
(Prepared without Audit)**

DECEMBER 31, 2023

Independent Practitioner's Review Engagement Report

Statement of Financial Position

Statement of Changes in Net Assets

Statement of Operations

Statement of Cash Flows

Notes to the Financial Statements



CHARTERED
PROFESSIONAL
ACCOUNTANTS

KELLY HUIBERS McNEELY

PROFESSIONAL CORPORATION

INDEPENDENT PRACTITIONER'S REVIEW ENGAGEMENT REPORT

To the Members of Canadian College of Physicists in Medicine

We have reviewed the accompanying financial statements of Canadian College of Physicists in Medicine that comprise the statement of financial position as at December 31, 2023 and the statements of changes in net assets, operations, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as Management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Practitioner's Responsibility

Our responsibility is to express a conclusion on the accompanying financial statements based on our review. We conducted our review in accordance with Canadian generally accepted standards for review engagements, which require us to comply with relevant ethical requirements.

A review of financial statements in accordance with Canadian generally accepted standards for review engagements is a limited assurance engagement. The Practitioner performs procedures, primarily consisting of making inquiries of Management and others within the Entity, as appropriate, and applying analytical procedures, and evaluates the evidence obtained.

The procedures performed in a review are substantially less in extent than, and vary in nature from, those performed in an audit conducted in accordance with Canadian generally accepted auditing standards. Accordingly, we do not express an audit opinion on these financial statements.

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that the financial statements do not present fairly, in all material respects, the financial position of Canadian College of Physicists in Medicine as at December 31, 2023, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Kelly Huibers McNeely
Professional Corporation

Stittsville, Ontario
April 2, 2024

Authorized to practise public accounting by
The Chartered Professional Accountants of Ontario

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CANADIAN COLLEGE OF PHYSICISTS IN MEDICINE

STATEMENT OF FINANCIAL POSITION
(Prepared without Audit)

As at December 31, 2023

	2023	2022
ASSETS		
CURRENT ASSETS		
Cash	\$ 129,038	\$ 96,383
Government receivables	8,106	4,565
Due from Canadian Organization of Medical Physicists	21,684	-
Investments	-	46,152
Prepaid expenses	743	728
	\$ 159,571	\$ 147,828
LIABILITIES		
CURRENT LIABILITIES		
Accounts payable and accrued liabilities	\$ 8,600	\$ 3,791
Due to Canadian Organization of Medical Physicists	-	7,066
Deferred revenue	<u>29,690</u>	<u>21,365</u>
	38,290	32,222
NET ASSETS	121,281	115,606
	\$ 159,571	\$ 147,828

The accompanying notes are an integral part of these financial statements.

CANADIAN COLLEGE OF PHYSICISTS IN MEDICINE

STATEMENT OF CHANGES IN NET ASSETS
(Prepared without Audit)

For the year ended December 31, 2023

	Balance - Beginning of year	Net revenue	Balance - End of year
Unrestricted	\$ 61,838	\$ 241	\$ 62,079
Internally restricted	53,768	5,434	59,202
	\$ 115,606	\$ 5,675	\$ 121,281

The accompanying notes are an integral part of these financial statements.

CANADIAN COLLEGE OF PHYSICISTS IN MEDICINE

STATEMENT OF OPERATIONS
(Prepared without Audit)

For the year ended December 31, 2023

	2023	2022
REVENUE		
Membership exam fees	\$ 16,988	\$ 18,327
Fellowship exam fees	6,560	8,195
Recertification fees	26,415	25,055
Mammography fees	1,020	885
COMP grant revenue	35,802	30,933
Other	<u>3,320</u>	<u>1,145</u>
	<u>90,105</u>	<u>84,540</u>
EXPENDITURES		
Administration	37,707	32,478
Certificates	4,790	4,518
Mammography exam	3,068	2,665
Membership/fellowship exam	28,299	40,021
Recertification exam	<u>16,000</u>	<u>10,250</u>
	<u>89,864</u>	<u>89,932</u>
NET REVENUE (EXPENDITURES) BEFORE THE FOLLOWING:	<u>241</u>	<u>(5,392)</u>
INTERNALLY RESTRICTED		
Investment income	884	617
Contributions	<u>4,550</u>	<u>3,996</u>
	5,434	4,613
NET REVENUE (EXPENDITURES)	<u><u>\$ 5,675</u></u>	<u><u>\$ (779)</u></u>

The accompanying notes are an integral part of these financial statements.

CANADIAN COLLEGE OF PHYSICISTS IN MEDICINE

STATEMENT OF CASH FLOWS
(Prepared without Audit)

For the year ended December 31, 2023

	2023	2022
CASH PROVIDED BY (USED IN)		
OPERATING ACTIVITIES		
Net revenue (expenditures)	\$ 5,675	\$ (779)
Net change in non-cash working capital items:		
Government receivables	(3,541)	(6,252)
Due from/to COMP	(28,750)	62,464
Prepaid expenses	(15)	(728)
Accounts payable and accrued liabilities	4,809	3,695
Deferred revenue	<u>8,325</u>	<u>(546)</u>
	(13,497)	57,854
INVESTING ACTIVITIES		
Proceeds on redemption (purchase) of investments, net	<u>46,152</u>	<u>(617)</u>
NET CHANGE IN CASH	32,655	57,237
CASH - BEGINNING OF YEAR	96,383	39,146
CASH - END OF YEAR	<u>\$ 129,038</u>	<u>\$ 96,383</u>

The accompanying notes are an integral part of these financial statements.

CANADIAN COLLEGE OF PHYSICISTS IN MEDICINE

NOTES TO THE FINANCIAL STATEMENTS (Prepared without Audit)

December 31, 2023

1. ORGANIZATION STATUS

Canadian College of Physicists in Medicine (CCPM) is a not-for-profit organization. The purpose of CCPM is to serve the public by identifying, through certification, individuals who have acquired, demonstrated, and maintained a requisite standard of knowledge, skill and understanding to the clinical practice of medical physics.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations. The principal accounting policies of CCPM are summarized as follows:

Revenue Recognition

Unrestricted contributions are recognized as revenue when received. Investment income is recognized as revenue when earned. Exam fees are recognized on a fiscal basis in the year earned.

Investments

Investments are recorded at fair value. Changes in fair value are included in the statement of operations.

Accounting Estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires Management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the financial statements and the reported amounts of revenues and expenditures during the reporting period. Actual results could differ from these estimates.

CANADIAN COLLEGE OF PHYSICISTS IN MEDICINE

NOTES TO THE FINANCIAL STATEMENTS (Prepared without Audit)

December 31, 2023

3. COMMITMENTS

CCPM has contracted for management services requiring annual base payments of \$15,760 in 2024. In addition, a variable pricing structure is in place for support for CCPM examinations and recertification. The contract may be terminated by either party on 90 days written notice.

4. FINANCIAL INSTRUMENTS

CCPM's financial instruments consist of cash, accounts receivable, and accounts payable and accrued liabilities. It is Management's opinion that the fair value of these instruments is not materially different than their cost and that CCPM is not exposed to any significant interest rate, currency or credit risk.

Code of Ethics

of the
Canadian Organization of Medical Physicists
and the
Canadian College of Physicists in Medicine



Approved by the COMP Board of Directors: June 22, 2022

Approved by the CCPM Board of Directors: October 5, 2022

This code supersedes any codes of ethics previously approved or endorsed by COMP or CCPM.

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HOW TO USE THIS DOCUMENT

This document is organized into three sections.

Section 1 is a Preamble.

Section 2 contains the Principles; these establish the framework for the Members' ethical conduct. The ten Principles in the COMP & CCPM Code of Ethics are based on core values drawn from the Medical Ethics community such as beneficence, autonomy, justice, prudence, and honesty. Every Member's professional conduct should be consistent with these Principles. The Principles are equal in significance and are ordered to follow a logical progression from consideration of the patient, to relationships with colleagues, to conduct within the broader profession.

Section 3 contains Guidelines for how to interpret the Principles in the Member's professional activities. This section provides guidance and should not be perceived as a set of rules. The guidance is organized in subsections by relevance to specific professional settings. Subsection 3.I. applies to all Members regardless of practice setting and should be read and internalized by all Members. Subsections 3.II. through 3.V. provide additional guidance applicable to specific settings.

The following terms are used in this document:

- "Must" and "must not": Used to indicate that adherence to the recommendation is considered necessary to conform to this Code of Ethics.
- "Should" and "should not": Used to indicate a prudent practice to which exceptions may occasionally be made in appropriate circumstances.

SECTION 1. PREAMBLE

The Canadian Organization of Medical Physicists (COMP), a Canadian based organization of medical physicists, promotes the application of physics to medicine through scientific meetings, technical publications, educational programs, and the development of professional standards. COMP represents Members involved in clinical practice (including radiation oncology, diagnostic radiology, nuclear medicine, magnetic resonance imaging, and health physics), research, academia, industry, and federal and provincial regulatory activities. The professionals represented by COMP have a key role in assuring safe and effective patient care through best possible procedures with available technology and resources. This entails the need for COMP Members to conduct all their work with integrity, excellence, and by exhibiting sound ethical behaviour. The Canadian College of Physicists in Medicine (CCPM) serves the public by identifying through certification and distinction individuals who have acquired, demonstrated, and maintained a requisite standard of knowledge, skill and understanding essential to the clinical practice of medical physics. Members of COMP with suitable educational background and experience may become Members or Fellows of CCPM by passing examinations and maintain certification through the CCPM recertification process. The following Code of Ethics of COMP and CCPM articulates a set of core values intended to aid all Members and Fellows and those conducting business with COMP (Affiliate members) or CCPM in maintaining ethical conduct in their profession. The Principles, along with guidelines to interpret the principles, are not intended to be a set of rules but rather a framework by which Members may determine the appropriateness of their conduct in relationships with patients, employers, co-workers, colleagues, members of other professions, governments, and the public. The document also describes the expectations of the organization with regards to the ethical behaviour of its Members. All Members of COMP and CCPM are expected to adhere to this Code of Ethics, even if there may be other codes of conduct to which the member is bound.

For the purpose of this document “Member” refers to:

- COMP or CCPM full members,
- COMP or CCPM associate members,
- COMP student members,
- COMP retired members,
- COMP affiliate members,
- CCPM Fellows and/or
- anyone else certified by or granted a distinction by the CCPM.

Specific grievance procedures are outside the scope of this document. Grievances or reports of unethical conduct may be reported to either COMP or CCPM.

Reconciliation Statement – working with First Nations, Inuit and Métis

COMP and CCPM are committed to reconciliation. Both organizations acknowledge the acts of colonization specific to First Nations, Inuit and Métis, including the removal of children from their families to attend residential school and legislation that made illegal their medical, social and spiritual institutions has resulted in inequities across health and social well-being indicators. Despite these acts of colonization, First Nations, Inuit and Métis peoples demonstrate resilience and strength grounded in their cultures and traditions.

COMP and CCPM accept their role in reconciliation and are working to implement the Calls to Action made by the Truth and Reconciliation Commission of Canada. Specifically, COMP is focusing on the health-related Calls to Action that highlight the need to increase First Nation, Inuit and Métis healing practices in health care delivery and improve their retention within the health care system and to improve the cultural competency of all health care workers. COMP will be guided by engagement and research methods that are endorsed by the Truth and Reconciliation Commission of Canada and First Nations, Inuit or Métis as to facilitate the realization of the Calls to Action.

SECTION 2. PRINCIPLES

- I. Members must hold as paramount the best interests of the patient under all circumstances.
- II. Members must strive to provide the best quality patient care and ensure the safety, privacy, and confidentiality of patients and research participants.
- III. Members must act with integrity in all aspects of their work. Integrity is defined as “Steadfast adherence to a strict code of ethics.”[1]
- IV. Members must interact in an open, collegial, and respectful manner amongst themselves and in relation to other professionals, including those in training, and safeguard their confidences and privacy.
- V. Members must strive to be impartial in all professional interactions, and must disclose and formally manage any real, potential, or perceived conflicts of interest.
- VI. Members must strive to continuously maintain and improve their knowledge and skills while encouraging the professional development of their colleagues and of those under their supervision.

- VII. Members must operate within the limits of their knowledge, skills, and available resources in the provision of healthcare. Members must enable practices in which patients are provided the levels of medical physicist expertise and case-specific attention as appropriately supports the modalities of their care.
- VIII. Members must adhere to the legal and regulatory requirements that apply to the practice of their profession.
- IX. Members must support the ideals of justice and fairness in the provision of healthcare and allocation of limited healthcare resources.
- X. Members are professionally responsible and accountable for their practice, attitudes, and actions, including inactions and omissions.

SECTION 3. GUIDELINES

These Guidelines are intended to assist Members in interpreting and implementing the Principles outlined above. The COMP & CCPM Code of Ethics does not aim to provide specific actions for any specific or potential ethical dilemma; rather, it describes the ethical environment in which such actions and moral judgments can be fostered. The subsection on General Guidelines applies to all practice environments (3.I). Specific guidelines and clarifications as they might apply to various professional practice settings are offered in the subsequent subsections (3.II - 3.V).

I. General guidelines for professional conduct

Professional work practice depends on the Members working together with patients and colleagues toward shared aims and with mutual respect to foster an environment where best work can flourish. This section outlines the core responsibilities and personal behaviour standards expected by COMP and CCPM Members to achieve professional work practice.

A. Responsibilities

a. Responsibility to peers and to the profession: Members have a responsibility to:

- support the profession and contribute to the knowledge and capability of the medical physics profession as a whole;
- improve public understanding of the role, function, and responsibilities of a medical physicist;
- establish the best possible practice environment;
- remain cognizant that their actions and inactions have effect not just in the present but may also carry weight as established precedent, with impact on both future patients and future colleagues; and
- conduct all their work with diligence and integrity.

b. Responsibility to the public: Members must strive to improve the public welfare through:

- disseminating scientific knowledge in a fair and unbiased manner;
- supporting fair and just allocation of healthcare resources; and
- maintaining standards of privacy and confidentiality in all environments, including online communication.

c. *Responsibility to the employer:* With any verbal or written contractual agreement, Members have the responsibility to understand the mission, philosophy, and goals of the organization with which the contract is made.

Members must carefully weigh their employment decisions to ensure that they agree with and can ethically align themselves with the organizational viewpoint before entering into the contract. Once having entered into a contractual arrangement, Members should respect the organization's cultures, policies, and procedures. That respect must be balanced with ongoing adherence to the Principles. The onus is on each Member at all times to monitor whether the workplace is making demands of unacceptable personal behaviour, and if so to take appropriate personal action to resolve the conflict.

B. Personal behaviour

Each Member's behaviour reflects on the profession as a whole. Trust in the fidelity of the work and in the person performing the work is essential to the regard of the profession.

Members must:

- honestly represent their activities, services, and products delivered;
- truthfully and accurately document and report their academic and professional credentials;
- be mindful of how their online behaviour may reflect on themselves and the profession and use social media in a professional manner;
- claim credit only for continuing education courses, programs, and sessions attended and completed; and
- claim recognition, credit, or remuneration only for services rendered or products delivered.

C. Work environment

A culture of safety and inclusivity, fostered by an environment free of political, ideological, or religious pressures or constraints, contributes to a positive workplace where diverse perspectives, backgrounds, and experience are valued.

a. *Diversity:* Members should acknowledge that each individual is unique and respect individual differences. These differences include race, ethnicity, gender, sexual orientation, socio-economic status, age, education, physical abilities, religious beliefs, political beliefs, or other ideologies. A work environment that embraces diverse perspectives can lead to an increase in creativity and productivity.

b. *Inclusivity:* Members should strive to promote an environment where all parties, including those traditionally marginalized or excluded, feel a sense of belonging and are empowered to participate in the majority culture as full and valued members of the community. Members should use constructive and supportive language and maintain a respectful demeanor when interacting with all members of the professional community, including patients, research subjects, patients' family members, and other caregivers.

c. *Discrimination:* When acting in roles that carry management authority, Members must treat fairly and with respect all those with whom they have professional relationships, evaluating others based on professional merit alone. To prevent favoritism and discrimination, it is essential to set appropriate criteria when assessing individuals for professional opportunities. Members must acknowledge and minimize bias to eliminate discrimination and promote fairness in all roles they may assume.

d. Harassment: Any behaviour that contributes to a hostile, intimidating, and/or unwelcoming environment is a form of harassment and is unacceptable. Examples of harassment include verbal or physical abuse, bullying, demeaning comments, or any conduct that directly or indirectly contributes to a demeaning, threatening, or offensive environment.

e. Sexual harassment: Any unwanted verbal or physical conduct of sexual nature is sexual harassment and is unacceptable, regardless of either party's gender or sexual orientation. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, or other unwelcome verbal, visual, or physical conduct of a sexual nature.

f. Exploitative relationships: Members must not exploit any person with whom they have a professional relationship, including relationships between educators and students or trainees. Exploitation can be, but is not limited to, coercing a person to perform work without equitable compensation, forcing a person to act against their will or consent, or creating working conditions where some person(s) is treated unfairly for the benefit of others.

D. General workplace ethics

The development of good professional practice depends upon high personal standards of conduct. Such standards rely on personal and professional integrity, professional responsibility and accountability, respect for professional boundaries, and advocacy.

a. Professional relationships: All interactions with colleagues should be fair, honest, and respectful. Where appropriate, Members should strive to share their skill and experience, and to assist with the professional development of colleagues. Those who are in a supervisory position have an obligation to guide their associates. When a Member assigns tasks within their scope of practice to support staff under the Member's supervision, such assignment does not absolve the Member of legal, ethical, or other professional responsibility for the quality of the practice or deliverables. The assigned task is the responsibility of the supervisor.

b. Competence: Members must:

- undertake only work that they are qualified to perform;
- be respectful and transparent about the limitations of their knowledge, skill, and experience; and
- seek additional education, training, or consultation before performing tasks for which they have not acquired competency.

c. Maintenance of knowledge and skills: Members must strive to improve their professional knowledge and skills, including but not limited to participation in relevant continuing education activities. Members should offer to share pertinent knowledge and skills with their colleagues as appropriate.

d. Resources: Members must act as responsible stewards of the healthcare resources entrusted to them by endeavoring to maintain an efficient and effective practice.

e. Response to impaired or incompetent colleagues: Members should intercede to ensure the safety of any individual (public, patient, or colleague) if a colleague appears impaired or incompetent and it is perceived that continued involvement by that colleague would jeopardize an individual's welfare. In some jurisdictions, reporting of an impaired colleague may be mandatory.

f. Communicating incidents: Members should report adverse incidents within established reporting and learning systems. In some jurisdictions, the reporting of certain adverse incidents is mandatory and, depending on the Member's role in the organization, the Member may bear

responsibility for making that report in a timely manner. Situations can arise wherein the organization or powerful individuals within the organization forbid the mandatory reporting. This does not absolve the Member of their responsibility. Members should encourage and support other healthcare professionals to report incidents.

g. Relationship with regulators: Members must assist and cooperate with regulators in the performance of their duties in an honest and respectful manner. Members should embrace opportunities to collaborate with regulatory bodies in drafting regulations. Members must comply fully with regulatory requirements for which they bear responsibility by way of their role in an organization.

h. Whistleblower protection: Members must respect the right of an individual (whistleblower) to report an unethical, fraudulent, or unacceptable behaviour or practice. Members must not participate in or take punitive or retaliatory action against individuals who file such reports.

i. Peer review: Members participating in any review process of an individual's or a group's work must strive to ensure that the process is constructive for the reviewed professional and that it results in insight and recommendations that can directly contribute to assessing and potentially improving the reviewed professional's practice. The reviewer's primary professional obligation is to help the reviewed professional recognize how to improve their professional practice. Members must be very clear when accepting a request to perform a review outside either a peer-to-peer request or the standard practices of a shared employer as to the structure and ground rules of the review. Members who contract or otherwise agree to perform such a third party review must be clear from the outset of the review process to whom the report will be made and to what extent the reviewed peer is engaged in the process. It is always preferable that the report be made privately to the peer physicist and shared with the third party only at the reviewed peer's discretion. If the report is to be made directly to third parties, the reviewer should not proceed without establishing appropriate ground rules of trust with the reviewed peer. All information used to judge a reviewed professional's performance must be substantiated and used in good faith to help the reviewed professional; opinions based on reports other than what the reviewer has directly observed or experienced (hearsay), or opinions not supported by clear evidence must be disregarded.

j. Conflicts of interest: A conflict of interest is a situation in which one's position of trust with a party is actually, or potentially, compromised by virtue of relationships with other parties and/or by self-interest. Conflict of interest is not inherently unethical, but there is a risk that unethical behaviours can arise from incentives inherent in the conflict of interest. Conflicts may exist within an organization, a regulatory or accrediting body, an educational setting, in industry, or in clinical practice environments and may consist of financial, political, or personal interests. Conflicts of interest can be difficult for the conflicted individual to recognize, and for that reason it is useful to seek independent assessment of a situation in which decision-making affects multiple parties with whom the individual has authority. While not all conflicts of interest must be avoided, Members must disclose conflicts of interest to any involved party and resolve or manage them appropriately. Many conflicts of interest can be mitigated by establishing well defined roles and boundaries or by having a conflict of interest management plan that is administered by an uninvolved party. When the conflicts of interest cannot be otherwise managed, the Members must recuse themselves from the specific activities. Where explicit procedures are in place for conflict of interest management, the Member must abide by them. To ensure fairness and equity, Members should not participate in supervision, employment actions, evaluation, or the direct setting of salary or wages for an individual for whom the Member cannot be assured of having reasonable objectivity because of a current or prior close personal relationship. Regardless of how the conflict of interest is disclosed or managed, the responsibility remains with the Member to act in accordance with the COMP and CCPM Code of Ethics in all matters.

II. Clinical ethics

Members who practice in a healthcare environment may find themselves in a position to directly affect patient outcome and share the responsibility of the overall quality of the patient's diagnostic examination or treatment while under the medical facility's care. As such, they are ethically obliged to embrace patient welfare as their primary professional responsibility and place it above their own personal interests.

A. Responsibility to patients

- Members must respect the autonomy and dignity of all patients.
- Members should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online. Where formal requirements exist, they must be honoured. The absence of formal requirements does not constitute permission by omission.
- Members communicating to the media or public via any means should clearly state whether the information provided is based upon scientific studies, expert consensus, professional experience, or personal opinion.
- Members must engage in appropriate continuing medical physics education activities to maintain the knowledge and skills necessary to provide high quality care for patients.
- Members must regard patient's interests as paramount when engaged in any education, research, or other activity.

B. Relationship with caregivers and other healthcare providers

Members must interact with caregivers and other healthcare professionals to achieve the primary goal of benefitting patients. Channels of communication must remain open to optimize patient outcome. Members should support the development and implementation of systems that facilitate communications with other disciplines involved in patient care.

C. Resources

Members should not routinely take upon themselves more work than can be sustainably performed by a single individual. Accepting responsibility for more work than the Member can safely perform may deprive patients of the medical physics services necessary to meet current standards of care.

Members who are managers must respect the personal limitations of those they manage.

Members should not forgo proper testing and quality assurance due to inadequate provision of time or equipment. In situations where the hospital or supervisor will not provide the necessary resources of expertise, time, and equipment for a patient's care, it is incumbent on the Member to accurately represent the scope of work actually performed and be explicit about work that could not be performed. The Member's further responsibility is to advocate for structural changes which result in allocation of the required resources or, alternatively, recommend consideration of referral to a properly supported facility.

III. Research ethics

Research has its own set of ethical obligations contained in federal, provincial, institutional, and professional guidelines. These obligations arise in the design and conduct of the research, collection and interpretation of the resulting data, confidentiality of records, publication of the

results, management of intellectual property emanating from the research, and relationships between the research team and the financial sponsors.

A. Research team

Members must:

- openly discuss the roles of individuals in the research team, as well as responsibilities and expectations for these individuals;
- discuss changes in roles or expectations and deal with these changes in an open and respectful manner;
- ensure that all data collected during a study are real and that the results are not fabricated, falsified, or plagiarized;
- ensure that experiments are adequately powered to support the conclusions;
- respect the confidentiality of research data; and
- obtain consent of the research team members prior to initiating processes for disclosure or dissemination of data to others.

B. Research involving human participants

Members must:

- seek approval from the appropriate institutional review board for research performed with human participants;
- adhere to the applicable institutional rules for such research, such as but not limited to the Helsinki Declaration [2] and the Belmont Report [3]; and
- protect the rights and welfare of the human subjects.

C. Research involving animal participants

Members must:

- seek approval from the appropriate institutional animal care and use committee for research performed with animals;
- adhere to the Principles of Humane Experimental Technique [4]; and
- treat animal subjects humanely and with consideration for all aspects of their welfare.

D. Publication ethics

Members who find themselves involved in any aspect of publishing (such as commercial, newsletter, editorial, or academic, etc.; as authors, reviewers, or editors) are expected to represent themselves and their subject matter with honesty and transparency.

When Members are listing their published work, transparency requires disclosure of the existence and nature of the review process for the published work.

a. Authorship:

- Members must adhere to the requirements of the publication to which they are submitting. Members should reserve authorship only for those who:
 - have contributed substantially to the conception and design, and/or acquisition of data, and/or analysis and interpretation of data;
 - were directly involved in the drafting and/or revising of the publication; and
 - have given final approval of the version to be submitted for review.
- Members must not plagiarize the work of others.

- Members must not self-plagiarize, or submit for publication with substantially similar material to two or more journals, unless the manuscript was rejected or the editors of all involved journals grant permission.
- Members should respect the peer review process by considering the concerns raised by previous reviewers before resubmitting their manuscript to another journal.

b. Declaration of interests:

Members must explicitly declare all financial interests with respect to business or corporate entities when submitting manuscripts or giving presentations, even if such arrangements are tangential to the subject matter of the work. Such financial interests may include sponsorship, travel reimbursement, performance-based bonus incentives, or stock ownership.

c. Editorship and peer review:

- Members acting as editors or reviewers:
 - should be aware of potential bias or conflict of interest and strive to deliver an impartial assessment of the work based on merit alone;
 - must declare and manage any conflicts of interest that could compromise their objectivity;
 - should ensure that the peer review process is objective, fair, and confidential;
 - are responsible for maintaining the dialogue, and any communication among participants, at a professional and respectful level throughout the review process;
 - must not use the unpublished results to benefit their own work or advancement; and
 - must not prevent publication of results in order to benefit their own work or advancement.
- Members acting as editors of non-peer reviewed publications must not knowingly publish falsified or plagiarized data.

E. Intellectual property

Intellectual property describes the set of tangible and intangible assets owned by a person, company, or agency, and consists of patents, trade secrets, copyrights, trademarks, industrial designs, algorithms, source code, know-how, or simply ideas.

Creative influence is the cornerstone of creativity and innovation. Without the appropriate citation or acknowledgment of the work of others, imitation of the work of others can result in plagiarism. All forms of plagiarism, including self-plagiarism, are dishonest and must be avoided.

Members must:

- be respectful and follow confidentiality agreements that protect intellectual property;
- be forthright in their reporting of public disclosures;
- abide by the contracts under which they developed intellectual property;
- properly designate all inventors when registering intellectual property; and
- provide truthful information on the associated patent applications.

IV. Education ethics

Formal and informal educational settings present an environment in which the student or trainee will have the opportunity to absorb the intellectual and ethical atmosphere of the institution and its educators. It is therefore of paramount importance that educators exhibit the highest ethical standards and that students or trainees begin the practice of ethical behaviour that will guide

them for the remainder of their careers. In this Education Ethics section, the following definitions apply:

- "Student or Trainee" refers to a person engaged in any educational or training program.
- "Educator" refers to any person responsible for the education or supervision of a Student or Trainee.

A. Educators

Educators have an obligation to contribute to the intellectual development of Students or Trainees and to support them in achieving their educational goals. They must guide Students or Trainees toward an efficient path to reaching these goals. Students or Trainees entrust their educational outcome in their Educators, advisers, and mentors.

a. Safe environment: Educators must promote a safe environment for learning and must educate Students or Trainees regarding the hazards and methods to control and minimize potential risks.

b. Respect for Students or Trainees: Educators must interact with Students or Trainees in a supportive manner. Their verbal, nonverbal, and written communication with Students or Trainees should be constructive and reasoned, having the intent to enhance the education experience. Educators must support all Students' or Trainees' participation and foster an environment conducive to freedom of expression. Educators must give appropriate credit to Students or Trainees for their work and involvement in academic, research, or clinical accomplishments.

c. Equal opportunity: Educators must fairly consider all Students or Trainees for participation in any program or for any benefits that may aid the Student or Trainee, including, but not limited to, attendance at scientific meetings or training programs, research projects, internships, and scholarships. Consideration must be free of discrimination and opportunities should be awarded based on academic and professional merit alone.

d. Student or Trainee confidentiality: Educators must maintain appropriate confidentiality of Student or Trainee information, whether verbal or written.

e. Intimate relationships between Educators and Students or Trainees: Educators are accountable for ensuring that effective and appropriate relationships are maintained or managed so as not to impair objectivity, competence, or effectiveness in performing their function as Educators. This may involve disclosure of the relationship, re-arrangement of roles and responsibilities, or other steps. Educators should bear in mind that an intimate relationship with their Students or Trainees presents a conflict of interest.

f. Student or Trainee program completion:

- Educators should encourage Students or Trainees to excel and provide the support necessary for successful completion of their program of study.
- Educators must document the Students' or Trainees' performance to support any decision for delay or failure for timely completion of the program as they are accountable for their progress.
- Educators must make fair evaluations of Students' or Trainees' efforts and document those evaluations in the Students' or Trainees' record when appropriate.
- The overall progress or advancement of the Students or Trainees supersedes any personal interest of the Educator or learning institution.

B. Students or Trainees

Students or Trainees in an educational or training program are in the privileged position of being supported in their professional and personal growth. To support their own success, they must be their own advocates and act with integrity and respect toward their Educators and their learning institution.

a. Respect for Educators and fellow Students or Trainees: Students or Trainees must interact in a respectful manner to promote an educational environment conducive to freedom of expression and equal participation.

b. Respect for institutional property: Students or Trainees must obtain permission to use an Educator's or institution's information, data, or intellectual or physical property for their personal or professional use.

c. Acknowledgment of the work of others: Students or Trainees must represent their work truthfully by acknowledging outside contributions.

d. Intimate relationships between Students or Trainees and Educators: Students or Trainees should bear in mind that an intimate relationship with their Educators presents a conflict of interest.

V. Business/Government ethics

Professional advancement often requires Members to change employers or collaborators. These include large and small private corporations, government organizations and agencies, and academic institutions. Members may also act as entrepreneurs or be self-employed. The processes that Members engage in while navigating their professional paths must be governed by ethical personal and professional behaviour.

A. Employment ethics

a. Seeking or changing jobs: When seeking employment, Members must:

- act with respect and consideration for any existing parties and of their relationship(s) with the potential employer when considering a potential job opportunity;
- not intentionally undermine the employment of another person;
- seek positions only with the reasonable expectation of accepting a satisfactory offer, should one be made; and
- respond to and negotiate any offers made within a mutually agreed upon time frame.

Members should honour the mutual commitments they have made under the terms of their agreement once accepting an offer for employment.

b. Vacating a position: Members are expected to give appropriate notice when vacating a position. Members must leave all information for which compensation was made and must make a reasonable effort to facilitate an orderly transition of services upon leaving a position. Documentation must be left in an intelligible, legible order, in hard copy or digital format. All materials generated, as well as any related notes derived from that work may be the property of the paying entity. If that is the case, such materials must be left in the possession of the organization's management, unless other arrangements have been mutually agreed upon by all parties. Members must disclose any ongoing regulatory violations or investigations pertaining to the position and be forthcoming with pertinent details.

c. Relationship with recruiters: Members who are job candidates must communicate with recruiters openly, honestly, and with transparency.

Members who are recruiters must:

- faithfully and honestly represent job candidates to employers and employers to job candidates;
- receive permission from a job candidate for release of their resume (curriculum vitae) to each and every potential employer client; and
- maintain the confidentiality of a job search in each and every instance unless specifically released in writing from such confidentiality by the job candidate.

d. Hiring employees: Members who are employers must:

- faithfully and honestly represent open positions;
- disclose pertinent information regarding open positions; and
- be open and honest about their requirements and expectations.

Confidentiality of the candidate must be respected. Members who are employers extending offers must provide the candidate a reasonable and clear amount of time to respond. By extending an offer, employers must suspend their recruitment activities by withholding offers to any competing candidates until their business with the first candidate is completed. Employers must honour the terms of the agreement once an offer is accepted.

B. Member interactions with vendors

a. Purchasing of equipment or services: Members must base the purchase of a product or service on its merits and not be influenced by personal inducements.

Consultation arrangements, gifts, grants, or other considerations in exchange for a sales transaction, constitute an inducement or the appearance of an inducement. Participation in such arrangements is unethical. Members must avoid being a party to such exchanges.

b. Accepting gifts from vendors: Promotional items, educational items, and modest gifts of a nominal value may be offered by a vendor and accepted by a Member as a courtesy of business. Members must be conscious of the potential appearance of their actions.

Where legal or other restrictions on such exchanges exist within an organization that the Member represents (including government agencies), the Member must be aware of them and comply fully.

c. Respecting proprietary information: Members must respect and hold confidential any corporate proprietary information.

Where a formal nondisclosure agreement is in place, the Member must honour it.

d. Sponsorship of investigator research: Members must keep discussions for funding of research separate from discussions for purchase of services or equipment so that there is no real or perceived bias in obtaining research funds or making purchase decisions. Sponsorship of research must be acknowledged and disclosed in presentations and publications.

e. Contracted work arrangements between vendors and Members: Members entering into business agreements with vendors must delineate the scope and deliverable(s) of the work. Compensation (including honouraria) must be based on fair value for the work contracted.

Members must disclose affiliations and sponsorships when presenting or reporting on behalf of a vendor or agency. Any claims about a product must be objective and supported with data. The Member should make the extent of their involvement with the product or project clear.

f. Releasing patient information: Members must avoid disclosing identifiable patient information to vendors or agencies. Members must ensure compliance with patient privacy laws. Members must disclose when confidential patient information has not been removed prior to disseminating information.

C. COMP Affiliate Members and Members employed by vendors

a. Offering gifts: COMP Affiliate Members and Members involved in selling products must avoid offering consultation arrangements, gifts, or grants to an individual or organization that could be considered inducements to purchase a particular product. Industry codes of ethics (e.g. ADVAMed [5]) should be carefully reviewed by Corporate Affiliates and Members for additional guidance.

When discussing products, COMP Affiliate Members and Members should strive to be objective and to be able to support product claims with data.

b. Product or service marketing: COMP Affiliate Members and Members must truthfully describe the product or service when engaging in sales communications and advertisements. They must honestly represent the performance of the product or service, including any known deficiencies. If a product is in development or not yet ready for clinical use, that information must be clearly stated.

c. Sponsorship of research: COMP Affiliate Members and Members involved in the sponsorship of external investigator research must keep discussions about research and educational grants separate from purchase of equipment or services. All grant submissions must be treated with an equal review process, independent from considerations of sales deals or other business transactions.

D. Members who are self-employed

In this Ethics of Self-Employment section, the following definitions apply:

- “Self-employment” refers broadly to all forms of employment or provision of services in which the Member has an ownership stake. In most cases the self-employed Member will do business as either a Contractor or a Consultant.
- “Contractor” refers to a Member who enters into a formal or informal arrangement with a client to provide routine services to the client in exchange for compensation. In this capacity the Contractor, as well as any employee(s) of the Contractor, interacts in the workplace in a way that is functionally identical to an employee of the client and all of the guidance relevant to employed practice in this Code applies.
- “Consultant” refers to a Member who provides a client with domain expertise and advice in exchange for compensation. Typically, Consultants are engaged by an organization to provide expert guidance in the making of decisions that can have broad impact on the structure, investments, and strategic priorities of the organization.

a. Contractor ethics: The Contractor:

- should establish in cooperation with the client a framework for assuring that all contracted work is performed in a manner consistent with the client's employee policies and practices; and
- bears responsibility to establish formal means for avoiding conflicts of interest that might arise as a consequence of the Contractor's relationship with individuals or organizations with which the client may also have a relationship.

b. Consultant ethics: The Consultant:

- bears responsibility to provide professional objectivity to the client; and
- should be cognizant of the context in which a consultation is requested and take all necessary precautions in rendering advice that is in line with the Principles outlined in this Code of Ethics.

c. Moonlighting: Moonlighting, which is the practice of contracting for services while simultaneously holding a position as an employee of a different agency or company, presents an additional layer of ethical challenge. It is important to closely examine both actual and perceived conflicts of interest, as well as manage the practical limitations of available resources such as time and attention.

Moonlighting Members are expected to adhere to the employer restrictions if these have been explicitly stated in a contractual agreement.

d. Seeking and fulfilling contracts for self-employment:

- I. **Personal behaviour:** Members must respect the client policies that govern employee conduct at any facility or institute they may visit or where they may do business. They must respect the client's code of ethics and personnel policies while on the premises and in any business dealings.

Members must communicate and collaborate respectfully with employees of a particular facility. They should be forthcoming with data and reports regarding the work performed.

Members must accurately and respectfully reflect the work product of others in the course of providing contract services.

When approaching new clients, Members must consider the impact their solicitation may have on other contracted or employed physicists. To the extent feasible and when warranted, direct respectful communication with an incumbent who might be displaced should be made in a timely manner.

- II. **Advertising of business:** Members must represent faithfully and honestly their business and the abilities of any employed staff in any advertisement. They must be forthcoming regarding known limitations of their expertise and resources.
- III. **Hiring and recruiting:** Members who hire others (including other medical physicists) to fulfill private contracts must be mindful of guidance elsewhere in this document regarding hiring and recruiting practices.
- IV. **Training:** Members who hire others to fulfill private contracts must take responsibility for providing adequate training, supervision, and mentoring of their employees, especially those early in their careers.
- V. **Communication:** Clear communication is essential to providing high quality patient care. Members must communicate their work in a clear, concise, complete, and legible manner to their clients, so that the clients may successfully address clinical and regulatory needs.

- VI. Completion of work: Members who perform any work (including equipment inspections) under contract must provide truthful data and conclusions. It is imperative for the safety of patients that true, accurate results are presented to clients.

ACKNOWLEDGEMENT OF USE OF AAPM CODE

This document is based on Skourou et al., "Code of Ethics for the American Association of Physicists in Medicine (Revised): Report of Task Group 109," *Med Phys* 46 (4), e79-e93, 2019, with substantial portions adopted verbatim, with permission.

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COMP and CCPM Joint Code of Ethics Violation Complaint Procedure

1. Preamble

- 1.1. In this Complaint Procedure, the following definitions apply:
 - 1.1.1. “Member” refers to:
 - 1.1.1.1. an individual member in good standing of COMP and/or a Member or Fellow of CCPM; or
 - 1.1.1.2. a former individual member of COMP and/or a former Member or Fellow of CCPM.
 - 1.1.2. “Complainant” refers to any individual or entity who has initiated a complaint with the Ethics Committee. The Complainant can be a Member or a member of the general public.
 - 1.1.3. “Respondent” refers to a Member who is the subject of an official complaint initiated by a Complainant.
 - 1.1.4. “Appellant” refers to any individual or entity who applies for a reversal of the decision of the Ethics Committee.
 - 1.1.5. “The Committee” refers to the COMP/CCPM Joint Ethics Committee as set out in their Terms of Reference. The Committee is led by two Co-Chairs and has several members. The Terms of Reference can be found in Appendix A. All references to Committee voting in this Procedure will take place in accordance with the voting process in these Terms of Reference. All duties of the Committee will be carried out in private, except as otherwise expressly indicated in this Procedure and/or the Terms of Reference.
 - 1.1.6. “Entity” refers to any Organization or Institution which may employ or use the services of a medical physicist. (i.e., hospital, cancer centre, academic institution, research facility, etc.)
 - 1.1.7. “Organization of Record” refers to the organization, either COMP or CCPM, that received the complaint, or has been deemed by the Committee as most relevant to the complaint.
- 1.2. The COMP/CCPM Joint Ethics Committee responds to all allegations of ethical misconduct by a Member that come to the attention of either one or both Organizations of Record, or the COMP/CCPM Joint Ethics Committee and all allegations will be carefully considered in a fair and impartial manner.
- 1.3. While every effort will be made to adhere to the timelines detailed in this Procedure, these are considered benchmarks only and a failure to strictly adhere to these timelines will not serve as grounds for overturning a decision.
- 1.4. The COMP and CCPM Joint Code of Ethics and this Procedure do not replace the legal obligations of Members. All suspected unlawful behavior should also be reported to the appropriate authorities.

2. Submitting a Complaint

- 2.1. Any person or Entity may file a written complaint against a Member. The Committee will neither accept nor act on complaints against non-Members.
- 2.2. All complaints must be made in the atmosphere of mutual respect and must not be frivolous, vexatious or an abuse of process. Any Member who files a complaint to harass another Member or to otherwise abuse the process may themselves be subject to a complaint under this Procedure.



- 2.3. Although there is no defined time limit placed on when a complaint can be made after the incident has occurred, acknowledging that it can take time for a Complainant to feel empowered enough to speak out about an ethical violation, the complaint should be brought forward within a reasonable amount of time from when it was discovered to be able to still substantiate the claim with evidence.
- 2.4. This Procedure will apply to the time since 12 July 1997, when the first Code of Ethics was adopted by COMP.
- 2.5. The complaint must be sent directly to one or both Co-Chairs of the Committee. In instances where a complaint is sent to only one Co-Chair, the organization that Co-Chair represents will be considered the Organization of Record, unless the Committee votes to declare for the other Organization. Where a complaint is sent to both Co-Chairs, the Committee will vote to declare the Organization of Record. In all instances, representatives of both organizations shall participate in all parts of the process. In the case where neither Co-Chair is available for an extended period, the complaint can be sent to any member of the Committee and the Committee will vote to designate one or more Acting Chairs to carry out the Co-Chairs' responsibilities under this Procedure for the matter. If either of the Co-Chairs is the Complainant or the Respondent, or otherwise needs to be recused, the other Co-Chair will preside alone on the matter.
- 2.6. The complaint should specify the violation(s) of the COMP/CCPM Code of Ethics of which the Member is accused or if not specified, the alleged violation should be readily ascertainable from the complaint. The complaint must describe specific events, provide available evidence, and be as specific as possible as to times, places, conduct, and persons involved.
- 2.7. A Complainant may submit a written request to withdraw a complaint at any stage in this Procedure prior to the Committee reaching a decision under s. 6.1. A request to withdraw a complaint prior to the complaint having been accepted by the Committee will be decided upon by the Co-Chair(s). A request to withdraw a complaint after the complaint has been accepted by the Committee will be decided upon by vote of the Committee. A decision to grant or deny a request to withdraw a complaint is final.

3. Accepting a Complaint

- 3.1 Except as indicated in this Procedure, or as required or authorized by law, all complaints will be treated confidentially by COMP/CCPM and all parties involved.
- 3.2 COMP/CCPM and/or the Committee may choose to defer any action under this Procedure if there is any related civil or criminal legal action, or if other related administrative action has been filed, or if any such action is anticipated as a result of the allegations giving rise to the complaint. If any civil or criminal legal action is initiated, the Complainant and the Respondent must report such action to the Co-Chair(s). If the complaint procedure has been initiated before the commencement of any related action, the COMP/CCPM proceeding may, in the discretion of the Committee, be paused until the legal and/or administrative action has been resolved.
- 3.3 Within 2 weeks of receipt of the complaint, the Co-Chair(s) must distribute copies of the complaint to all members of the Committee for review.
- 3.4 Within 30 days of reception from the Co-Chair(s), the Committee will review the details of the allegation(s) and vote to determine if the complaint should be accepted and proceed to the next phase in this Procedure.



- 3.5 A complaint will only be accepted if it alleges facts that, if proven, would amount to a violation(s) of the Code of Ethics by a Member.
- 3.6 If the Committee decides not to accept the complaint, the Co-Chair(s) will notify the Complainant and the case will be closed. The Committee's decision not to accept a complaint is final.

4. Reviewing a Complaint

- 4.1 If the Committee accepts a complaint, then the Co-Chair(s) will notify the Complainant and the Respondent. The notification must include a copy of the complaint and provide the names of the Committee members and a copy of this Procedure.
- 4.2 Every reasonable effort will be made to reach the Respondent with confidentiality in order to provide notice of the complaint. At least two different modes of communication in collaboration with the COMP office will be used. In the case where three (3) unsuccessful attempts have been made by the Co-Chair(s) to notify the Respondent, the Committee reserves the right to proceed with its deliberations in the absence of input from the Respondent.

- 4.3 The Respondent must respond to the complaint within thirty (30) days of receipt of notification of the complaint. The response deadline may be relaxed at the Committee's discretion with a show of good cause.
- 4.4 If the Respondent disputes any of the allegations in the complaint, the Respondent's response should include any relevant evidence that supports their position.
- 4.5 The Respondent may also challenge any Committee member for conflict of interest, either prior to submitting their response or within their response.
- 4.6 In the absence of a response by the Respondent within the timeframe described, the Committee may proceed with its deliberations based on the material at hand.

5. Information Gathering

- 5.1 If necessary for the proper disposition of the complaint, the Committee may in its discretion request more information through an Information Gathering process. This may be an iterative process to allow the Complainant and/or Respondent to further respond to the information gathered.
- 5.2 This Information Gathering process can include:
 - 5.2.1 written responses from the Complainant, Respondent and/or third parties to specific written questions;
 - 5.2.2 private interviews with the Complainant, Respondent and/or third parties (held virtually or in person, at the discretion of the Committee); and/or
 - 5.2.3 requests to the Complainant, Respondent and/or third parties for records or other documentary evidence.
- 5.3 Information Gathering procedure:
 - 5.3.1 The Information Gathering period should not exceed 60 days.
 - 5.3.2 The Co-Chair(s) will designate an Information Gathering Sub-Committee consisting of at least three (3) members of the Committee.
 - 5.3.3 Interviews will be recorded and transcribed, using transcription software as appropriate.
 - 5.3.4 Sub-Committee members may ask questions, subject to the Co-Chair(s)' role to moderate and guide the interviews in an atmosphere of mutual respect. If desired, the person being interviewed may have one (1) individual with them during their interview.
 - 5.3.5 Interviews will not exceed one (1) hour in length. However, this time limit may be relaxed at the Co-Chair(s)' discretion, with a show of good cause.
- 5.4 The Information Gathering Sub-Committee will share all materials with the Committee within two (2) weeks of the final information being received.

6. Deciding on a Complaint

- 6.1 Within two (2) weeks of receiving the Respondent's response under s. 4.3 or from receiving the final information from the Sub-Committee under s. 5.4 (whichever is later), the Committee will meet to review the complaint, deliberate and vote on whether the Respondent has violated one or more subsections of the COMP and CCPM Joint Code of Ethics.
- 6.2 Where no violation of the COMP and CCPM Joint Code of Ethics is found by the Committee, the complaint shall be dismissed and the case closed, subject to the right of the parties to request a review under s. 7.



- 6.3 Where the Respondent is found by the Committee to have violated the COMP and CCPM Joint Code of Ethics, the Committee will then proceed to deliberate and vote upon the appropriate sanction(s).
- 6.4 The available sanctions can be one or more of the following options:
- 6.4.1 A confidential, written warning may be issued. The warning is intended to be educational in nature and may stipulate corrective action to be taken by the Respondent. It might require the Respondent to provide evidence back within a set time frame to the Committee that corrective action has occurred to address the concern(s).
 - 6.4.2 A 12-month probationary period may be issued. Although intended to be educational in nature, it may stipulate corrective action to be taken by the Respondent. It might require the Respondent to provide evidence within a set time frame to the Committee that corrective action has occurred to address the concern(s).
 - 6.4.3 The Respondent is excluded from holding any office in CCPM or COMP.
 - 6.4.4 The Respondent is prohibited from speaking to the media on behalf of or otherwise presenting themselves as a representative of CCPM or COMP.
 - 6.4.5 The Respondent is excluded from future consideration for Fellow status in CCPM. If the Respondent is already a Fellow, this status is revoked.
 - 6.4.6 The Respondent is expelled or barred from Membership in COMP and if applicable CCPM. As per CCPM bylaws, CCPM members must also be COMP Members in good standing and therefore a revocation of COMP membership will result in an automatic revocation of CCPM membership. After a period of five years, the Respondent may reapply for Membership, but any such application must be reviewed by the Committee. Approval of the Committee by a simple majority vote must occur in addition to the standard Membership application and approval processes.
 - 6.4.7 The Respondent is expelled or barred from Membership in CCPM. After a period of five years, the Respondent may reapply for Membership, but any such application must be reviewed by the COMP/CCPM Joint Ethics Committee. Approval of the Committee by a majority vote must occur in addition to the standard Membership application and approval processes, including examinations.
- 6.5 If any or all of sanctions 6.4.3 to 6.4.7 are recommended by the Committee, these sanctions require the approval of the Board(s) of Directors of the organization(s) to which the Respondent belongs (COMP and/or CCPM) before they can be effected. The Co-Chair(s) will bring a motion forward to the Boards of COMP and/or CCPM to request approval of the sanction(s). The Board(s) will vote in accordance with their Terms of Reference to either approve the sanction(s) or substitute their own sanction(s) from within the available options in s. 6.4.1 to 6.4.7. The decision of the Board(s) will be communicated in writing to the Complainant, Respondent and the Co-Chair(s) within seven (7) days of being made.
- 6.5.1 If no review has been requested under s. 7, the Co-Chair(s) will bring the motion forward to the Board(s) as soon as the time for requesting such a review has passed.
 - 6.5.2 If a review has been requested under s. 7 and the President has upheld or substituted one or more sanctions within s. 6.4.3 to 6.4.7, the Co-Chair(s) will bring the motion forward to the Board(s) within seven (7) days of the President's decision.



- 6.6 An incremental approach will generally be applied when determining the appropriate sanction(s). Factors to be considered include (but are not limited to) the seriousness of the ethical violation, the Respondent's complaint history and the impact the sanction may have on the Respondent. When expulsion is being considered, the Committee and the Boards must consider the heavier implications for CCPM members as expulsion may have a direct impact on the ability of the member to be employed as a certified physicist.
- 6.7 Within two (2) weeks of deliberating and reaching a decision under s. 6.1 (and s. 6.3 if applicable), the Committee shall prepare reasons for the decision. A copy of the decision and reasons shall be provided to the Complainant and the Respondent, advising of the right to request a review under s. 7 of this Procedure.\
- 6.8 Except for a warning (s. 6.4.1) and probation (s. 6.4.2), details of sanctions enforced against members can, at the discretion of the COMP and/or CCPM Boards, be disclosed publicly and to any other person or Entity having a legitimate interest in the matter, provided the review process period under s. 7 has either passed or been completed.

7. President's Review of Ethics Committee Decision

- 7.1 The Complainant or Respondent may request a review of a Committee decision under s. 6.1 and/or s. 6.3 within fifteen (15) days of the party's receipt of the decision.
- 7.2 The request for review must be submitted in writing to the Committee Co-Chair(s), who will submit the request, the reasons for decision and the record reviewed by the Committee to the President of the Organization of Record for review. The President must declare any conflict of interest, and in the case of a conflict, the Committee Co-Chair(s) should then designate another Board Member to act in their stead.
- 7.3 The review will be decided entirely on the record before the Committee, and no additional evidence may be submitted.
- 7.4 On a review, the President shall consider only the adequacy of the investigation and the reasonableness of the decision.
- 7.5 On a review, the President has the following options:
 - 7.5.1 Affirm the Committee's decision, in whole or part;
 - 7.5.2 Send the complaint in whole or part back to the Committee for reconsideration with specific guidance regarding the President's concern(s) about the adequacy of the investigation and/or the reasonableness of the decision.
- 7.6 The President's decision on the review will be final. Within two (2) weeks of the decision, the Respondent, Complainant and Co-Chair(s) will be notified by the President in writing of the final decision with brief reasons.

8. Costs

- 8.1 Where the Respondent is found to have violated the Code of Ethics, at any time within 90 days of the review process period under s. 7 having either passed or been completed, the Committee may order that some or all of the costs incurred in dealing with the complaint be paid by the Respondent. Before making such an Order, the Committee will provide the



Respondent with particulars of the costs incurred and the opportunity to make submissions within 30 days. The Committee's order with respect to costs is final.

9. Records of Complaints

9.1 Records of Committee complaint proceedings, including all paper, electronic data and information related to the complaint will be kept for at least fifteen (15) years following the conclusion of all related proceedings and reviews.

10. Process

10.1 This Procedure is intended to ensure a fair and impartial process for Complainants and Respondents, and to serve as a guideline for the Committee.

10.2 The Committee may determine the specific way the provisions of this Procedure are to be implemented, provided that fairness is protected.

10.3 Any inadvertent omission or failure to conduct a proceeding in exact conformity with this Procedure will not invalidate the result of such proceeding, so long as a prudent and reasonable attempt has been made to assure a full and fair process according to the general steps set forth in this Procedure.

10.4 No Member of the Board of Directors of COMP and/or CCMP or of the Committee shall be liable for any action taken or not taken in relation to the COMP and CCMP Joint Code of Ethics or the complaints Procedure outlined in this document. All possible claims or liability arising out of any such action or failure to act shall be deemed waived by all Complainants and Members.

11. Development and Version History

11.1 This document was developed by a joint COMP/CCPM Working Group, Co-Chaired by the Vice Presidents of both organizations. The Working Group included diverse representation aligning with the membership criteria of the COMP/CCPM Ethics Committee as set forth in their Terms of Reference.

11.2 This document was reviewed by legal counsel on January 17, 2024.

11.3 This document is intended to be used in conjunction with the COMP and CCPM Joint Code of Ethics approved by members in 2022. This document, and the COMP and CCPM Joint Code of Ethics are intended to complement existing COMP policies, procedures and CCPM regulations and to align with the bylaws of each organization.

11.4 This document was compiled based on the process developed by the American Association of Physicists in Medicine (AAPM) to support the adjudication of their Code of Ethics. It also drew upon the ethics review procedure developed by the Canadian Society of Safety Engineering, a certifying body of similar size to COMP and CCPM.

11.5 This document was first approved by the COMP Board of Directors on the 22nd of March 2024 and the CCPM Board of Directors on the 26th of March 2024. This document was presented to the Members of both organizations on June 7th 2024

11.6 Version

11.6.1 Version date: March 2024



Appendix A: Terms of Reference of the COMP/CCPM Ethics Committee

Background

The Joint COMP and CCPM Ethics Committee ('Ethics Committee') consists of the following two independent organizations: the Canadian Organization of Medical Physicists (COMP) and the Canadian College of Physicists in Medicine (CCPM). Both organizations maintain a close relationship and jointly approved and implemented the COMP and CCPM Joint Code of Ethics (1997, 2022).

Purpose

The purpose of the Ethics Committee is to implement a consistent, fair and transparent process to adjudicate complaints that allege contraventions of the approved COMP and CCPM Joint Code of Ethics set out by the COMP/CCPM.

Responsibilities and Duties

1. On behalf of COMP/CCPM, provide oversight for a fair and inclusive adjudication process of ethics violation complaints.
2. Make decisions and/or recommendations regarding the types of consequences resulting from an investigation of an ethics violation that, on balance of probabilities, is substantiated by the majority vote of the Ethics Committee.
3. The Co-Chairs will be responsible for updating the process and seeking input from their respective Boards as necessary.
4. Members will be responsible for participating in meetings, which may include a sub-committee for Information Gathering, when a complaint is submitted.
5. The Information Gathering sub-committee consists of at least three (3) members who will gather evidence through written responses and interviews with any party involved in the complaint (i.e., Complainant, Respondent, Witnesses) and will be held to the same TOR here within.
6. Co-Chairs and Members shall make every effort to adhere to the timelines set out in the Complaints Process document at all stages of the process up to and including the final decision of a review, if required.
7. Co-Chairs and Members shall keep confidentiality during and after the Complaints Process. If found to have broken confidentiality, the Co-Chairs and Members will be subjected to disciplinary action at the discretion of their own Board of Directors.
8. The Co-Chairs will be responsible for ensuring that the members are engaged, meeting secretariat duties and for facilitating any legal engagement, if necessary.
9. The Committee will make recommendations on sanctions to the COMP and/or CCPM Boards of Directors for any sanction other than a warning or probation. In these circumstances, final approval of the complaints' adjudication process sanctions shall be made by consensus from the COMP and/or CCPM Boards of Directors.
10. Members of the Committee reviewing a complaint at any stage, including the Co-Chairs, must be able to perform in an impartial and objective manner. If unable to do so, Members must recuse themselves. If involved in the complaint, Members, including Co-Chairs, must recuse themselves.
11. Members of the Ethics Committee will keep all sensitive information strictly private and confidential, for and beyond the terms of their appointments.



Membership

All Members, including Co-Chairs, of the Ethics Committee shall be required to sign a conflict of interest/non-disclosure agreement and be bound by the conditions within. COMP and CCMP members with current or pending ethics complaints will not be eligible to participate on the Ethics Committee.

COMP and CCPM are committed to ensuring fair, inclusive, equal and open representation on the Ethics Committee and will consist of at least five (5), and no greater than thirteen (13) members, including the Co-Chairs who will be the Vice President of COMP and the Vice President of CCPM. Ethics Committee membership must reasonably include a variety of representatives of the following:

- Professional Discipline (i.e., radiation oncology, imaging and diagnostics)
- Academic and community radiation oncology centres
- Early and later career
- 25% minimum gender representation
- 25% minimum equity, diversity and inclusion (as noted below)

Length of term

- Co-Chairs will be the Vice President of COMP and CCPM. They will serve terms that align with their term of office on the Board of Directors of COMP and CCPM; two (2) years and three (3) years respectively.
- Other Ethics Committee members will serve a two (2) year term, which may be renewed once, thus a total of four (4) consecutive years.
- Where possible, no more than 50% of the Members will end their term in a given year.

Equity, Diversity and Inclusivity

This Ethics Committee will reflect COMP and CCMP's diverse membership. As such, a focus on increasing diversity of its leadership and general membership shall remain a priority and, when possible, the Ethics Committee will be comprised of at least 25% from intersecting social, equity-denied identities, as well as other geographic and/or demographic groups including (but not restricted to):

- 2SLGBTQ+
- Living with disability
- Minority religious/faith communities
- Immigrants/refugees
- Francophone
- Rural/remote
- Internationally educate

Rules for Meetings

In recognizing that there are different and complex power dynamics on the Ethics Committee that may put some individuals in vulnerable situations, the Co-Chairs will strive to create a protective space for members to engage in meaningful discussions and voting, free from reprisal. If an Ethics Committee member is identified as not adhering to the rules of a meeting, one or both Co-Chairs will address the individual directly. If the behaviour is egregious, the Co-Chairs, in consultation with the Board of Directors, may remove the Member of the Ethics Committee.

Members who miss more than two meetings in a row without notifying the Co-Chairs may have their membership on the Ethics Committee revoked.

Meetings

1. The Ethics Committee shall convene as needed to undertake the adjudication of a complaint or other arising business, as directed by the Ethics Violation Complaints Procedure.
2. The Ethics Committee will also meet at least once per year to review the COMP and CCPM Joint Code of Ethics and the Ethics Violation Complaint Procedure in order to both re-familiarize themselves with the documentation and to provide recommendations for updates.
3. The Ethics Committee shall meet with meetings scheduled to accommodate members with various availability by varying meeting time and day and will be dependent on the incoming complaint(s) and the time frames set out in the Complaint Process document.
4. The Executive Director of COMP or CCPM will attend meetings as a resource to the Ethics Committee (i.e., taking minutes) as an ex officio member.
5. Summary minutes of meetings will be taken, and all decisions shall be recorded and available to the membership. Those parts of the minutes that do not include confidential information will be made available to the Boards of both COMP and CCPM.
6. Quorum is defined as 50% of the Ethics Committee Membership
7. Decision-making will be done by consensus where possible.
8. The Ethics Committee shall reach decisions by a simple majority of those voting on the issue in question, with quorum being attained. If the number of votes for and against a certain action are equal, the Ethics Committee's Organization of Record's Co-Chair (i.e., Lead Co-Chair for the complaint) shall have a casting vote. Any resolution evidenced in writing or by electronic or voice recognition means, by such member or members of the Ethics Committee as would have been necessary to pass such resolution had all members of the Ethics Committee been present at a meeting to consider such resolution, shall be valid and effective as if it had been passed at a meeting of the Ethics Committee duly convened and held, provided that notice and details of the proposed resolution have been given in advance to each member of the Ethics Committee.
9. When a decision must be made by the Co-Chairs, this means that the Co-Chairs must come to mutual agreement. When Co-Chairs are unable to come to a mutual agreement, the decision must be presented to the whole Ethics Committee to decide. When a decision is to be made by the Ethics Committee, it will do so by simple majority as described in point 8 above.

Budget

Funds associated with engaging legal advice on specific complaints will be decided upon by the Board of the organization of record, either COMP or CCPM. The Ethics Committee may at any time request that legal counsel be retained for the Committee. While such a request should be made by the Co-Chairs to

the Board of the organization of record, the advice of legal counsel will be confidential to the Ethics Committee.

CANADIAN
COLLEGE OF
PHYSICISTS IN
MEDICINE



LE COLLÈGE
CANADIEN
DES PHYSIENS
EN MÉDECINE

The Canadian College of Physicians in Medicine

Bylaw No. 3

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A bylaw relating generally to the conduct of the affairs of The Canadian College of Physicists in Medicine hereinafter referred to as CCPM.

ARTICLE I – DEFINITIONS

1.01 Definitions

In this bylaw and all other bylaws of the College, unless the context otherwise requires:

- a) “Act” means the Canada Not-for-profit Corporations Act S.C. 2009, c.23 including the Regulations made pursuant to the Act, and any statute or regulations that may be substituted, as amended from time to time;
- b) “articles” means the original or restated articles of incorporation or articles of amendment, amalgamation, continuance, reorganization, arrangement or revival of the College;
- c) “board” means the board of directors of the College and “director” means a member of the board;
- d) “bylaw” means this bylaw and any other bylaw of the College as amended and which are, from time to time, in force and effect;
- e) “CCPM” means the Canadian College of Physicists in Medicine
- f) “College” means the Canadian College of Physicists in Medicine
- g) “COMP” means the Canadian Organization of Medical Physicists
- h) “Fellow” means an individual who has been conferred the distinction of Fellow by the College;
- i) “meeting of Members” includes an annual meeting of Members or a special meeting of Members;
- j) “Member” means an individual who meets certification requirements set forth by the College, ~~is a Member of CCPM and is a member in good standing of COMP.~~
- k) “special meeting of Members” includes a meeting of any class or classes of Members or a special meeting of all Members entitled to vote at an annual meeting of Members;
- l) “ordinary resolution” means a resolution passed by a majority of not less than 50% plus 1 of the votes cast on that resolution;
- m) “proposal” means a proposal submitted by a Member of the College that meets the requirements of section 163 (Shareholder Proposals) of the Act;
- n) “Regulations of the College” means the regulations made by the College, as amended, restated or in effect from time to time;
- o) “Regulations” means the regulations made under the Act, as amended, restated or in effect from time to time; and
- p) “special resolution” means a resolution passed by a majority of not less than two-thirds (2/3) of the votes cast on that resolution.

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1.02 Interpretation

In the interpretation of this bylaw, words in the singular include the plural and vice-versa, words in one gender include all genders, and “person” includes an individual, body corporate, partnership, trust and unincorporated organization.

Other than as specified in 1.01 above, words and expressions defined in the Act have the same meanings when used in these bylaws.

1.03 Corporate Seal

The College may have a corporate seal in the form approved from time to time by the board. If a corporate seal is approved by the board, the treasurer of the College shall be the custodian of the corporate seal.

ARTICLE II – MEMBERSHIP CLASSES

2.01 Membership Classes

Subject to the articles, there shall be one class of Members in the College. The Board of Directors of the College may, by resolution, prescribe the manner by which Members may be admitted, and approve the admission of the Members of the College. Members certified in the mammography subspecialty, are not entitled to use the MCCPM designation but are afforded rights and responsibilities of membership as outlined in these bylaws. The following conditions of membership shall apply:

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2.02 Eligibility and Rights of Members

Member status shall be available only to individuals who:

- a) hold a post-graduate degree from an accredited university or college in an appropriate discipline as defined in the Regulations of the College; and
- b) have appropriate clinically relevant experience in the field of medical physics as defined in the Regulations of the College; and
- c) abide by the COMP and CCPM Joint Code of Ethics; and
- d) are certified by the College to be competent in one or more of the sub-specialties of medical physics as defined in the Regulations of the College; and
- e) have been accepted by the Board of Directors as Members; and
- f) maintain membership in good standing with the Canadian Organization of Medical Physicists.

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The term of membership of a Member shall be annual, subject to renewal in accordance with the policies and bylaws of the CCPM.

Each Member is entitled to attend and vote at all meetings of Members and each such Member shall be entitled to one (1) vote at such meetings.

Members are entitled to use the designation MCCPM.

2.03 Recertification

Members in the College shall be required to fulfill re-certification requirements as detailed in the Regulations of the College every five years in order to maintain their status.

2.04 Notice of Meeting of Members

Notice by mail or electronic means shall be sent at least 30 days prior to the meeting to all Members. A notice in the newsletter shall be considered valid providing the newsletter was mailed or transmitted electronically at least 40 days prior to the meeting to each voting Member.

2.05 Mail-in or Electronic Ballots

Whenever required by these bylaws, or at option of the Board, pursuant to the Absentee Voting of the Act, Members may vote by mailed-in or electronic ballot if the College has a system that:

- a) enables the votes to be gathered in a manner that permits their subsequent verification; and
- b) permits the tallied votes to be presented to the College without it being possible for the College to identify how each Member voted.

Pursuant to the Fundamental Changes subsection of the Act, a special resolution of the Members is required to make any amendment to the bylaws of the College to change this method of voting by Members not in attendance at a meeting of Members.

2.06 Amendments to Eligibility and Rights of Members

Pursuant to the Fundamental Changes subsection of the Act, a special resolution of the Members is required to make

any amendments to this section of the bylaws if those amendments affect membership rights and/or conditions described in paragraphs 197(1)(e), (h), (l) or (m).

2.07 Fellowship

The designation of Fellow of the Canadian College of Physicists in Medicine is an honourable distinction bestowed by the College upon individuals who have demonstrated excellence in the practice of medical physics and fulfilled other professional requirements as determined by the Board from time to time.

Fellows are entitled to use the designation FCCPM.

ARTICLE III – MEMBERSHIP FEES, TERMINATION AND DISCIPLINE

3.01 Fees

Examination, recertification, and Bridging Program fees shall be set by the Board. COMP membership dues, required to be paid to maintain CCPM membership, shall be set by the COMP Board. All fees and dues shall be paid in accordance with the set schedule.

3.02 Termination of Membership

A membership in the College is terminated when:

- a) the Member fails to renew their COMP membership by April 30th of any given year;
- b) the Member dies;
- c) the Board motions to approve the sanctions recommended by the COMP and CCPM Joint Ethics Committee in accordance with the COMP and CCPM Joint Code of Ethics Violation Complaint Procedure;
- d) the individual fails to obtain re-certification in their declared subspecialty;
- e) a Member fails to maintain any qualifications for membership described in Section 2.02 and 2.03 of these bylaws;
- f) the Member resigns by delivering a written resignation to the Registrar of the College in which case such resignation shall be effective on the date specified in the resignation;
- g) the Member is expelled in accordance with Section 3.03 below or is otherwise terminated in accordance with the articles or bylaws; or
- h) the College is liquidated or dissolved under the Act.

Subject to the articles, upon any termination of membership, the rights of the Member, including any rights in the property of the College, automatically cease to exist.

3.03 Discipline

The Board may, expel, suspend, or reprimand a Member for:

- a) violating the COMP and CCPM Joint Code of Ethics as decided by the COMP and CCPM Joint Ethics Committee through the COMP and CCPM Joint Code of Ethics Violation Complaint Procedure;
- b) violating any provision of the articles, bylaws, or written policies of the College;
- c) carrying out any conduct which may be detrimental to the College as determined by the Board in its sole discretion; or
- d) for any other reason that the Board in its sole and absolute discretion considers to be reasonable, having regard to the purpose of the College.

Decisions regarding suspension or expulsion shall be made in accordance with the terms set forth in the COMP and CCPM Joint Code of Ethics Violation Complaint Procedure.

ARTICLE IV – BOARD OF DIRECTORS

4.01 Board of Directors

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Deleted: In the event that the Board determines that a Member should be expelled or suspended from membership in the College, the President, or such other officer as may be designated by the Board, shall provide twenty (20) days' notice of suspension or expulsion to the Member and shall provide reasons for the proposed suspension or expulsion. The Member may make written submissions to the President, or such other officer as may be designated by the Board, in response to the notice received within such twenty (20) day period. In the event that no written submissions are received by the President, the President, or such other officer as may be designated by the board, may proceed to notify the Member that the Member is suspended or expelled from membership in the College. ¶

¶ If written submissions are received in accordance with this section, the Board will consider such submissions in arriving at a final decision and shall notify the Member concerning such final decision within a further twenty (20) days from the date of receipt of the submissions. The Board's decision shall be final and binding on the Member, without any further right of appeal.

The governing body of the College shall be known as "the Board" and shall consist of eight (8) Members of the College and an Executive Director in an ex-officio capacity.

The Board may from time to time and subject to the Act, write, vary, add to, or limit the Regulations of the College in order to achieve the objectives of the College.

4.02 Election and Term

Subject to these bylaws and the articles, any Member in good standing may be nominated in accordance with the Regulations of the College established by the Board from time to time and elected by the membership at each annual meeting at which an election of directors is required for a term expiring not later than three (3) years following their election. At the end of their term, directors may stand for, and be re-elected by the voting Members to a further three-year term.

Members certified only in the mammography subspecialty are not entitled to be directors on the Board. Former directors may stand for election by the voting Members provided that they have not exercised the office of director for a minimum of three years following the end of their last term.

4.03 Vacancy in Office

Subject to Board Vacancy subsections of the Act, a quorum of directors may fill a vacancy among the directors, except a vacancy resulting from an increase in the number or the minimum or maximum number of directors provided for in the articles or a failure to elect the number or minimum number of directors provided for in the articles. A director appointed or elected to fill a vacancy holds office for the unexpired term of their predecessor.

4.04 Description of Officers

The Board shall elect annually from among themselves, except for the position of Executive Director which shall be appointed by the Board, to serve as the Officers of the College. They shall be the:

- a) President
- b) Vice President
- c) Registrar
- d) Secretary-Treasurer
- e) Chief Examiner
- f) Deputy Chief Examiner
- g) Executive Director

4.05 Duties of Officers

The President shall preside at all meetings of Members and the Board meetings and shall call to the attention of the College any matter which affects its interest. The President shall act in accordance with the recommendations approved at these meetings. All matters of major policy shall have prior approval of a majority of the Board.

The Vice President shall preside at any meeting of the College from which the President is absent. The Vice President should be prepared to serve as President if requested by the Board. [The Vice-President shall serve as a Co-Chair on the COMP and CCPM Joint Ethics Committee.](#)

The Secretary-Treasurer shall:

- a) Record and distribute the minutes of Annual General Meeting of the College and Board meetings;
- b) Undertake the general supervision of the financial affairs of the College; and
- c) Maintain the constitution and bylaws of the College.

The Executive Director, or other title as the Board may determine from time to time, if one is appointed, shall be the chief executive officer of the College and shall be responsible for implementing the strategic plans and policies of the College. The Executive Director shall, attend meetings of the Board in a non-voting capacity and subject to the authority of the board, have general supervision of the affairs of the College.

The powers and duties of all other officers of the College shall be such as the terms of their engagement call for or the Board or President requires of them. The Board may from time to time and subject to the Act, vary, add to or limit the powers and duties of any officer.

4.06 Execution of Documents

Contracts, documents, or any instruments in writing requiring the signature of CCPM, shall be signed by any two officers or by the Executive Director, if one is appointed, and any one officer. Documents and instruments in writing so signed shall be binding upon the organization without any further authorization or formality. The officers shall have power from time to time by resolution to appoint a Member or Members on behalf of the organization to sign specific contracts, documents, and instruments in writing.

ARTICLE V – MEETINGS OF MEMBERS

5.01 Persons Entitled to be Present

The only persons entitled to be present at a meeting of Members shall be those entitled to vote at the meeting, the directors and the public accountant of the College and such other persons who are entitled or required under any provision of the Act, articles or bylaws of the College to be present at the meeting. Any other person may be admitted only on the invitation of the chair of the meeting or by resolution of the Members.

5.02 Quorum

The quorum of the Annual General Meeting shall be forty (40) Members.

5.03 Votes to Govern

Votes on motions are generally not secret except when a Member asks for a secret ballot. A simple majority of votes is necessary for the adoption of a motion unless the act or these bylaws otherwise provide.

5.04 Chair of the Meeting

In the event that the President of the Board and the vice-President of the board are absent, the Members who are present and entitled to vote at the meeting shall choose one of their number to chair the meeting.

5.05 Rules

The rules contained in the Modern Edition of Robert’s Rules of Order shall govern the CCPM in all cases where they are not inconsistent with these bylaws and any special rules of order the CCPM may adopt.

ARTICLE VI - MEETINGS OF THE BOARD

6.01 Number of Meetings

The Board shall meet at least once each year.

6.02 Quorum

The quorum is four directors including at least one officer.

6.03 Notice of Meeting

Notice of the time and place for the holding of a meeting of the board shall be given in the manner provided in Article IX of this bylaw to every director of the College provided that, forty-eight (48) hours written notice of such meeting shall be given, other than by mail, to each Director.

Notice by mail shall be received at least fourteen (14) days prior to the meeting.

Notice of a meeting shall not be necessary if all of the directors are present, and none objects to the holding of the meeting, or if those absent have waived notice of or have otherwise signified their consent to the holding of such meeting.

Notice of an adjourned meeting is not required if the time and place of the adjourned meeting is announced at the original meeting. Unless the bylaw otherwise provides, no notice of meeting need specify the purpose or the business to be transacted at the meeting except that a notice of meeting of directors shall specify any matter referred to in subsection 138(2) (Limits on Authority) of the Act that is to be dealt with at the meeting.

6.04 Amendments to Manner of Giving Notice

Pursuant to subsection 197(1) (Fundamental Changes) of the Act, a special resolution of the Members is required to make any amendment to the bylaws of the College to change the manner of giving notice to Members entitled to vote at a meeting of Members.

6.05 Votes to Govern

At all meetings of the Board, every question shall be decided by a majority of the votes cast on the question.

ARTICLE VII - COMMITTEES

7.01 Committees

The Board may from time to time appoint any committee or other advisory body, as it deems necessary or appropriate for such purposes and, subject to the Act, with such powers as the Board shall see fit. Any such committee may formulate its own rules of procedure, subject to the Regulations of the College, or such directions as the Board may from time to time make. Any committee Member may be removed by resolution of the Board of Directors.

ARTICLE VIII - FINANCES

8.01 Financial Year End

The financial year of the CCPM shall end on the last day of the calendar year (December 31).

8.02 Banking Arrangements

The banking business of the College shall be transacted at such bank, trust company or other firm or College carrying on a banking business in Canada or elsewhere as the board of directors may designate, appoint or authorize from time to time by resolution. The banking business or any part of it shall be transacted by an officer or officers of the College and/or other persons as the Board of Directors may by resolution from time to time designate, direct or authorize.

8.03 Annual Financial Statements

The College may, instead of sending copies of the annual financial statements and other documents referred to in subsection 172(1) (Annual Financial Statements) of the Act to the Members, publish a notice to its Members stating that the annual financial statements and documents provided in subsection 172(1) are available at the registered office of the College and any Member may, on request, obtain a copy free of charge at the registered office or by prepaid mail.

8.04 Indemnification

- (1) Every director and officer of the College and their
- (2) heirs, administrators, executors and other legal personal representatives shall be indemnified and saved harmless by the College from and on account of:
 - a) any and all liabilities and costs, charges and expenses that they sustain or incur on account of or in respect of any action, suit or proceeding against such person pursuant to anything done or permitted to be done by such director or officer in respect of the execution of the duties of their office; and
 - b) any and all other costs, charges and expenses that they sustain or incur in respect of the affairs of the College, except those costs, charges or expenses resulting from willful neglect or default, and except travel expenses not previously sanctioned by the President of the Board.
- (3) Any act done by a director or officer of the College is not invalid by reason only of any defect that is thereafter discovered in their election, appointment or qualifications.

ARTICLE IX - METHOD OF GIVING NOTICES

9.01 Method of Giving Notices

Any notice (which term includes any communication or document) to be given (which term includes sent, delivered or served), other than notice of a meeting of Members or a meeting of the Board of Directors, pursuant to the Act, the articles, the bylaws or otherwise to a Member, director, officer or of a committee of the Board or to the public accountant shall be sufficiently given:

- a) if delivered professionally to the person to whom it is to be given or if delivered to such person's address as shown in the records of the College or in the case of notice to a director to the latest address as shown in the last notice that was sent by the College in accordance with [the relevant sections of the Act](#); or
- b) if mailed to such person at such person's recorded address by prepaid ordinary or air mail; or

Deleted: section 128 (Notice of directors) or 134 (Notice of change of directors)

- c) if sent to such person by telephonic, electronic or other communication facility at such person's recorded address for that purpose; or
- d) if provided in the form of an electronic document in accordance with the Act.

A notice so delivered shall be deemed to have been given when it is delivered professionally or to the recorded address as aforesaid; a notice so mailed shall be deemed to have been given when deposited in a post office or public letter box; and a notice so sent by any means of transmitted or recorded communication shall be deemed to have been given when dispatched or delivered to the appropriate communication company or agency or its representative for dispatch. The Secretary-Treasurer may change or cause to be changed the recorded address of any Member, director, officer, public accountant or Member of a committee of the board in accordance with any information believed by the Secretary-Treasurer to be reliable. The declaration by the Secretary-Treasurer that notice has been given pursuant to this bylaw shall be sufficient and conclusive evidence of the giving of such notice. The signature of any director or officer of the College to any notice or other document to be given by the College may be written, stamped, type-written or printed or partly written, stamped, type-written or printed

9.02 Invalidity of any provisions of this bylaw

The invalidity or unenforceability of any provision of this bylaw shall not affect the validity or enforceability of the remaining provisions of this bylaw.

9.03 Omissions and Errors

The accidental omission to give any notice to any Member, director, officer, Member of a committee of the Board or public accountant, or the non-receipt of any notice by any such person where the College has provided notice in accordance with the bylaws or any error in any notice not affecting its substance shall not invalidate any action taken at any meeting to which the notice pertained or otherwise founded on such notice.

ARTICLE X – ENACTMENT, REPEAL AND AMENDMENT OF BYLAWS

10.01 Member Vote

A resolution or a special resolution of the Members as the case may be, shall be required to enact, repeal or amend the bylaws.

10.02 Member Proposals

In accordance with the Act, a Member may submit to the College notice of any matter that the Member proposes to raise at a meeting of Members and discuss the matter at the meeting. Proposals for changes to the bylaws should be forwarded to the Secretary-Treasurer at least three months before the meeting of Members at which it is desired that they be discussed.

The Secretary-Treasurer shall submit any such proposals to all Members by email and/or other communication methods deemed appropriate by the Board, at least two months before the meeting at which they are to be considered and shall place discussion of these proposals on the agenda of the meeting.

10.03 Ratification

Proposals for bylaw changes shall be discussed at the meeting. Amendments to proposals may be made at the meeting. Any such amendments shall be approved by ordinary resolution of the Members in attendance except where a special resolution is required in accordance with the Act. Further to the vote by Members in attendance at the meeting, proposals for changes to the bylaws shall require subsequent ratification by a two-thirds majority vote of no less than 15% of the total membership.

Ratification shall be accomplished through an electronic vote to be conducted within 90 days following the meeting of Members at which the proposals were discussed. The final wording of the proposed bylaw changes shall be provided by the Secretary-Treasurer to all Members by email and/or other communication methods deemed appropriate by the Board at least 30 days in advance of the voting date. The votes shall be conducted using a method that is secure and allows only one vote per Member.

ARTICLE XI – DISPUTE RESOLUTIONS

11.01 Code of Ethics Complaints

Complaints related to member violations of the COMP and CCPM Joint Code of Ethics will be managed in accordance with the COMP and CCPM Joint Code of Ethics Violation Complaints Procedure. All complaints against members are reviewed by the COMP and CCPM Joint Ethics Committee and must be made in the atmosphere of mutual respect.

11.02 Dispute Resolution

In the event that a dispute or controversy among Members, directors, officers, committee members or volunteers of the College arising out of or related to the articles or bylaws, or out of any aspect of the operations of the College is not resolved in private meetings between the parties, then without prejudice to or in any other way derogating from the rights of the Members, directors, officers, committee members, employees or volunteers of the College as set out in the articles, bylaws or the Act, and as an alternative to such person instituting a law suit or legal action, such dispute or controversy may be settled by a process of dispute resolution as follows:

The dispute or controversy shall first be submitted to a panel of mediators whereby the one party appoints one mediator, the other party (or if applicable the board of the College) appoints one mediator, and the two mediators so appointed jointly appoint a third mediator. The three mediators will then meet with the parties in question in an attempt to mediate a resolution between the parties.

The number of mediators may be reduced from three to one or two upon agreement of the parties.

If the parties are not successful in resolving the dispute through mediation, then the parties agree that the dispute shall be settled by arbitration before a single arbitrator, who shall not be any one of the mediators referred to above, in accordance with the provincial or territorial legislation governing domestic arbitrations in force in the province or territory where the registered office of the College is situated or as otherwise agreed upon by the parties to the dispute. The parties agree that all proceedings relating to arbitration shall be kept confidential and there shall be no disclosure of any kind. The decision of the arbitrator shall be final and binding and shall not be subject to appeal on a question of fact, law or mixed fact and law.

All costs of the mediators appointed in accordance with this section shall be borne equally by the parties to the dispute or the controversy. All costs of the arbitrators appointed in accordance with this section shall be borne by such parties as may be determined by the arbitrators.

ARTICLE XII - EFFECTIVE DATE

Subject to matters requiring a special resolution, this bylaw shall be effective when made by the board.

CERTIFIED to be Bylaw No. 3 of the College, as enacted by the directors of the College by resolution on the 24th day of January 2023 and confirmed by the Members of the College by special resolution on the 6th day of June, 2024.

Dated as of the 6th day of June 2024.

Erika Brown, Executive Director

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