



The Canadian Orthopaedic Association L'Association Canadienne d'Orthopédie



Canadian Orthopaedic Association Charter for Orthopaedic Surgeons

Preamble

The goal of Canada's orthopaedic surgeons, in partnership with their patients, is to provide the best musculoskeletal health care possible. This Charter complements COA policies and the *COA Code of Ethics*, which outlines the responsibilities of surgeons to patients, society, the medical profession, and themselves.

I. Patient-Physician Relationship

Canada's orthopaedic surgeons regard serving the health needs of their patients as paramount, and put this at the centre of the patient-physician relationship. A strong patient-physician relationship is one based on trust, honesty, confidentiality and mutual respect. Successful medical care requires active collaboration between the patient (and family as appropriate) and the physician. The COA believes that appropriately shared physician-patient responsibility in medical care is an essential ingredient for a successful outcome and patient satisfaction. In order to achieve the best patient-physician relationship, Canada's orthopaedic surgeons need:

1. To be able to provide timely access to appropriate, quality health care for their patients
2. To be able to advocate for their patients' health-care needs
3. Their patients to share appropriate information about their health so that they may receive the best quality care
4. To be able to hold information about patients in confidence, except when disclosure is consistent with the COA's *Code of Ethics*
5. Assurance that data generated by surgeons in the context of clinical practice will not be compiled, sold or otherwise used in a manner that compromises the privacy of patients or physicians, except as authorized by law
6. To be able to refuse to accept a patient, or to discontinue a professional relationship, except in emergency situations and consistent with the provisions of the COA's *Code of Ethics*
7. Their patients to participate in decisions about diagnostic and treatment recommendations, and to comply with the agreed-upon treatment program

II. Professional Integrity

Canada's orthopaedic surgeons practice their profession in the service of their patients and society and collaborate with other health-care providers to this end. In order to discharge their professional responsibilities, orthopaedic surgeons need:

1. To practice medicine in accordance with professional and personal values, within the bounds of the COA *Code of Ethics*
2. To be unhindered from complying with the COA *Code of Ethics*
3. To continue to be regulated by self-governing, professional medical bodies
4. To be free to practice medicine, subject to licensure

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5. To be free to inform patients of all appropriate options relevant to their care and to have clinical autonomy in recommending care
6. To have adequate time and opportunity for career maintenance and professional development

III. Fairness

Like all Canadians, orthopaedic surgeons deserve fair treatment in matters concerning their individual and collective interests. Therefore, during training and in practice Canadian orthopaedic surgeons need:

1. Fair treatment with respect to access into, mobility and flexibility within, and exit from the health-care training and delivery systems
2. Procedural fairness with respect to policy, legal, contractual, administrative and disciplinary decision-making concerning themselves
3. Assurance that appointment and reappointment procedures will include effective medical representation and an appeal process and that decisions will be based primarily on required professional credentials, competence and performance
4. To receive reasonable remuneration for the full spectrum of professional services, including administration, teaching, research and committee work
5. To receive reasonable consideration and compensation when facilities and programs are discontinued, reduced or transferred

IV. Health System

Canada's orthopaedic surgeons have a vital role in the health-care system and can provide essential expertise about health-system organization, funding and service delivery. In order to preserve and promote a quality health-care system, orthopaedic surgeons need:

1. To be consulted and involved meaningfully in health-system reform and policy planning, and on issues related to service delivery, payment, funding, and terms and conditions of work, and to be assured that changes to the health-care system will respect individual medical practitioners' liberty to choose among payment methods
2. Valid methods of assessment, such as properly evaluated pilot projects to be applied to any proposed changes to the health-care system
3. The health-care system to respect the patient-physician relationship, continuity of care and the patient's freedom to choose a physician
4. Data generated in the context of clinical practice and collected under legislative and administrative requirements to be interpreted with physician input and made readily accessible to physicians in a manner consistent with respect for the privacy of patients and physicians
5. To be free to associate for collective bargaining, and to be formally represented in negotiations on issues of health-system reform, service delivery, payment, funding, and terms and conditions of work
6. Resources and funding for orthopaedic services to be negotiated by provincial/territorial medical associations or federations and allocated directly to surgeons
7. Sufficient operating room resources, including operative assistants, to allow efficient, effective and professional delivery and management of medical care under reasonable working conditions

V. Institutions

Orthopaedic surgeons who have successfully completed a residency program accredited by the Royal College of Physicians and Surgeons of Canada (or a recognized, approved equivalent) have met educational requirements in the areas of diagnosis and care of disorders affecting the bones, joints, and soft tissues of the upper and lower extremities, including the hand and foot; the entire spine, specifically including vertebral disks; and the bony

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pelvis. The COA believes that Canadian health care institutions must provide the necessary infrastructure requirements for the orthopaedic surgeon to practice. These requirements would include:

1. A minimum number of OR days per week of available operating room compatible with the surgeon's time in practice and the average time his colleagues usually obtain for elective cases each month.
2. Provision of full-time orthopaedic coverage is an institutional responsibility. On-call frequency should be provided by a minimum of five (5) full-time orthopaedic surgeons for a main trauma referral centre and a minimum of four (4) full-time orthopaedic surgeons in a hospital setting without major multi-trauma. It is expected that each surgeon receiving elective operating time will take equal call. A locum for the sake of a reprieve from the stress of practice is to be encouraged. A locum to take call on a regular basis should only be undertaken when plans are made to gradually work that person into the elective time available. In principle, permanent call locums are to be discouraged although there may always be special circumstances. If the local practice plan allows for a reduction in call, it will usually be associated with a reduction in elective OR time (fee for service) or a reduction in remuneration (AFP plan) as decided by the group. Historically 10% has been used for a value placed on call but this would be dependent on the local plan and should be decided by the group involved and adjusted to suit the situation. i.e. In large academic groups it may be decided to place someone off call (without penalty) and reallocate that person to educational or research activities as an alternative work plan as agreed upon by the group.
3. Demonstrated commitment to an orthopaedic service, including the resources and staff appropriate for the institution's designated level of care. These resources should be adjusted to help maintain the waiting times within the national benchmarks.

VI. Orthopaedic Surgeons

The orthopaedic surgeon's primary responsibility is to their patients. The fundamental principle of primacy of patient welfare overrides all others.

The surgeon also has a responsibility to the institution in which they work. This responsibility to the institution would include:

1. The provision of an appropriate level of on-call coverage for the hospital Emergency Department
2. The provision of an appropriate level of coverage for patients under their care
3. Commitment to the maintenance of professional competence and progressive continuing education using the CanMEDS Physician Competency Framework model
4. Participation in committees and advisory groups within the orthopaedic (or surgical) department
5. Commitment to quality improvement on an on-going basis
6. Late Career Practice Change:
 - As a result of a personal decision by an orthopaedic surgeon to withdraw from call responsibility and/or gradually reduce his/her orthopaedic practice, they should expect changes related to access to elective OR resources (fee for service) or remuneration.
 - The COA recommends the adoption of a transition plan for every division or department that should allow a dignified retirement plan, while at the same time allowing a gradual reduction in clinical duties over a specified period of time agreeable to the local group. This transition plan would also allow the division the opportunity to gradually work a new orthopaedic Royal College graduate into the practice. This new permanent orthopaedic surgeon, as opposed to a locum, would assume call responsibilities and gradually work up his/her elective time within the group over a specified period of time.
 - Please view the COA Guidelines for Late Career Transition at <http://coa-aco.org/advocacy/position-statements/professional-practice-pillar/guidelines-for-late-career-transition-2016/>.

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