

## ASSEMBLÉE GÉNÉRALE ANNUELLE DE L'OCPM DE 2024

**DATE :** VENDREDI 7 JUIN 2024

**HEURE :** 16H À H 17H HC

**VIRTUELLEMENT :** [PRÉ-INSCRIPTION](#) REQUISE POUR LE WEBINAIRE ZOOM

### ORDRE DU JOUR

<b>Points de l'ordre du jour</b>	
<b>1.</b>	<p><b>Mot de bienvenue et adoption de l'ordre du jour</b>  <i>Motion proposée :</i> Il est proposé d'adopter l'ordre du jour de l'Assemblée générale annuelle (AGA) du 7 juin 2024 tel que distribué.</p>
<b>2.</b>	<p><b>Proces-verbal de l'AGA de 2023 tenue en format virtuel</b>  <i>Motion proposée :</i> Il est proposé d'adopter le procès-verbal de l'Assemblée générale annuelle (AGA) du 15 septembre 2023 tel que distribué.</p>
<b>3.</b>	<p><b>Rapport du président</b></p>
<b>4.</b>	<p><b>Rapport de la trésorière</b></p> <p style="margin-left: 20px;">a. États financiers de 2023            b. Nomination du vérificateur des états financiers de 2024</p> <p><i>Motion proposée :</i> Il est proposé de nommer Kelly Huibers McNeely à titre de vérificateur général pour l'exercice 2024.</p>
<b>6.</b>	<p><b>Rapport des nominations</b>  <i>Annonce des nouveaux membres du conseil d'administration (CA) de l'Organisation canadienne des physiciens médicaux (OCPM) et reconnaissance des membres sortants</i></p>
<b>7.</b>	<p><b>Autres affaires</b></p> <p style="margin-left: 20px;">a. Présenter le nouveau code d'éthique et le processus de résolution des plaintes            b. Les règlements du COMP</p> <p><i>Motion proposée :</i> Approuver les révisions du règlement de l'Organisation canadienne des physiciens médicaux (OCPM).</p>
<b>7.</b>	<p><b>Levée de la séance</b>  <i>Motion proposée :</i> Il est proposé de lever l'assemblée générale de l'OCPM.</p>



**Assemblée générale annuelle de 2023**  
**PROCÈS-VERBAL**  
**Virtuellement via Zoom**  
**Vendredi 15 septembre 2023, 14 h 00 HE**

Président : Boyd McCurdy  
Secrétaire de séance : Nicolas Ploquin  
Le quorum est atteint.

**1. Adoption de l'ordre du jour de l'Assemblée générale annuelle (AGA) de l'Organisation canadienne des physiciens médicaux (OCPM)**

B. McCurdy ouvre la séance à 164 00 HAE.

**Motion 2023-09-15-01**

**Il est proposé d'adopter l'ordre du jour tel que présenté.**

**2. Procès-verbal de l'AGA hybride de 2022**

Le procès-verbal a été distribué par courriel et affiché sur le site Web.

**Motion 2023-09-15-02**

**Il est proposé d'adopter le procès-verbal tel que distribué.**

**3. Rapport du président**

BM se souvient des membres qui était décédés durant l'année : Dr John Wallace Andrew (1946 - 2023) et Dr Chadra Joshi (1962 – 2023.)

Des réalisations notables des membres

Les membres suivants ont reçu des prix de l'AAPM cette année :

- **Meghan Koo** deuxième année de bourse doctorale AAPM/RSNA
- **Claire Keun Sun Park** Prix John R. Cameron pour les chercheurs en début de carrière
- **Catherine Coolens** Bourse de l'AAPM
- **Tom Purdie** Bourse de l'AAPM
- **Emilie Soisson** Bourse de l'AAPM

BM présente le conseil d'administration courant de l'OCPM, l'infrastructure de l'OCPM et ses comités et sous-comités actifs. Il y a actuellement sept comités : Communications, Imagerie, Comité consultatif pour l'assurance de la qualité et la protection (QARSAC), Prix et mises en candidature, Affaires professionnelles, Sciences et éducation et neuf sous-comités : Rencontre scientifique annuelle (RSA), Radioprotection, Comité des femmes et IDEA, Conseil étudiant, École d'hiver, Directeurs de programmes de résidence, réseau des résidents et plusieurs groupes de travail.

Le président remercie tous les bénévoles qui ont à cœur d'assurer le succès de l'organisation.

B. McCurdy présente les statistiques sur les adhésions.

### Données démographiques sur les membres :

Nombre total de membres : 807 (contre 773 en 2022)

### Types d'adhésion :

Membres titulaires : 74 %  
Membres associés : 1 %  
Résident / Fellow : 5 %  
Membres étudiants 16 %  
Membres à la retraite : 4 %

### Lieu de travail des membres :

Résultats de 181 répondants au sondage de 2023 sur la rémunération professionnelle.

33 % du secteur hospitalier  
36 % du secteur des centres de cancérologie  
13 % du secteur universitaire  
9 % du gouvernement  
7 % du secteur privé  
5 % du recherche

### Diversité, équité et inclusion

- Le groupe CWC-IDEA continue de contribuer à la communauté par les moyens suivants
  - Articles mensuels d'InterACTIONS
  - Ateliers virtuels réguliers Ideas-At-Home
  - Ateliers ASM et déjeuner
  - Planification de projets IDEA à long terme
- Le CWC-IDEA a fourni un rapport découlant de l'enquête 2021 EDI, comprenant 8 actions à entreprendre.

### Participation

B. McCurdy rend compte de la participation des membres, notamment le fait que 24.7 % des membres ont publié un article mentionné dans Sosido en 2022. Au total, 262 articles rédigés par 200 auteurs uniques ont été publiés en 2022.

### Le point sur la dimension stratégique

B. McCurdy fait le point sur les 5 points stratégiques visés pour 2020-2023:

- 1. Représentation des intérêts**
- 2. Réseautage et participation des membres**
- 3. Acquisition et diffusion des connaissances**
- 4. Partenariats stratégiques**
- 5. Gouvernance et administration**

### **Point stratégique 1 : Représentation des intérêts**

**Objectif principal :** Veiller à ce que la physique médicale soit largement reconnue comme une composante intégrale de la recherche, de l'innovation et de la technologie dans le domaine des soins de santé.

**Objectif secondaire :** Être la voix nationale reconnue de la profession de la physique médicale et de la pratique sécuritaire et de haute qualité de la physique médicale au Canada.

1. Nous avons approuvé la prise de position de la CAR sur les normes relatives aux postes de travail dans le cadre de l'accréditation des mammographes et nous continuons à collaborer avec elle sur les initiatives en matière d'accréditation.
2. Collaboration avec des partenaires pour demander au gouvernement fédéral d'accorder la priorité au financement et au soutien de la recherche et du recrutement/de la rétention de personnel hautement qualifié..

### **Point stratégique 2 : Réseautage et participation des membres**

**Objectif principal :** Établir un réseau national extrêmement efficace où toute la communauté canadienne de la physique médicale peut communiquer et interagir.

**Objectif secondaire :** Atteinte et maintien d'un niveau élevé de participation des membres.

1. Créer un groupe de travail avec le CCPM pour développer une procédure de résolution des plaintes pour le Code d'éthique.
2. Participation accrue aux programmes virtuels, y compris à notre école d'hiver.
3. Lancement d'un nouveau programme d'affiliation pour accroître l'engagement de nos partenaires industriels et organisationnels..

### **Point stratégique 3 : Acquisition et diffusion des connaissances**

**Objectif principal :** S'assurer que les médecins médicaux de partout au Canada puissent créer du contenu scientifique et professionnel pertinent et y avoir accès.

**Objectif secondaire :** Veiller à ce que le contenu scientifique approprié créé par les membres soit disponible à tous les membres.

1. Les membres ont publié 262 articles dans des revues à comité de lecture ; le COMP a partagé ses réalisations par le biais de diffusions électroniques régulières.
2. Série de conférences sur l'imagerie avec des professeurs de renommée internationale qui abordent les principes fondamentaux et les technologies de pointe.
3. Lancement d'un programme de mentorat pour la rédaction de demandes de subvention et d'une initiative de partenariats de recherche MP-FIRE.

### **Point stratégique 4 : Partenariats stratégiques**

**Objectif principal :** Tirer parti de la capacité de l'OCPM et en accroître l'impact en établissant des partenariats stratégiques.

**Objectif secondaire :** Accroître le profil et la sensibilisation de l'OCPM par l'entremise de partenariats stratégiques

1. Soutenir les priorités alignées avec les partenaires clés tels que CAP, CAR, CARO, CAMRT et CANO.
2. Soutenir les initiatives internationales en participant aux activités de l'AAPM et de l'IOMP
3. Renforcer la collaboration avec la CCSN par le biais d'une nouvelle subvention à l'innovation.

### **Point stratégique 5 : Gouvernance et administration**

**Objectif principal :** Gestion des programmes et des activités de l'OCPM le plus efficacement possible.

1. Poursuite de l'amélioration de la programmation virtuelle
2. Refonte du site web du COMP afin d'améliorer l'accès aux ressources clés

3. Mise en place d'un formulaire de demande de projet/événement en ligne pour garantir une approche rapide, cohérente et transparente des demandes de soutien des membres..

#### **Activités à venir**

La Rencontre scientifique annuelle conjointe l'ACRO-OCMP qui aura lieu du 20 au 23 septembre 2023 à Montréal, QC.

Réunion scientifique annuelle du COMP – qui aura lieu du 5 au 8 juin 2024 à Regina, SK.

#### **4. Rapport financier — Young Lee, trésorière**

Y. Lee a présenté une revue des finances de 2022 ainsi que les états financiers audités de 2022 et un résumé et une revue financière sur les 5 dernières années.

YL a présenté le bilan. Les comptes restent sains. Le rapport audité est disponible pour les membres.

#### Budget de 2023

YL a noté que le COMP a établi un budget prudent pour 2023, compte tenu du déficit important observé en 2022. Cependant, même avec cela, nous nous attendons toujours à un petit déficit.

À noter :

- Le COMP s'attend à de bonnes recettes de notre réunion conjointe avec CARO.
- Le COMP note également une augmentation du nombre de membres, qui était en baisse pendant les premières années de la pandémie.

#### Nomination du vérificateur des états financiers de 2023

Les membres nomment à chaque assemblée annuelle un vérificateur chargé de passer au crible les comptes de l'organisation et d'en faire rapport aux membres à la prochaine réunion annuelle.

#### **Motion 2023-09-15-03**

**Il est résolu de confier la vérification des états financiers de 2023 à Kelly Huibers.**

#### **5. Rapport nominations**

Le conseil d'administration de l'OCMP est formé de 11 membres : cinq dirigeants (président, président sortant, vice-président, trésorière et secrétaire) et six administrateurs généraux.

Les membres du bureau et du conseil d'administration suivants poursuivront leur mandat comme suit :

- **Boyd McCurdy** entamera sa deuxième année en tant que président
- **Kathleen Surry** entamera son deuxième mandat en tant que vice-présidente.
- **Wayne Beckham** entamera sa deuxième année en tant qu'ancien président.
- **Amanda Cherpak** entamera la deuxième année de son premier mandat de trois ans en tant que secrétaire.
- **Marija Popovic et Charles Kirkby** entameront la troisième année de leur deuxième mandat de trois ans en tant que directeurs généraux.
- **Geordi Pang et Lesley Baldwin** entreront dans la troisième année de leur premier

mandat de trois ans en tant que directeurs désignés.

Les mandats des membres du bureau et des directeurs suivants arriveront à terme :

- **Young Lee** achèvera son deuxième mandat de trésorière le 31 décembre 2023.
- **Michelle Nielsen** a achevé son deuxième mandat en tant que directeur général à compter de l'AGA de 2023.
- Le mandat de trois ans pour le poste de directeur non désigné laissé vacant par **Thor Bjarnason** en 2022 a été rempli par intérim par Ives Levesque.

### **Le poste de trésorier et les deux postes de directeur général doivent être pourvus.**

Un appel de candidatures afin de pourvoir les quatre postes libres a été diffusé aux membres par l'entremise d'InterACTIONS et du bulletin électronique. L'appel a également été affiché sur le site Web de l'OCPM.

Une personne a été nommée au poste de trésorier et deux personnes ont été nommées au poste de directeur général. Il n'y a pas eu d'autres nominations.

Conformément à la politique du COMP, lorsque le nombre de nominations correspond au nombre de postes vacants, une élection n'est pas nécessaire.

**Maria Corsten**, trésorière  
**Ives Levesque**, directeur non désigné  
**Jeffrey Richer**, directeur général

### **Présentations aux membres sortants du CA**

**Young Lee**, a siégé au conseil d'administration du COMP pendant 6 ans en tant que trésorière.

A joué un rôle clé dans :

- la modernisation des processus bancaires et de paiement des factures de la COMP
- l'introduction de la budgétisation à base zéro pour soutenir la responsabilité fiscale
- Amélioration de l'efficacité de l'exécutif du COMP

**Michelle Nielsen** A occupé le poste de directeur général pendant 6 ans.

A joué un rôle clé dans :

- Veiller à ce que les lignes directrices relatives au contrôle technique de la qualité restent d'actualité et utiles pour la communauté de la physique médicale.
- Améliorer les relations du COMP avec la CCSN
- Soutenir les activités du Partenariat canadien pour une radiothérapie de qualité.

**Thor Bjarnason**, a occupé le poste de directeur général pendant 5,5 ans.

A joué un rôle clé dans

- Augmenter le nombre de programmes liés à l'imagerie offerts par le COMP
- Améliorer les efforts de défense des intérêts du COMP et les activités stratégiques avec les organisations partenaires.

## **6. Levée de la séance**

La séance est levée à 15 h 00 HAE.

**CANADIAN ORGANIZATION OF  
MEDICAL PHYSICISTS**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2023**

Independent Auditor's Report

Statement of Financial Position

Statement of Revenue and Expenditures and Changes in Net Assets

Statement of Cash Flows

Notes to the Financial Statements





CHARTERED  
PROFESSIONAL  
ACCOUNTANTS

# KELLY HUIBERS McNEELY

PROFESSIONAL CORPORATION

## INDEPENDENT AUDITOR'S REPORT

To the Members of Canadian Organization of Medical Physicists

---

### Opinion

We have audited the accompanying financial statements of Canadian Organization of Medical Physicists ("the Organization"), which comprise the statement of financial position as at December 31, 2023, and the statements of revenue and expenditures and changes in net assets, and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Organization as at December 31, 2023, and its financial performance and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

---

### Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

---

### Responsibilities of Management and Those Charged with Governance 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.

In preparing the financial statements, Management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless Management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

---

106B McGonigal St. W.  
Arnrior, Ontario K7S 1M4

9 Emily Street  
Carleton Place, Ontario K7C 1R9

16 Gore Street West  
Perth, Ontario K7H 2L6

5992 Hazeldean Rd.  
Stittsville, Ontario K2S 1B9

Phone: 613-963-1430 (1-866-999-1339)

Fax: 613-686-3960 (Perth local 613-267-3949)

---

acctg@khmpc.ca

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

---

## Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Management.
- Conclude on the appropriateness of Management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our Auditor's Report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our Auditor's Report. However, future events or conditions may cause the Organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

*Kelly Huibers McNeely*  
*Professional Corporation*

Stittsville, Ontario  
April 5, 2024

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

**CANADIAN ORGANIZATION OF MEDICAL PHYSICISTS**

**STATEMENT OF FINANCIAL POSITION**

**As at December 31, 2023**

	<b>2023</b>	<b>2022</b>
<b>ASSETS</b>		
<b>CURRENT ASSETS</b>		
Cash	\$ 272,739	\$ 201,994
Accounts receivable	23,312	17,317
Government receivables	15,725	10,840
Prepaid expenses	12,554	16,732
	<b>\$ 324,330</b>	<b>\$ 246,883</b>
<b>LIABILITIES</b>		
<b>CURRENT LIABILITIES</b>		
Accounts payable and accrued liabilities	\$ 72,301	\$ 34,167
Deferred revenue	<u>54,324</u>	<u>60,223</u>
	126,625	94,390
<b>NET ASSETS</b>	197,705	152,493
	<b>\$ 324,330</b>	<b>\$ 246,883</b>

\_\_\_\_\_  
Approved by Member

\_\_\_\_\_  
Approved by Member

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

# CANADIAN ORGANIZATION OF MEDICAL PHYSICISTS

## STATEMENT OF REVENUE AND EXPENDITURES AND CHANGES IN NET ASSETS

For the year ended December 31, 2023

	2023	2022
<b>REVENUE</b>		
Advertising	\$ 46,428	\$ 37,630
Annual scientific meeting	59,303	187,302
CNSC contribution	33,333	25,153
Interest	-	1,177
Mammography workshop and imaging lecture series	19,160	3,035
Membership dues	206,994	183,970
Miscellaneous	2,114	338
Winter school	47,210	34,100
	414,542	472,705
<b>EXPENDITURES</b>		
Annual scientific meeting	22,628	319,757
Awards	5,834	8,207
Bank charges and ecommerce fees	8,377	9,829
CCPM	35,802	30,933
Continuing education grants	1,750	3,000
EDI initiatives	545	200
Governance	4,911	8,754
Insurance	2,204	2,863
Mammography workshop and imaging lecture series	2,160	1,140
Management services (note 3)	179,375	175,000
Newsletter/ePub./Ebroadcast	10,885	17,278
Office	2,449	2,905
Professional fees	4,000	4,400
Public relations	2,539	2,612
Special projects, including CNSC	44,139	17,510
Technology	13,093	15,716
Translations	1,443	5,718
Winter school	27,196	15,971
Women's communication initiatives	-	786
	369,330	642,579
<b>NET REVENUE (EXPENDITURES)</b>	45,212	(169,874)
<b>NET ASSETS - BEGINNING OF YEAR</b>	152,493	322,367
<b>NET ASSETS - END OF YEAR</b>	<b>\$ 197,705</b>	<b>\$ 152,493</b>

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

**CANADIAN ORGANIZATION OF MEDICAL PHYSICISTS**

**STATEMENT OF CASH FLOWS**

**For the year ended December 31, 2023**

	<b>2023</b>	<b>2022</b>
<b>CASH PROVIDED BY (USED IN)</b>		
<b>OPERATING ACTIVITIES</b>		
Net revenue (expenditures)	\$ 45,212	\$ (169,874)
Net change in non-cash working capital items:		
Accounts receivable	(5,995)	(11,136)
Government receivables	(4,885)	1,911
Prepaid expenses	4,178	56,134
Accounts payable and accrued liabilities	38,134	6,133
Deferred revenue	<u>(5,899)</u>	<u>(20,605)</u>
<b>NET CHANGE IN CASH</b>	<b>70,745</b>	<b>(137,437)</b>
<b>CASH - BEGINNING OF YEAR</b>	<b>201,994</b>	<b>339,431</b>
<b>CASH - END OF YEAR</b>	<b><u>\$ 272,739</u></b>	<b><u>\$ 201,994</u></b>

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

# CANADIAN ORGANIZATION OF MEDICAL PHYSICISTS

## NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023

---

### 1. NATURE OF THE ORGANIZATION

The Canadian Organization of Medical Physicists ("COMP") is a not-for-profit organization under Section 149 of the Income Tax Act, and as such is exempt from income taxes. The purpose of COMP is to encourage the application of physics in medicine. COMP accomplishes this through promotion of scientific knowledge, education, information and a forum for consensus-building.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

#### Basis of Accounting

Revenue and expenditures are recorded on the accrual basis whereby they are reflected in the accounts in the period in which they have been earned and incurred respectively, whether or not such transactions have been finally settled by the receipt or payment of money.

#### Revenue Recognition

COMP follows the deferral method of accounting for contributions for not-for-profit organizations. Under the deferral method, unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Restricted contributions are recognized as revenue when the related expenditure is incurred or the underlying restriction is met. Unrestricted investment income is recognized as revenue when earned. Restricted investment income is recognized as revenue when the related expenditure is incurred.

Membership dues are recognized in the year they pertain to. Scientific meeting and winter school revenue is recognized when the event is held.

#### 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.

# CANADIAN ORGANIZATION OF MEDICAL PHYSICISTS

## NOTES TO THE FINANCIAL STATEMENTS

December 31, 2023

---

### 3. COMMITMENTS

COMP has contracted for management services for a three year period commencing January 1, 2022 through December 31, 2024. The annual fee is \$175,000 plus an annual 2.5% cost of living increase (\$183,860 expected in 2024). Either party may terminate the contract on 90 days notice.

### 4. FINANCIAL INSTRUMENTS

COMP's financial instruments consist of cash, accounts receivable, and accounts payable and accrued liabilities. Unless otherwise noted, it is Management's opinion that COMP is not exposed to significant credit, interest rate or market risk arising from these financial instruments. The fair value approximates carrying values.

The liquidity risk is continuously monitored through current and future cash flows and financial liability maturities.

# Code of Ethics

Canadian Organization of Medical Physicists  
Canadian College of Physicists in Medicine

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

Approved by the CCPM Board of Directors: XX

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



## Table of Contents

HOW TO USE THIS DOCUMENT .....	3
SECTION 1. PREAMBLE .....	3
COMP Reconciliation Statement – working with First Nations, Inuit and Métis .....	4
SECTION 2. PRINCIPLES .....	4
SECTION 3. GUIDELINES .....	5
I. General guidelines for professional conduct .....	5
A. Responsibilities .....	5
B. Personal behaviour .....	6
C. Work environment.....	6
D. General workplace ethics .....	7
II. Clinical ethics .....	8
A. Responsibility to patients .....	9
B. Relationship with caregivers and other healthcare providers.....	9
C. Resources.....	9
III. Research ethics.....	9
A. Research team.....	9
B. Research involving human participants .....	10
C. Research involving animal participants.....	10
D. Publication ethics .....	10
E. Intellectual property .....	11
IV. Education ethics .....	12
A. Educators .....	12
B. Students or Trainees.....	13
V. Business/Government ethics .....	13
A. Employment ethics .....	13
B. Member interactions with vendors .....	14
C. Corporate Affiliates and Members employed by vendors .....	15
D. Members who are self-employed.....	15
ACKNOWLEDGEMENT OF USE OF AAPM CODE.....	17
REFERENCES.....	17

## 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 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 of the CCPM by passing examinations and maintain certification through the CCPM recertification process. The following Code of Ethics of COMP articulates a set of core values intended to aid all Members and those conducting business with COMP (Corporate Affiliates) 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 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 full members,
- COMP associate members,
- COMP student members,
- COMP retired members,
- COMP corporate members, 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.

## COMP Reconciliation Statement – working with First Nations, Inuit and Métis

COMP is committed to reconciliation. COMP acknowledges 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 accepts its role in reconciliation and is working to implement the Calls to Action made by the Truth and Reconciliation Commission of Canada within COMP. 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 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 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 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 honoraria) 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. Corporate Affiliates and Members employed by vendors

a. *Offering gifts:* Corporate Affiliates 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, Corporate Affiliates and Members should strive to be objective and to be able to support product claims with data.

b. *Product or service marketing:* Corporate Affiliates 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:* Corporate Affiliates 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.

### **REFERENCES**

1. *ITP Nelson Canadian dictionary of the English language: An encyclopedic reference.* (1996). Toronto: ITP Nelson
2. World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *JAMA.* 2013 Nov 27; 310 (20): 2191-4.
3. The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. Bethesda, Md.: The Commission, 1978.
4. Russell, W M. S, and Rex L. Burch. *The Principles of Humane Experimental Technique.* London: Methuen, 1959
5. Advanced Medical Technology Association <https://www.advamed.org/resource-center/advamed-code-ethics-interactions-health-careprofessionals> (July 2010)





# 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 22<sup>nd</sup> of March 2024 and the CCPM Board of Directors on the 26<sup>th</sup> of March 2024. This document was presented to the Members of both organizations on June 7<sup>th</sup> 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.



Bylaw No. 1

June 6th, 2024

Deleted: 23rd

Deleted: 1

**Contents**

**ARTICLE I - GENERAL.....4**  
 1.02 Interpretation..... 4  
 1.03 Corporate Seal..... 4  
 1.04 Execution of Documents ..... 4  
**ARTICLE II: Membership.....5**  
 2.01 Membership Classes ..... 5  
 2.02 Eligibility and Rights of Full Members ..... 5  
 2.03 Eligibility and Rights of Associate Members..... 5  
 2.04 Eligibility and Rights of Student Members ..... 5  
 2.05 Eligibility and Rights of Corporate Members ..... 6  
 2.06 Eligibility and Rights of Retired Members ..... 6  
 2.07 Notice of Meeting of Members ..... 6  
 2.08 Mail-in or Electronic Ballots ..... 6  
 2.09 Amendments to Eligibility and Rights of Members ..... 6  
**ARTICLE III - MEMBERSHIP DUES, TERMINATION AND DISCIPLINE .....6**  
 3.01 Membership Fees..... 6  
 3.02 Termination of Membership ..... 6  
 3.03 Discipline ..... 7  
**ARTICLE IV: BOARD OF DIRECTORS .....7**  
 4.01 Composition ..... 7  
 4.02 Election and Term ..... 7  
 4.03 Vacancy in Office..... 8  
 4.04 Description of Officers ..... 8  
 4.05 Duties of Officers..... 8  
 4.06 Term ..... 8  
 4.07 Remuneration ..... 8  
 4.08 Directors – Ceasing To Hold Office..... 9  
**ARTICLE V – MEETINGS OF THE MEMBERS .....9**  
 5.01 Persons Entitled to be Present..... 9  
 5.02 Quorum ..... 9  
 5.03 Votes to Govern ..... 9  
 5.04 Chair of the Meeting ..... 9  
 5.05 Rules..... 9  
**ARTICLE VI: MEETINGS OF THE BOARD.....9**  
 6.01 Time and Place ..... 9  
 6.02 Quorum ..... 9  
 6.03 Notice of Meeting ..... 9  
 6.04 Amendments to Manner of Giving Notice ..... 10  
 6.05 Votes to Govern ..... 10  
**ARTICLE VII: Committees .....10**  
 7.01 Committees ..... 10  
**ARTICLE VIII: FINANCES.....10**  
 8.01 Financial Year End ..... 10  
 8.02 Banking Arrangements..... 10  
 8.03 Annual Financial Statements ..... 10  
**ARTICLE IX - METHOD OF GIVING NOTICES ..... 1010**  
 9.01 Method of Giving Notices ..... 1010  
 9.02 Invalidity Of Any Provisions Of This By-Law ..... 11  
 9.03 Omissions and Errors..... 11  
**ARTICLE X – DISPUTE RESOLUTIONS .....11**

Deleted: 9

Deleted: 10

Deleted: 11

Deleted: 11

10.01 Dispute Resolution ..... 11  
**ARTICLE XI - AMENDMENTS.....12**  
11.01 – Bylaws ..... 12  
**ARTICLE XII - EFFECTIVE DATE .....12**  
**REVISION HISTORY .....13**

## **BYLAW NUMBER ONE**

A by-law relating generally to the conduct of the affairs of the Canadian Organization of Medical Physicists hereinafter referred to as COMP and translated in French to "Organisation canadienne des physiciens médicaux.

### **ARTICLE I - GENERAL**

#### **1.01 Definitions**

In this by-law and all other by-laws of the Corporation, 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 Corporation;
- c) "Board" means the board of directors of the Corporation and "director" means a member of the Board;
- d) "by-law" means this by-law and any other by-law of the Corporation as amended and which are, from time to time, in force and effect;
- e) "CCPM" means the Canadian College of Physicists in Medicine
- f) "COMP" means the Canadian Organization of Medical Physicists/ Organisation canadienne des physiciens médicaux
- g) "Corporation" means the Canadian Organization of Medical Physicists/ Organisation canadienne des physiciens médicaux
- h) "meeting of members" includes an annual meeting of members or a special meeting of members
- i) "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;
- j) "ordinary resolution" means a resolution passed by a majority of not less than 50% plus 1 of the votes cast on that resolution;
- k) "proposal" means a proposal submitted by a member of the Corporation that meets the requirements of section 163 (Shareholder Proposals) of the Act;
- l) "Regulations" means the regulations made under the Act, as amended, restated or in effect from time to time; and
- m) "special resolution" means a resolution passed by a majority of not less than two-thirds (2/3) of the votes cast on that resolution.

#### **1.02 Interpretation**

In the interpretation of this by-law, 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 by-laws.

#### **1.03 Corporate Seal**

The Corporation 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 Corporation shall be the custodian of the corporate seal.

#### **1.04 Execution of Documents**

Contracts, documents or any instruments in writing requiring the signature of the organization, 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 II: MEMBERSHIP**

**2.01 Membership Classes**

Subject to the articles, there shall be five classes of members in the Corporation, namely,

- 1- Full Members
- 2- Associate Members
- 3- Student Members
- 4- Corporate Members
- 5- Retired Members

The Board of directors of the Corporation may, by resolution, approve the admission of the members of the Corporation. Members may also be admitted in such other manner as may be prescribed by the Board by ordinary resolution. The following conditions of membership shall apply:

**2.02 Eligibility and Rights of Full Members**

Are eligible:

- A) Those who:
  - (i) have graduated with a Master’s degree or Doctorate in medical physics, a physical science or engineering from an accredited University (in exceptional cases, other qualifications will be considered), and
  - (ii) who also subscribe to the specific objectives of the COMP, and
  - (iii) abide by the Joint COMP and CCPM Code of Ethics, and
  - (iv) are practicing medical physicists as determined by a review of their membership application by the Board.
- B) Those who are Members or Fellows of the Canadian College of Physicists in Medicine.

Deleted: (i)  
Formatted: Indent: First line: 0 cm

Deleted: ii

Those eligible may become members upon payment of annual dues. The term of membership of a Full Member shall be annual, subject to renewal in accordance with the policies of the COMP.

Each Full Member is entitled to receive notice of, attend and vote at all meetings of members and each such Full Member shall be entitled to one (1) vote at such meetings. Full Members may stand for office.

**2.03 Eligibility and Rights of Associate Members**

Individuals with interest in the objectives of COMP but are not eligible for any other membership status may apply as Associate Members.

These individuals become Associate Members after approval by the Board and upon payment of Associate Members’ annual dues. The term of membership of an Associate Member shall be annual, subject to renewal in accordance with the policies of the COMP.

Associate Members can keep their membership as long as they do not become eligible as Full Members.

Associate Members may be invited to the General Meetings but are not allowed to vote.

**2.04 Eligibility and Rights of Student Members**

Student Members shall be individuals who are in full time study in a field which would eventually qualify them for admission as Full Members of the association and who in each year submit proof of their student status or individuals who have graduated within the immediate past 12 months.

These individuals become Student Members after approval by the Board and upon payment of Student Members’ annual dues. The term of membership of a Student Member shall be annual, subject to renewal in accordance with the policies of the COMP.

Student members may be invited to the General Meetings but are not allowed to vote.



**2.05 Eligibility and Rights of Affiliate Members**

Affiliate Members shall be organizations whose interests include the field of medical physics.

These organizations become Affiliate Members after approval by the Executive Director and upon payment of the appropriate dues. The term of membership of a Affiliate Member shall be annual, subject to renewal in accordance with the policies of the COMP.

Affiliate members may be invited to the General Meetings but are not allowed to vote.

**2.06 Eligibility and Rights of Retired Members**

Retired Members are members who, in the past, were eligible for Full Membership, but by virtue of retirement no longer practice medical physics for remuneration, nor are gainfully employed in another field. The term of membership of a Retired Member shall be annual, subject to renewal in accordance with the policies of the COMP.

Retired members may be invited to the General Meetings but are not allowed to vote.

**2.07 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. Where letter ballots are anticipated an additional 30 days shall be required to meet the provisions of Article VIII.

**2.08 Mail-in or Electronic Ballots**

Whenever required by these bylaws, or at option of the Board, pursuant to subsection 171(1) (Absentee Voting) of the Act, Full Members may vote by mailed-in or electronic ballot if the Corporation 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 Corporation without it being possible for the Corporation to identify how each member voted.

**2.09 Amendments to Eligibility and Rights of Members**

Pursuant to subsection 197(1) (Fundamental Changes) of the Act, a special resolution of the members is required to make any amendments to this section of the by-laws if those amendments affect membership rights and/or conditions described in paragraphs 197(1)(e), (h), (l) or (m).

**ARTICLE III - MEMBERSHIP DUES, TERMINATION AND DISCIPLINE**

**3.01 Membership Dues**

The annual dues for membership shall be set by the Board. Members shall be notified in writing of the membership dues at any time payable by them and, if any are not paid within three months after the membership renewal date, the members shall be declared in default and subject to late fees in addition to the outstanding membership dues. If the outstanding membership dues and fees are not paid within four months of the membership renewal date the members shall cease to be members of the Corporation.

**3.02 Termination of Membership**

A membership in the Corporation is terminated when:

- a) the member dies, or, in the case of a member that is a corporation, the corporation is dissolved;

- Deleted: Corporate
- Deleted: Corporate
- Deleted: corporations
- Deleted: Corporate
- Deleted: Board
- Deleted: fee
- Deleted: Corporate
- Deleted: Corporate

- Deleted: Fees
- Deleted: fees
- Deleted: six
- Deleted: after

- b) a member fails to maintain any qualifications for membership described in Section 2.01 of these bylaws;
- c) the member resigns by delivering a written resignation to the Secretary of the Corporation in which case such resignation shall be effective on the date specified in the resignation;
- d) the member is **suspended or** expelled in accordance with Section 3.03 below or is otherwise terminated in accordance with the articles or by-laws;
- e) the member's term of membership expires; or
- f) the Corporation 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 Corporation, 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 published by the Corporation as decided by the COMP and CCPM Joint Ethics Committee through the COMP/CCPM Joint Code of Ethics Violation Complaint Procedure,~~
- b) violating any provision of the articles, by-laws, or written policies of the Corporation;
- c) carrying out any conduct which may be detrimental to the Corporation as determined by the Board in its sole discretion;
- 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 Corporation.

~~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 Composition**

The property and business of the Corporation shall be managed by a Board of not less than seven (7) and not more than twelve (12) Directors, comprised of:

- One (1) individual who shall be elected as President;
- One (1) individual who shall be elected as Vice-President
- One (1) individual who shall be elected as Secretary
- One (1) individual who shall be elected as Treasurer
- Five (5) individuals who shall be elected as directors at large
- Three (3) additional director-at-large positions that will be filled by election as required.

**4.02 Election and Term**

Subject to these bylaws and the articles, any member in good standing of the corporation may be nominated in accordance with the rules and regulations established by the Board from time to time and elected by the Members at each annual meeting at which an election of directors is required for a term expiring not later than three years following their election except for the directors elected as President, and Vice-President, respectively, who shall be elected for two-year terms.

At the end of their term, directors may stand for, and be re-elected by the voting members to further two, or three-year terms as the case may be up to a maximum of six consecutive years.

Former directors may stand for election by the voting members provided that they have not exercised the office of director for a minimum of two years following the end of their last term.

**Deleted:** engaging in activities that contradict

**Deleted:** /

**Formatted:** Font: Italic

**Deleted:** published by the Corporation

**Formatted:** Font: Italic

**Deleted:**

**Deleted:** In the event that the Board determines that a member should be expelled or suspended from membership in the Corporation, 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 Corporation. 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.

#### 4.03 Vacancy in Office

Subject to subsections 132. (4) and (5) of the Act, a quorum of directors may fill a vacancy among the directors, except a vacancy resulting from an increase in the minimum or maximum number of directors provided for in the articles or a failure to elect the 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 Officers of the Corporation shall be the President, the Vice-President, the Past-President, the Secretary, the Treasurer, and the Executive Director, if one is appointed.

#### 4.05 Duties of Officers

The President shall be the Chief Elected Officer of COMP and shall preside at the Annual General Meeting and at meetings of the Board.

The Vice-President shall, in absence or disability of the President, perform the duties and exercise the powers of the President. The Vice-President shall serve as a Co-Chair on the COMP/CCPM Joint Ethics Committee and shall perform such other duties as shall from time to time be imposed upon them by the Board.

The Secretary shall act as clerk recording all proceedings in the books / electronic records kept for that purpose. They shall give or cause to be given notice of all meetings of the members and of the Board. They shall also perform such other duties as may from time to time be determined by the Board.

The Treasurer shall have the custody of the corporate seal and of all funds and securities and shall keep full and accurate accounts of receipt and disbursements in books belonging to COMP and shall deposit moneys and other valuable effects in the name and to the credit of COMP and in depositories designated by the Board. They shall disburse the funds of the COMP as may be ordered by the Board, taking proper vouchers for such disbursements, and shall render to the officers whenever they may require it, an account of all transactions and of the financial position of the COMP. They shall also perform such other duties as may from time to time be determined by the Board.

The Past-President is mainly responsible for matters involving other organizations and shall also perform such other duties as may from time to time be determined by the Board.

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 Corporation and shall be responsible for implementing the strategic plans and policies of the Corporation. 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 Corporation.

The powers and duties of all other officers of the Corporation 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 Term

Officers, except for the Executive Director who will serve at the pleasure of the Board, shall serve from the date of their election, or until their successors are elected as follows: the President, Vice-President, and Past President shall serve two (2) year terms; the Secretary, and the Treasurer shall serve three (3) year terms.

#### 4.07 Remuneration

The officers shall serve as such without remuneration and no officer shall directly or indirectly receive any profit from their position as such; provided that an officer may be paid reasonable expenses incurred by them in the performance of their duties.

Deleted: him (her)

Deleted:

Deleted: (S)He

Deleted: (

Deleted: S)he

Deleted: (S)He

Deleted: (S)he

Deleted: his/her

Deleted: him/her

Deleted: his/her

**4.08 Directors – Ceasing To Hold Office**

The office of director shall be automatically vacated:

- a) if a director shall resign ~~their~~ office by delivering a written resignation to the Secretary of the corporation;
- b) if ~~they are~~ found by a court to be of unsound mind;
- c) if ~~they become bankrupt, suspend payment or compound with their~~ creditors;
- d) if at a special General Meeting of members a resolution is passed by 66% of the members present at the meeting that ~~they~~ be removed from office;
- e) on death;

- Deleted: his/her
- Deleted: (s)he
- Deleted: is
- Deleted: (s)he
- Deleted: s
- Deleted: or
- Deleted: s
- Deleted: s
- Deleted: his/her
- Deleted: (s)he

**ARTICLE V – MEETINGS OF THE 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 Corporation and such other persons who are entitled or required under any provision of the Act, articles or by-laws of the Corporation 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 is 10% of the Full 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 Past-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 COMP in all cases where they are not inconsistent with these bylaws and any special rules of order the COMP may adopt.

**ARTICLE VI: MEETINGS OF THE BOARD**

**6.01 Time and Place**

Meetings of the Board may be held at any time and place as determined by the President of the Board, the –Vice-President of the Board or any two (2) directors at any time. There shall be at least one (1) meeting per year of the Board of Directors.

**6.02 Quorum**

The quorum of a Board meeting is 50% of the directors plus one.

**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 by-law to every director of the Corporation provided that, forty-eight (48) hours written notice of such meeting shall be given, other than by mail, to each Director.

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 by-law 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 the Limits on Authority subsection Limits on Authority of the Act that is to be dealt with at the meeting.

Deleted: 138(2) (

Deleted: )

#### 6.04 Amendments to Manner of Giving Notice

Pursuant to the Fundamental Changes subsection of the Act, a special resolution of the members is required to make any amendment to the by-laws of the Corporation to change the manner of giving notice to members entitled to vote at a meeting of members.

Deleted: b

Deleted: 197(1) (Fundamental Changes)

#### 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 such regulations or 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 COMP shall end on the last day of the calendar year (December 31).

#### 8.02 Banking Arrangements

The banking business of the Corporation shall be transacted at such bank, trust company or other firm or corporation 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 Corporation 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 Corporation 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 Corporation and any member may, on request, obtain a copy free of charge at the registered office or by prepaid mail.

### 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 by-laws or otherwise to a member, director, officer or member of a committee of the Board or to the public accountant shall be sufficiently given:

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 Corporation or in the case of notice to a director to the latest address as shown in the last notice that was sent by the Corporation in accordance with [the Notice of Directors](#), or [Notice of change of directors](#) [sections of the Act](#); or

if mailed to such person at such person's recorded address by prepaid ordinary or air mail; or  
if sent to such person by telephonic, electronic or other communication facility at such person's recorded address for that purpose; or  
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 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 Treasurer to be reliable. The declaration by the Treasurer that notice has been given pursuant to this by-law shall be sufficient and conclusive evidence of the giving of such notice. The signature of any director or officer of the Corporation to any notice or other document to be given by the Corporation may be written, stamped, typewritten or printed or partly written, stamped, typewritten or printed.

### 9.02 Invalidity of Any Provisions of This By-Law

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

### 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 Corporation has provided notice in accordance with the by-laws 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 – DISPUTE RESOLUTIONS

### 10.01 [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 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. They are reviewed by the COMP and CCPM Joint Code of Ethics Committee and decisions are approved by the respective Board\(s\) of Directors.](#)

### 10.02 [Dispute Resolution](#)

In the event that a dispute or controversy among members, directors, officers, committee members or volunteers of the Corporation arising out of or related to the articles or by-laws, or out of any aspect of the operations of the Corporation 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

Deleted: section 128 (Notice of directors)

Deleted: 134 (

Deleted: )

Deleted: Part 17 of

the Corporation as set out in the articles, by-laws 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 Corporation) 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 Corporation 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 XI - AMENDMENTS

##### 11.01 – By-laws

Unless the articles, the by-laws or a unanimous member agreement otherwise provides, the directors may, by resolution, make, amend or repeal any by-laws that regulate the activities or affairs of the corporation, as referred to in the By-laws and Members section of the Act, except in respect of matters referred to in the Fundamental Changes section of the Act as it relates to amendment of articles or by-laws,

#### ARTICLE XII - EFFECTIVE DATE

Subject to matters requiring a special resolution, this by-law shall be effective when made by the Board.

CERTIFIED to be By-Law No. 1 of the Corporation, as enacted by the directors of the Corporation by resolution on the 22 day of March, 2024 and confirmed by the members of the Corporation by special resolution on the 6th day of June, 2024,

Erika Brown, Executive Director

Deleted: Part 10

Deleted: sub

Deleted: 152

Deleted: sub

Deleted: 197(1)

Deleted: 5th

Deleted: July

Deleted: 13

Deleted: 20

Formatted: Highlight

Formatted: Highlight

Deleted: September

Deleted: 13

Deleted: Nancy Barrett,

REVISED: ~~6 JUNE 2024~~

Deleted: 1  
REVISED: 14 JULY 2017 1

Deleted: 23

Deleted: 1

## REVISION HISTORY

### 14 July 2017

Article III 3.01: The membership agreed at the 2017 AGM to entrust the Board with the responsibility of setting the annual membership dues.

### 23 June 2021

Article IV 4.01: The membership agreed at the 2021 AGM to removing the CCPM Board representative as a director at large and adding a third additional director-at-large position to be filled by election as required.

### 6 June 2024

Updated to gender neutral language.

2.02 Updated member eligibility to include abiding by the COMP and CCPM Joint Code of Ethics

2.05 Updated Corporate Members to Affiliate Members

3.03 Updated discipline to include reference to the COMP and CCPM Joint Code of Ethics Violation Procedure

4.05 Added Vice-President's role as Co-Chair of the COMP and CCPM Joint Ethics Committee

Section 10: added 10.01 Code of Ethics Complaints to reference the COMP and CCPM Joint Code of Ethics Violation Procedure.