



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO

The Council Award

*Honouring Outstanding Ontario
Physicians*



The Council Award

Honouring Outstanding Ontario Physicians

SELECTION CRITERIA

The criteria for selecting a physician for the Council Award are based on the eight "physician roles" outlined in the Council Award Act, 1993. These roles reflect the many needs and expectations of our society, and outline an

1 The physician as **Medical Expert/Clinical Decision Maker**: The physician is well-informed about the science and technology of medicine and health care. The physician's knowledge and skill is used to collect and interpret data, make appropriate clinical decisions and carry out diagnostic and therapeutic procedures.

2 The physician as **Communicator**: The physician has effective, humane relationships with patients and colleagues. The physician understands and responds to patients' needs, fears, beliefs and expectations and effectively counsels and educates on health care needs and public health care issues.

3 The physician as **Collaborator**: The physician works in partnership with other health care professionals and sees the patient and family members as partners in health care decision-making. The physician appropriately uses community and health care resources.

4 The physician as **Gatekeeper/Resource Manager**: The physician recognizes the many determinants of health and the implications of those determinants for the practice of medicine. The physician participates at a number of organizational levels to address issues such as quality of care and quality assurance mechanisms.

ASSESSING THE CRITERIA

The College is seeking to recognize physicians whose performance in most of these roles is outstanding, recognizing that individual physicians will demonstrate more extensive expertise in some roles than in others. Council Awards are presented at Council meetings.

ELIGIBILITY FOR NOMINATION

Anyone may nominate an eligible physician for the Council Award. To be eligible for nomination, a physician must hold an Ontario certificate of registration and be in good standing with the College. Former recipients of the Council Award or the Excellence in Quality Management of Medical Care Award are not eligible for nomination. The completed Nomination Form and required documentation must be submitted by August 13, 2010, for consideration by the Council Award Selection Committee.



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The Council Award honours outstanding Ontario physicians who have demonstrated excellence and come closest to meeting society's vision of an "ideal physician"

physician roles" identified by Educating Future Physicians of Ontario in an archetype of the "ideal physician." Those roles are:

5 The physician as **Health Advocate**: With an understanding of the many determinants of health, the physician advocates for more effective public health interventions and policies.

6 The physician as **Learner**: The physician recognizes that the abilities to change and to continue to learn are essential to the practice of good medicine. The physician is a self-directed learner and keeps abreast of current treatments and philosophies.

7 The physician as **Scientist/Scholar**: The physician understands the scientific method and applies it to patient encounters, community health issues and to the critical assessment of literature related to the biological, psychological and sociological basis of illness. The physician may be engaged in scientific research.

8 The physician as **Person & Professional**: The physician has developed strategies for coping with professional demands to provide maximum opportunity for effective relationships with patients and colleagues while at the same time providing excellent medical care. The physician is committed to the highest standards of excellence in clinical care and ethical conduct.

NOMINATION INSTRUCTIONS

- The nominator should complete the enclosed Nomination Form, providing as much information as possible about the physician nominee. Type or print clearly in the space provided. If additional space is required, attach additional pages.
- The nominator should provide a detailed Nominator's Statement. In this statement, describe how the physician nominee has demonstrated overall excellence using the eight physician roles. It is recognized that individual physicians will demonstrate more extensive expertise in some roles than in others. The nominator may include concisely presented pertinent supporting materials (letters, reports, testimonials, press clippings, etc.).
- The nominator is also responsible for finding a seconder for the nomination. The seconder should provide a Seconder's Statement, their own written testimonial about the nominee and his or her accomplishments, again using the eight physician roles.
- The nominator should obtain a copy of the Nominee's Curriculum Vitae, if possible.
- The deadline for nominations is 5:00 p.m., Friday, August 13, 2010.
- Members of the Council and staff of the College and members of their immediate families are not eligible for nomination for the Council Award.
- Mail the completed Council Award Nomination Form, Nominator's Statement with any supporting material, Seconder's Statement, and Nominee's Curriculum Vitae to:

The Council Award,
c/o Ms. Marianne Carthew,
Physician Advisory Service,
College of Physicians and Surgeons of Ontario,
80 College Street,
Toronto, Ontario, M5G 2E2

Tel: (416) 967-2600 or 1-800-268-7096, extension 254
Fax: (416) 967-2666

Any questions concerning the nomination instructions should be directed to Marianne Carthew, and additional Nomination Forms can be obtained by contacting her. Nomination Forms are also available at: www.cpsso.on.ca.



The Council Award

Nomination Form

NOMINEE

NAME OF NOMINEE: _____

ADDRESS: _____

TELEPHONE #: WORK _____

FAX #: _____

TELEPHONE #: HOME _____

E-MAIL ADDRESS: _____

DATE AND PLACE OF BIRTH: _____

DEGREES EARNED

(DEGREE, SCHOOL, YEAR): _____

SPECIALTY, IF ANY: _____

TYPE OF PRACTICE: _____

FACULTY APPOINTMENTS, IF ANY: _____

PREVIOUS HONOURS & AWARDS: _____

NOMINATOR

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

FAX #: _____

E-MAIL ADDRESS: _____

SECONDER

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

FAX #: _____

E-MAIL ADDRESS: _____

Deadline for Nominations: August 13, 2010