



**SOP Number 00000**

**SOP Title Procedures for Concerns with Medical Student Professional Behaviour**

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## 1. PURPOSE

The purpose of the *Procedures for Concerns with Medical Student Professional Behaviour* is to articulate the implementation of the *Regulations on Student Academic Misconduct* and *Standard of Student Conduct in Non-Academic Matters and Regulations and Procedures for Resolution of Complaints and Appeals* within the College of Medicine. This provides transparent processes for responding to concerns of lapses in professional behaviour by medical students. It is the expectation that medical students as junior colleagues and members of the medical profession are held accountable to the same standards as professionals in the medical field. The Procedures are intended to be consistent with the College of Medicine, College of Physicians and Surgeons of Saskatchewan and the Canadian Medical Association Code of Ethics for clinical faculty. Specifically both medical students and clinical faculty will be expected to adhere to the same principles of professionalism.

These procedures ensure that the Undergraduate Medical Education program meets or exceeds the following Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation standards:

*3.5 Learning Environment/Professionalism: A medical school ensures that the learning environment of its medical education program is conducive to the ongoing development of explicit and appropriate professional behaviors in its medical students, faculty, and staff at all locations and is one in which all individuals are treated with respect. The medical school and its clinical affiliates share the responsibility for periodic evaluation of the learning environment in order to identify positive and negative influences on the maintenance of professional standards, implement appropriate strategies to enhance positive and mitigate negative influences, and identify and promptly correct violations of professional standards.*

## 2. SCOPE

These procedures apply to instances where undergraduate students registered in the Doctor of Medicine (MD) program at the University of Saskatchewan, irrespective of the geographically distributed site to which they are currently assigned, engage in behaviour which is generally recognized as being unprofessional.

## 3. DEFINITIONS

**Reporter:** a person who submits a report of unprofessional behaviour. Typically this will be a lecturer, Module/Clerkship Core Rotation/Course Director, Course Chair or Year 1 – 4 Chair/Site Coordinator. This may also include a staff member in the College of Medicine or Health Region or a clinical preceptor or other medical student or medical resident.

**Respondent:** a person alleged to have engaged in unprofessional behavior. This will typically be an undergraduate student registered in the Doctor of Medicine (MD) program at the University of Saskatchewan. This may also include students from other medical schools who are participating in a visiting clinical elective in the College of Medicine at the University of Saskatchewan. Unprofessional behavior of medical students on visiting clinical electives will



be reported to the Associate Dean Undergraduate Medical Education at the student's home institution for management.

**Minor Incident:** an incident that has minimal consequence. Examples of unprofessional behaviour include but are not limited to:

- Submitting an assignment late
- Arriving late for a mandatory lecture or clinical learning experience
- Missing a mandatory session
- Presenting an appearance that may not be perceived by patients as professional
- Using language in email, assignment or other communication that may be overly casual or may be perceived as otherwise inappropriate or disrespectful
- Receiving or responding to feedback inappropriately
- Failing to promptly return phone calls and emails, or other communication unrelated to patient care
- Incidents of academic misconduct in which the reporter perceives that the student's misconduct was minor and unintentional, due to a lack of understanding of expectations, rather than intentional

**Major Incident:** an incident that has the potential for serious consequences. Examples of unprofessional behaviour include but are not limited to:

- Failing to return phone calls and emails when patient care may be compromised
- Demonstrating a pattern of not responding to call for assistance (when on call or expected to be available)
- Failing to communicate, in a timely manner, absences due to illness or other reason
- Most incidents of academic misconduct, including lying or misrepresenting himself/herself including instances of academic dishonesty such as taking credit for someone else's ideas, plagiarism, cheating and falsifying information (research data, grades, assessment results)
- Posting patient information on a social networking website
- Sharing patient information in a public space
- Engaging in inappropriate and/or offensive communication with colleagues
- Inappropriate communication whether on social media/ internet, in person or other means including shaming others publicly, exhibiting uncontrolled anger; displaying inappropriate pictures from research, education or clinical settings through social media;
- Inappropriate communication may also include the use of unacceptable words, images, or actions such as profane or disrespectful language; inappropriate labels or name-calling; patronizing and insulting remarks; intimidating gestures by slamming doors or throwing things;
- Uncooperative behaviors, whether intentional or not, such as repeated refusals to comply with known and accepted practice standards;
- Refusal to work collaboratively with colleagues, staff and patients;



**Critical Incident:** an incident which has direct harmful consequences or is an egregious breach of well-recognized standards. Examples include but are not limited to:

- Physically or sexually assaulting a patient
- Being sexually inappropriate with a patient or co-worker
- Unwelcome and inappropriate verbal, written, graphic or physical conduct, or coercive behavior, where the behavior is known or reasonably ought to be known to be unwelcome
- Unauthorized release of confidential information including identifiable personal data of a research participant; a patient's health information or other breach of personal information, privacy policy and law Freedom of Information and Protection of Privacy Act (FOIP), the Local Authority Freedom of Information and Protection of Privacy Act (FIPPA), Health Information Protection Act (HIPA)
- Inappropriately accessing or using a co-worker, learner, research participant or patient's personal information

#### **4. GUIDING PRINCIPLES**

In the teaching and learning of Medicine, professionalism is a core academic competency and is continuously being assessed throughout the undergraduate medical education program. Clinical courses include professionalism as a component to be taught and assessed. These procedures are not intended to override course-related assessment processes or documentation. The primary intention of these procedures is to provide an effective mechanism for the early identification of students who need assistance with their professional development so that appropriate remediation can be implemented in support of their successful completion of the program. They should be considered when unprofessional conduct is identified that is outside the developmental norms for a student's cohort. The secondary intention of these procedures is to assist with crucial academic decisions when remediation is unsuccessful or inappropriate.

These procedures cover most allegations of unprofessional behaviours that occur in academic or clinical settings or other work placements, or that are related to the student's area of professional study and are informed by the following guiding principles:

##### **Respect for others**

Professionals demonstrate consideration and respect for others including patients, their families and support persons, colleagues, classmates, teachers, other professionals and the public.

- We don't allow our conduct to negatively impact on others' learning or clinical activities
- We don't discriminate against others on the basis of such grounds as age, race, colour, ancestry, place of origin, ethnicity, political beliefs, religion, marital status, family status, physical or mental disability, sex, sexual orientation or gender identity



- We demonstrate respect for the dignity and rights of patients and their families or support persons, taking into account their diversities, both in their presence and in discussion with other members of the health care team
- We accept and promote patient autonomy in decision-making, and when the patient lacks capacity, we consult with and appropriately take direction from surrogate decision-makers
- We respect the personal boundaries of others and refrain from making unwanted or inappropriate romantic or sexual overtures towards others
- We communicate respectfully with others both verbally and in writing
- We respect the privacy and confidentiality of those to whom we owe that duty

### **Honesty and integrity**

Professionals demonstrate adherence to the highest standards of personal, professional and academic honesty and integrity.

- We communicate truthfully with others verbally and in writing
- We don't falsify documents or records
- We acknowledge and manage conflicts of interest appropriately, avoiding conflicts of interest, real or apparent, whenever there is potential detriment to others
- We admit and disclose errors
- We make accurate records of conversations, histories, physical findings and other information pertinent to patient care
- We don't engage in plagiarism, nor do we give or receive assistance during an examination or in completion of an assignment unless such is expressly permitted
- We conduct research in an ethical manner, analyzing and reporting results accurately and fairly
- We credit the ideas and work of others appropriately and fairly

### **Compassion and empathy**

Professionals demonstrate compassion and empathy for those in distress and especially for patients, their families and support persons.

- We demonstrate effective listening
- We are aware of and respectful of others' differences and respond appropriately to their needs
- We show compassion and provide support for patients, their families and support persons dealing with illness and/or dying and death

### **Duty and responsibility**

Professionals acknowledge their duties to patients, their profession and society and accept the responsibilities that flow from these duties.

- We attend to patients' best interests and well-being as the first priority



- We work cooperatively with others for the benefit of our patients and contribute to a healthy working environment for all
- We make equitable and prudent use of health care resources under our control
- We are responsible to society for matters relating to public health
- We recognize and adhere appropriately to policies, codes, guidelines and laws that govern us and our work
- We participate in the process of self-regulation of the profession
- We address misconduct, incompetence or behaviours that put patients or others at risk
- We share resources and expertise, and assume responsibility for our portion of a fairly distributed workload; where issues of fair distribution arise, we act most immediately in the patient's best interests, and seek to resolve issues of fairness through appropriate channels
- We respond in an appropriate, non-judgmental and non-demeaning manner when our expertise is sought
- We don't take advantage of colleagues, learners, patients, their families or support persons or others for emotional, financial, sexual or other personal purposes, and we conduct research and educational activities with these groups only with appropriate informed consent
- We fulfill commitments, meet deadlines and are punctual particularly where these behaviours have significant impact on others; where we're unable to do so, we communicate appropriately to mitigate any negative impacts
- We engage in lifelong learning, maintain clinical competence and strive for continuous quality improvement
- We take appropriate and necessary responsibility for our personal health and well-being
- We recognize our own limitations and seek assistance appropriately
- We display dress, behaviour and demeanor in the educational and healthcare setting in keeping with appropriate pedagogical, clinical or safety standards

Used with Permission Dalhousie University Faculty of Medicine "Dalhousie Medical School Professionalism Committee Professionalism Policy".

## **5. RESPONSIBILITIES**

The Associate Dean, Undergraduate Medical Education is responsible for the oversight and implementation of the *Procedure for Concerns with Medical Student Professional Behaviour*.

## **6. SPECIFIC PROCEDURE**

### **6.1 Reporting a Minor Incident**

Many cases of alleged unprofessional conduct on the part of students result from misunderstanding or lack of familiarity with the expected standards. Examples of minor incidents are indicated in 3.0 Definitions. A case of this kind can often be addressed through an informal meeting with the student (respondent) by a reporter who first identifies the issue (Appendix A). Generally, a conversation and feedback may be sufficient, although it may also be reasonable to expect that the student will address the



issue in a manner mutually agreed upon. The reporter will document the discussion with the student and complete an Informal Discussion Form. The student will be provided a copy in order to document their understanding of the discussion. The Informal Discussion Form will be submitted to the Year Chair who will maintain a confidential file of these forms.

At the end of the Academic Year the Year Chair will provide to the Associate Dean, Undergraduate Medical Education, the Informal Discussion Forms that had been incurred by the students that have not met the threshold for a Professionalism Concern Form. This would include students who have received 2 or less Informal Discussion Forms. This information will not be forwarded to subsequent Year Chairs but may be used to identify a pattern of behaviour. Should a pattern of behaviour be identified, the student will be contacted by the Associate Dean, Undergraduate Medical Education.

If a student incurs multiple (3 or more) Informal Discussion Forms of a similar type (e.g. late assignments) or multiple (3 or more) Informal Discussion Forms of different types (e.g. 1 late assignment, 1 episode of being late for a lecture and 1 missed mandatory session), then the Year Chair will meet with the student. The Year Chair will document the meeting and will complete a Professionalism Concern Form. The student will have an opportunity to include a comment in the Report. The Professionalism Concern Form will be submitted to the Associate Dean, Undergraduate Medical Education. The Report will be placed on the student's Professionalism File. No further action will occur at that time.

If a student incurs a subsequent minor incident after receiving a Professionalism Concern Form the Year Chair will submit a second Professionalism Concern Form. The Associate Dean, Undergraduate Medical Education will inform the student that a consultation about the matter will be made to the Professionalism Panel. The Panel will meet to determine whether a Formal Professionalism Hearing is required. If the Panel determines that a Formal Hearing is not required, the student will be notified and the student will have a meeting with the Associate Dean, Undergraduate Medical Education. The student will receive a note indicating the discussion and identified plan resulting from the meeting. If the Panel determines that a Formal Hearing is required, then the student will be notified and a Hearing will be held. The process for a Formal Hearing of the Professionalism Panel is described in 6.4 The Panel's decision and recommendations will be communicated to the Associate Dean, Undergraduate Medical Education.

## **6.2 Reporting a Major Incident**

A Major Incident is one that has the potential for serious consequences to patients, peers, staff and faculty. A Major Incident may also include incidents that have the potential to damage the reputation of the College of Medicine. Examples of Major Incidents can be found in 3.0 Definitions. The procedure for reporting a Major Incident is shown in Appendix B. When a student is alleged to have engaged in a Major Incident, the reporter submits an Informal Discussion Form to the Year Chair, who subsequently meets with the student to discuss the incident. The Year Chair will document the meeting and will complete a Professionalism Concern Form. The student will have an opportunity to include a comment



in the Report. The Professionalism Concern Form will be submitted to the Associate Dean, Undergraduate Medical Education.

The Associate Dean, Undergraduate Medical Education will inform the student that a consultation about the matter will be made to the Professionalism Panel. The Panel will meet to determine whether a Formal Professionalism Hearing is required. If the Panel determines that a Formal Hearing is not required, the student will be notified and student will have a meeting with the Associate Dean Undergraduate Medical Education. If the Panel determines that a Formal Hearing is required, then the student will be notified and a Hearing will be held. The process for a Formal Hearing of the Professionalism Panel is described in 6.4. The Panel's decision and recommendations will be communicated to the Associate Dean, Undergraduate Medical Education.

### **6.3 Reporting a Critical Incident**

A Critical Incident is an incident which has direct harmful consequences or is an egregious breach of well-recognized standards. Because of the nature of the incidents as evidenced by the examples identified in 3.0 Definitions, the reporting of a Critical Incident is anticipated to follow most closely the processes utilized in the University of Saskatchewan Regulations on Student Academic Misconduct (2017) and Standard of Student Misconduct in Non-Academic Matters and Regulations & Procedures for Resolution of Complaints and Appeal (2016).

The procedure for reporting a Critical Incident is shown in Appendix C. When a student is alleged to have engaged in a Critical Incident, the reporter submits a Professionalism Concern Form to the Associate Dean, Undergraduate Medical Education who will then file a formal complaint pursuant to the University of Saskatchewan Regulations on Student Academic Misconduct (2017) and Standard of Student Misconduct in Non-Academic Matters and Regulations & Procedures for Resolution of Complaints and Appeal (2016). In the former case the Professionalism Panel will serve as the College of Medicine's Hearing Board as designated by the Dean, while in the latter the complaint is adjudicated by the University Secretary who may convene a Formal Hearing before the Senate Hearing Board. The relevant university-level regulations are as follows:

- [University of Saskatchewan Regulations on Student Academic Misconduct \(2017\)](#)
- [University of Saskatchewan Standard of Student Misconduct in Non-Academic Matters and Regulations & Procedures of Complaints and Appeal \(2016\)](#)

If the Critical Incident has the potential to significantly impact the safety or wellbeing of others, particularly patients, the Associate Dean, Undergraduate Medical Education may interrupt the participation of the student in clinical activities pending investigation of the allegations. In such cases, the Professionalism Panel would proceed as quickly as possible and, as soon as safety is established, would communicate to the Associate Dean, Undergraduate Medical Education that the student can resume clinical activities.





#### **6.4 Process for a Formal Hearing of the Professionalism Panel**

All Panel proceedings should be based on sound principles to ensure a fair hearing within a reasonably short period of time. The respondent is to be treated as innocent until proven guilty and there must be both the perception and reality that all hearings are fair and transparent. The primary goal of the process should be educational, leading to the successful remediation of unprofessional conduct and the subsequent successful completion of the program.

The Panel is to receive the evidence, determine the validity of the allegation and, if warranted, determine, implement and monitor appropriate remedial action. The Panel will also determine whether there should be academic repercussions. Where possible, the Panel will meet within four weeks from receipt of the Professionalism Concern Form.

The Associate Dean Undergraduate Medical Education will write to the respondent as soon as possible advising him/her of the allegation, the date and place of his/her meeting with the Panel and the Panel membership so that potential conflicts of interest can be identified. This notice will consist of both a letter to the respondent's current postal address on file with the University and an email to the respondent's usask email account. The respondent will be provided with approximately 2 weeks' notice of the meeting date.

All information provided to the Panel in writing in advance of the meeting by any party should be shared in advance with the other parties appearing before the Panel in advance of the meeting.

The Professionalism Panel is composed of a chairperson who is an MD faculty member and two members of the faculty of the college, at least one of whom will be an MD. The Professionalism Panel is appointed by the Vice Dean, Education to staggered three-year terms, and may be re-appointed for a second term. It is recommended that at least one Panel member be experienced in the assessment of professionalism through prior or current participation in relevant activities of the College of Physicians and Surgeons of Saskatchewan. The Panel maintains its own records, separate from respondents' academic files. The chairperson is an ex-officio member of the Student Academic Management Committee.

The Associate Dean, Undergraduate Medical Education, in consultation with the Student Medical Society of Saskatchewan executive, will appoint to the Professionalism Panel a more senior student from the MD program or, in the case of a respondent who is a final year student, from the first postgraduate year of medical training. The selection of the student may be challenged by the respondent if there is reasonable apprehension of bias or conflict of interest. Further, the respondent may choose to waive the requirement for student representation.

The Panel will meet with the respondent and the reporter at the same time. The Panel may, at its discretion, meet with any other person who, in the opinion of the board, can provide relevant evidence bearing on the matter. The Panel may set its own procedures. A suggested order of proceeding is as follows: The reporter outlines the evidence before the Panel followed by questions and points of clarification asked by the Panel members. The



respondent is then allowed to express his/her side of the question followed again by questions and points of clarification asked by the Panel members. Questions for clarification purposes may then also be asked through the Panel chair by the respondent and by the reporter. After all questions have been answered and all points made, the Panel will meet in camera to decide on the question of validity and, if valid, an appropriate response/remediation plan. The decision and plan, if applicable, will be communicated to the respondent and the reporter in writing as soon as is possible after the hearing. The respondent and the reporter will be advised that either may appeal by the process identified in Section 6.5.

At the hearing, the respondent has the right to be accompanied by another person of his/her choice. The Office of Student Affairs is available for this purpose, but the respondent may make a different choice. This may include a class representative who may serve as support or character reference.

Similarly, the reporter may be accompanied by a person of his/her choice. On request, the Associate Dean will provide information and assistance in the identification of a suitable escort who is familiar with the procedures associated with this policy.

If the respondent does not respond to the written/email notification of the hearing, or refuses to appear before the Panel, or does not attend the hearing, the Panel has the right to proceed with the hearing. It is obviously in the respondent's interests to be present for the hearing, but the Panel should not be prevented from holding a hearing because the respondent has not appeared.

When the reporter is a not a member of the university community, and with the agreement of the Panel members, the respondent may waive the requirement that the reporter be present in person; this assumes that the written documentation is clear and uncontested. In addition, a teleconference or a videoconference may be considered.

In circumstances in which the reporter is particularly vulnerable, the Chair of the Professionalism Panel may, at his/her discretion, permit the reporter to name a proxy to act on the reporter's behalf.

When a set of circumstances has led to allegations of unprofessional conduct against two or more respondents, the investigation may include an opportunity for any or all of the respondents to be interviewed separately. In a case where the unprofessional conduct is ascribed to a group of students, the Panel will try to determine if one person is responsible, or whether varying degrees of responsibility can be delineated. If individual responsibility cannot be determined, the whole group may be sanctioned.

If a majority of members of a Panel conclude that the allegation of unprofessional conduct is supported by the evidence before the Panel, it may recommend one or more of the following responses:

- that a remediation plan specific to the issues at hand be implemented, to be developed and monitored by the Panel;



- that there be a referral for assessment of possible medical and/or psychosocial issues at play, to be reported back to the Panel for further action and/or referral as necessary;
- that there be a record of the event(s) placed in the respondent's academic file for use in the Medical Student Performance Record;
- that the respondent be required to repeat the year of the MD program during which the unprofessional conduct was identified;
- that the respondent be suspended from the program for a specified period of time;
- that the respondent be expelled from the University; or
- that the conferral of a degree, diploma or certificate be postponed, denied or revoked.

When determining the appropriate response, the Panel will take into account responses imposed for similar unprofessional conduct as recorded by the Associate Dean, Undergraduate Medical Education, as well as any record of previous reports of unprofessional conduct by the respondent(s). It is intended that most incidents be addressed in a remedial fashion, without adverse impact on the respondent's academic progress or record. However, repeated and refractory unprofessional conduct, or single incidents of particularly egregious conduct, may lead to the recommendation for academic repercussions as delineated above.

The chairperson of the Panel will prepare a report of the board's deliberations which will summarize the evidence on which the board based its conclusion that unprofessional conduct occurred and state the recommended response(s). Not later than 15 days after the Panel has completed its deliberations, the chairperson will deliver a copy of the report to the following persons:

- to the respondent;
- to members of the Panel
- to the Associate Dean, Undergraduate Medical Education;
- to the Chair of the Student Academic Management Committee, only if it is the decision of the Panel to recommend academic repercussions;
- to the Registrar of the University of Saskatchewan, only if it is the decision of the Panel to recommend academic repercussions.

When a Panel concludes that an allegation is not supported by the evidence, the report will so state. A recommendation of a Panel is deemed to have been adopted unless it is appealed.

## 6.5 Appeals Process

A respondent who has appeared before the Professional Panel for Minor or Major Incidents and who has had an action recommended may appeal the recommendation of the Professionalism Panel by delivering a notice of appeal to the Associate Dean Undergraduate Medical Education by 15 days from the date a copy of the Panel report was delivered to the respondent. The Associate Dean Undergraduate Medical Education will send a request to the Chair of the Academic Appeals Committee to hear the appeal. The Academic Appeals Committee will hear the appeal within 15 days to consider the appeal.



A respondent or complainant who has appeared before the Professionalism Panel as the Hearing Board pursuant to the University of Saskatchewan Regulations on Student Academic Misconduct (2017) may appeal recommendations of the Panel by delivering to the University Secretary a written notice of appeal within 30 days from the date a copy of the hearing board report was delivered to the person.

A respondent or complainant who has appeared before the Senate Hearing Board pursuant to the University of Saskatchewan Standard of Student Misconduct in Non-Academic Matters and Regulations & Procedures of Complaints and Appeal (2016) may appeal recommendations of the Senate Hearing Board by delivering to the University Secretary a written notice of appeal within 30 days from the date a copy of the hearing board report was delivered to the person.

## **6.6 Professionalism Files**

Professionalism files are securely stored, in physical or electronic format, in the office of the Associate Dean, Undergraduate Medical Education. They are retained for the entire duration of a medical student's academic program and are destroyed two years after a student's graduation, dismissal, withdrawal or death.

## **6.7 Communicating the Procedures**

The College of Medicine will communicate the Procedure for Concern with Medical Student Professional Behaviour to faculty, staff, and students by ensuring that up-to-date versions of this procedure is publically available on the college website.

Furthermore, the Undergraduate Medical Education Office shall further communicate this procedure by providing a written copy of this document to medical students in their first-year orientation package.

## **7. FORMS/TEMPLATES TO BE USED**

Informal Discussion Form

Professionalism Concern Form

Appendix A – Minor Incident

Appendix B – Major Incident

Appendix C – Critical Incident

## **8. INTERNAL AND EXTERNAL REFERENCES**

### **8.1 Internal References**

[Regulations on Student Academic Misconduct](#)

[Standard of Student Conduct in Non-Academic Matters and Regulations and Procedures for Resolution of Complaints and Appeals](#)



## 8.2 External References

Dalhousie Medical School Professionalism Committee Professionalism Policy

Queen's University Undergraduate Medical Education Student Professionalism Policy

CMA Code of Ethics

College of Physicians and Surgeons of Saskatchewan - Regulatory Bylaws for Medical Practice in Saskatchewan (February 2017)

## 9. CHANGE HISTORY

SOP no.	Effective Date	Significant Changes	Previous SOP no.
-	-	-	-