



## **Canadian Association of MAiD Assessors and Providers Position Statement on Professionalism and Harassment**

**December 22, 2022**

As a national organization, the Canadian Association of MAiD Assessors and Providers (CAMAP) supports its members in assessing and providing medical assistance in dying (MAiD).

MAiD is a legally permitted option which is publicly-funded and is available to all eligible people in Canada. CAMAP is the interprofessional leader for MAiD-involved clinicians, providing educational and training resources, continuous professional development and supporting research and guidance on best practice.

Certain values are fundamental for the clinicians who assess and provide MAiD. These include respect for patient autonomy, compassion and respect for others, and a commitment to integrity and civility. Clinicians who assess and provide MAiD have a professional responsibility to ensure that they provide a thorough assessment for those with a grievous and irremediable condition.

Health care colleagues in Canada and worldwide share the common values that are identified in the Canadian Medical Association Charter of Shared Values (attached), and those of the World Health Organization (attached). Respect, integrity, reciprocity and civility are values that are shared regardless of ethical differences, and apply equally to those clinicians who work in MAiD and those who do not.

Stopping or obstructing a health care worker from performing their duties is a criminal offense in Canada under Bill C-3 (attached) which took effect January 16, 2022. Under Bill C-3, it is illegal to use fear to stop a healthcare worker or those who assist them from performing their duties, or to prevent a person from obtaining health services. It is also illegal to obstruct any person from accessing health facilities.

Most jurisdictions in Canada also have provincial or territorial legislation that prevent violence and harassment in the workplace. This additional legislation helps ensure that health care professionals can offer health care free from bullying. Clinicians who provide MAiD work in a variety of environments, including private homes and facilities, as well as publicly funded facilities and hospitals. CAMAP understands that all of these workplaces fall under the provincial and territorial legislation.

The logo for CAMAP (Canadian Association of MAiD Assessors and Providers) features the letters 'CAMAP' in a bold, sans-serif font. The letters are colored in a gradient from light green to dark green, with the 'C' and 'A' being light green and the 'M', 'A', and 'P' being dark green.

Canadian Association of MAiD  
Assessors and Providers

The logo for ACEPA (Association Canadienne des Évaluateurs Et Prestataires de l'AMM) features the letters 'ACEPA' in a bold, sans-serif font. The letters are colored in a gradient from light green to dark green, with the 'A', 'C', and 'E' being light green and the 'P', 'A', and 'A' being dark green.

Association Canadienne des Évaluateurs  
Et Prestataires de l'AMM

CAMAP supports all of its members in the administration of health care, of which MAiD is a part. CAMAP also supports any member who is experiencing harassment or bullying or is obstructed from performing their work, regardless of the source. Members seeking support should contact [executivedirector@camapcanada.ca](mailto:executivedirector@camapcanada.ca).



# Charter of Shared Values:

## A vision for intra-professionalism for physicians

### What is it?

The CMA Charter of Shared Values aims to identify shared values and commitments to each other and to the profession to which physicians and learners can commit to promote trust and respect within the profession and for each other, and identify opportunities for engagement and leadership to promote civility and confront incivility within the profession.

### Why does it matter?

The Charter is intended to further strengthen professional responsibilities in support of a unified and aligned profession. We achieve the highest degree of both individual and collective success when we work together, commit together and believe together; when we share a clearly articulated set of common values, virtues and principles; and when we subscribe to the same explicit and implicit understandings.

## Commitments to Each Other:

### Our most important shared values



#### RESPECT

As a physician, I will strive to be respectful; I will recognize that everyone has inherent worth, is worthy of dignity, and has the right to be valued and respected, and to be treated ethically; I will respect others and their personal and professional dignity; and I will aim to promote and model respect through collaborative training and practice.



#### INTEGRITY

As a physician, I will strive to act with integrity; I will act in an honest and truthful manner, with consistency of intentions and actions; and I will act with moral concern to promote and model effective leadership and to achieve a good outcome for patients.



#### RECIPROCITY

As a physician, I will strive to cultivate reciprocal relationships; I will be kind with my physician colleagues, and expect them to respond similarly; I will share and exchange my knowledge and experience with them; and I will be generous with them in spirit and in time.



#### CIVILITY

As a physician, I will strive to be civil; I will respect myself and others, regardless of their role, even those with whom I may not agree; I will enter into communication with my physician colleagues with an attitude of active and open listening, whether it be in person, in writing, or virtually; and I will accept personal accountability.

# Commitments to the Profession

## 1. Commitment to promoting a culture of respect and collegiality

As a physician, I will strive to build a culture based on mutual respect and collegiality where physicians treat each other as people in a shared endeavor, and promote civility. I will strive to:

- *Cultivate* respectful, open, and transparent dialogue and relationships
- *Take responsibility* for promoting civility and confronting incivility within the profession
- *Recognize* the relative value among family medicine and specialties and across the educational spectrum, and of the profession's shared contributions within health systems
- *Model* healthy and supportive training and practice environments

## 2. Commitment to promoting a culture of self-care and support

As a physician, I will strive to build a culture of self-care and support where physicians are empowered to ask for help and are supported to care for their own physical, mental, and social well-being. I will strive to:

- *Value* physician health and wellness and promote a professional culture that recognizes, supports, and responds effectively to your needs and colleagues in-need
- *Cultivate* an environment of physical and psychological safety, conducive to challenging the status quo, as well as encouraging help-seeking behaviours, without fear of negative reprisal
- *Recognize* that both individual and system-level barriers contribute to health and wellness-related issues and advocate for cultural and systemic change to remove barriers

## 3. Commitment to promoting a culture of leadership and mentorship

As a physician, I will strive to foster a culture of leadership and mentorship across the career life cycle. I will strive to:

- *Encourage and enable* opportunities and participation in leadership roles across all levels of training, practice, and health system delivery
- *Promote and enable* formal and informal mentorship opportunities and leadership training across all levels of training and practice
- *Value* the exchange of knowledge and experience and encourage reflective relationships (bi-directional) across all levels of training and practice

## 4. Commitment to promoting a culture of inquiry and reflection

As a physician, I will strive to foster a culture of inquiry and reflection that values and enables reflective practice, individually and collectively. I will strive to:

- *Value and enable* collective inquiry and self-reflection to effect meaningful change
- *Foster* curiosity and exploration to identify strengths and capabilities of teams and health systems to generate new possibilities for action
- *Cultivate* strong connections and relationships between, and meaningful interactions with, colleagues

## 5. Commitment to promoting a culture of quality

As a physician, I will strive to foster a culture of quality and quality improvement. I will strive to:

- *Foster* intra- and inter-professional collaborations and promote collaborative models of care
- *Provide* high quality patient care and have a view to continuous improvement at the practice and system level, and commit to developing and applying the skills and techniques of quality improvement
- *Understand* that quality improvement is a critical and life-long part of education and practice; participate in maintaining professional standards in myself and my colleagues
- *Engage* patients, families, and caregivers in the process of improvement

## 6. Commitment to valuing a culture of diversity

As a physician, I will strive to foster a community of practitioners that reflects the diversity of the communities they serve. I will strive to:

- *Promote* diversity within the profession to be receptive and responsive to the evolving (physical, emotional, cultural, socioeconomic) needs of our patient populations
- *Foster* a training and practice environment where diverse and unique perspectives, across generations, cultures and abilities, are heard and appreciated
- *Foster* diversity in leadership across the full spectrum of leadership roles within the profession and health systems
- *Value* the importance of these perspectives within the medical profession, even when they may not be my own patients, families, and caregivers in the process of improvement



World Health  
Organization

# WHO values charter

Our values  
Our DNA



Trusted to serve public health at all times



Professionals committed to excellence in health



Persons of integrity



Collaborative colleagues and partners



People caring about people

Promote health | Keep the world safe | Serve the vulnerable

# WHO values charter

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People caring about people

First Session, Forty-fourth Parliament,  
70 Elizabeth II, 2021

Première session, quarante-quatrième législature,  
70 Elizabeth II, 2021

HOUSE OF COMMONS OF CANADA

CHAMBRE DES COMMUNES DU CANADA

## BILL C-3

## PROJET DE LOI C-3

An Act to amend the Criminal Code and the  
Canada Labour Code

Loi modifiant le Code criminel et le Code  
canadien du travail

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**AS PASSED**

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**ADOPTÉ**

BY THE HOUSE OF COMMONS

PAR LA CHAMBRE DES COMMUNES

DECEMBER 16, 2021

LE 16 DÉCEMBRE 2021

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## SUMMARY

This enactment amends the *Criminal Code* to, among other things,

- (a)** create an offence of intimidating a person in order to impede them from obtaining health services, intimidating a health professional in order to impede them in the performance of their duties or intimidating a person who assists a health professional in order to impede the person in providing that assistance;
- (b)** create an offence of obstructing or interfering with a person's lawful access to a place at which health services are provided, subject to a defence of attending at the place for the purpose only of obtaining or communicating information; and
- (c)** add the commission of an offence against a person who was providing health services and the commission of an offence that had the effect of impeding another person from obtaining health services as aggravating sentencing factors for any offence.

It also amends the *Canada Labour Code* to, among other things,

- (a)** extend the period during which an employee may take a leave of absence from employment in the event of the death of a child and provide for the entitlement of an employee to a leave of absence in the event of the loss of an unborn child;
- (b)** repeal the personal leave that an employee may take to treat their illness or injury;
- (c)** provide that an employee may earn and take up to 10 days of medical leave of absence with pay in a calendar year; and
- (d)** authorize the Governor in Council to make regulations to modify, in certain circumstances, the provisions respecting medical leave of absence with pay.

## SOMMAIRE

Le texte modifie le *Code criminel* afin, notamment :

- a)** d'ériger en infraction le fait d'intimider une personne en vue de lui nuire dans l'obtention de services de santé, d'intimider un professionnel de la santé en vue de lui nuire dans l'exercice de ses attributions ou d'intimider une personne qui appuie un professionnel de la santé en vue de lui nuire dans la prestation de son appui;
- b)** d'ériger en infraction le fait d'empêcher ou de gêner l'accès légitime par autrui à un endroit où des services de santé sont fournis et de prévoir à cet égard un moyen de défense pour les cas où une personne se trouve à cet endroit aux seules fins d'obtenir ou de communiquer des renseignements;
- c)** de prévoir que le fait pour toute infraction d'avoir été perpétrée à l'encontre d'une personne qui fournissait des services de santé ou d'avoir eu pour effet de nuire à l'obtention par autrui de services de santé constitue des circonstances aggravantes lors de la détermination de la peine.

Il modifie également le *Code canadien du travail* afin notamment :

- a)** de prolonger la durée du congé auquel a droit un employé en cas de décès d'un enfant et de prévoir qu'un employé a droit à un congé en cas de perte d'un enfant à naître;
- b)** d'abroger le congé personnel que l'employé peut prendre pour soigner sa maladie ou sa blessure;
- c)** de prévoir que l'employé peut acquérir et prendre au plus dix jours de congé payé pour raisons médicales par année civile;
- d)** de conférer au gouverneur en conseil le pouvoir de prendre des règlements pour adapter, dans certaines circonstances, les dispositions concernant le congé payé pour raisons médicales.



## BILL C-3

An Act to amend the Criminal Code and the Canada Labour Code

Her Majesty, by and with the advice and consent of the Senate and House of Commons of Canada, enacts as follows:

R.S., c. C-46

### Criminal Code

**1 Paragraph (a) of the definition *offence* in section 183 of the *Criminal Code* is amended by adding the following after subparagraph (lxxi):** 5

**(lxxi.1)** section 423.2 (intimidation — health services),

**2 The Act is amended by adding the following after section 423.1:** 10

#### Intimidation — health services

**423.2 (1)** Every person commits an offence who engages in any conduct with the intent to provoke a state of fear in

**(a)** a person in order to impede them from obtaining health services from a health professional; 15

**(b)** a health professional in order to impede them in the performance of their duties; or

**(c)** a person, whose functions are to assist a health professional in the performance of the health professional's duties, in order to impede that person in the performance of those functions. 20

#### Obstruction or interference with access

**(2)** Every person commits an offence who, without lawful authority, intentionally obstructs or interferes with another person's lawful access to a place at which health services are provided by a health professional. 25

## PROJET DE LOI C-3

Loi modifiant le Code criminel et le Code canadien du travail

Sa Majesté, sur l'avis et avec le consentement du Sénat et de la Chambre des communes du Canada, édicte :

L.R., ch. C-46

### Code criminel

**1 L'alinéa a) de la définition de *infraction*, à l'article 183 du *Code criminel*, est modifié par adjonction, après le sous-alinéa (lxxi), de ce qui suit :** 5

**(lxxi.1)** l'article 423.2 (intimidation — services de santé),

**2 La même loi est modifiée par adjonction, après l'article 423.1, de ce qui suit :** 10

#### Intimidation — services de santé

**423.2 (1)** Commet une infraction quiconque agit de quelque manière que ce soit dans l'intention de provoquer la peur :

**a)** soit chez une personne en vue de lui nuire dans l'obtention de services de santé fournis par un professionnel de la santé; 15

**b)** soit chez un professionnel de la santé en vue de lui nuire dans l'exercice de ses attributions;

**c)** soit chez une personne dont les fonctions consistent à appuyer un professionnel de la santé dans l'exercice de ses attributions en vue de lui nuire dans l'exercice de ces fonctions. 20

#### Empêcher ou gêner l'accès

**(2)** Commet une infraction quiconque, sans autorisation légitime, empêche ou gêne intentionnellement l'accès légitime par autrui à un endroit où des services de santé sont offerts par un professionnel de la santé. 25

## Punishment

**(3)** Every person who commits an offence under subsection (1) or (2) is

**(a)** guilty of an indictable offence and liable to imprisonment for a term of not more than 10 years; or

**(b)** guilty of an offence punishable on summary conviction. 5

## Defence

**(4)** No person is guilty of an offence under subsection (2) by reason only that they attend at or near, or approach, a place referred to in that subsection for the purpose only of obtaining or communicating information. 10

## Definition of *health professional*

**(5)** In this section, *health professional* means a person who is entitled under the laws of a province to provide health services.

**3 Paragraph (c) of the definition *secondary designated offence* in section 487.04 of the Act is amended by adding the following after subparagraph (xi):** 15

**(xi.01)** subsection 423.2(1) (intimidation — health services),

**4 (1) Subsection 515(4.1) of the Act is amended by adding the following after paragraph (b.1):** 20

**(b.11)** an offence under subsection 423.2(1) (intimidation — health services),

## Peine

**(3)** Quiconque commet une infraction prévue aux paragraphes (1) ou (2) est coupable :

**a)** soit d'un acte criminel passible d'un emprisonnement maximal de dix ans;

**b)** soit d'une infraction punissable sur déclaration de culpabilité par procédure sommaire. 5

## Moyen de défense

**(4)** Nul n'est coupable de l'infraction prévue au paragraphe (2) du seul fait qu'il se trouve dans un endroit visé à ce paragraphe, ou près de cet endroit, ou qu'il s'en approche, aux seules fins d'obtenir ou de communiquer des renseignements. 10

## Définition de *professionnel de la santé*

**(5)** Au présent article, *professionnel de la santé* s'entend de la personne autorisée par le droit d'une province à fournir des services de santé.

**3 L'alinéa c) de la définition de *infraction secondaire*, à l'article 487.04 de la même loi, est modifié par adjonction, après le sous-alinéa (xi), de ce qui suit :** 15

**(xi.01)** paragraphe 423.2(1) (intimidation — services de santé), 20

**4 (1) Le paragraphe 515(4.1) de la même loi est remplacé par ce qui suit :**

## Condition additionnelle

**(4.1)** Lorsqu'il rend une ordonnance en vertu du paragraphe (2) dans le cas d'une infraction perpétrée avec usage, tentative ou menace de violence contre autrui, d'une infraction de terrorisme, de l'infraction visée aux articles 264 (harcèlement criminel) ou 423.1 (intimidation d'une personne associée au système judiciaire) ou au paragraphe 423.2(1) (intimidation — services de santé), d'une infraction à l'un des articles 9 à 14 de la *Loi sur le cannabis*, d'une infraction à l'un des articles 5 à 7 de la *Loi réglementant certaines drogues et autres substances*, d'une infraction relative à une arme à feu, une arbalète, une arme prohibée, une arme à autorisation restreinte, un dispositif prohibé, des munitions, des munitions prohibées ou des substances explosives, d'une infraction visée au paragraphe 20(1) de la *Loi sur la protection de l'information*, ou d'une infraction visée aux paragraphes 21(1) ou 22(1) ou à l'article 23 de cette loi commise à l'égard d'une infraction visée au paragraphe 20(1) de cette loi, le juge de paix doit, s'il en arrive à la conclusion qu'il est souhaitable de le faire pour la sécurité du prévenu, de la victime ou de toute autre personne, 25 30 35 40

**(2) Paragraph 515(4.3)(b) of the Act is replaced by the following:**

**(b)** an offence described in section 264 or 423.1 or subsection 423.2(1);

**5 (1) Paragraph 718.2(a) of the Act is amended by adding the following after subparagraph (iii.1):**

**(iii.2)** evidence that the offence was committed against a person who, in the performance of their duties and functions, was providing health services, including personal care services,

**(2) Paragraph 718.2(a) of the Act is amended by striking out “or” at the end of subparagraph (v), by adding “and” at the end of subparagraph (vi) and by adding the following after subparagraph (vi):**

**(vii)** evidence that the commission of the offence had the effect of impeding another person from obtaining health services, including personal care services,

R.S., c. L-2

## Canada Labour Code

**6 Paragraph 206.6(1)(a) of the *Canada Labour Code* is repealed.**

**6.1 Subsection 210(1) of the Act is replaced by the following:**

**Employee entitled**

**210 (1)** Except when subsection (1.01) or (1.02) applies, every employee is entitled to and shall be granted, in the event of the death of a member of their immediate family or a family member in respect of whom the employee is, at the time of the death, on leave under section 206.3 or 206.4, a leave of absence from employment of up to 10 days that may be taken during the period that begins on the day on which the death occurs and ends six weeks after the latest of the days on which any funeral, burial or memorial service of that deceased person occurs.

**Employee entitled — child**

**(1.01)** Every employee is entitled to and shall be granted, in the event of the death of a child of the employee or the death of a child of their spouse or common-law

assortir l’ordonnance d’une condition lui interdisant, jusqu’à ce qu’il soit jugé conformément à la loi, d’avoir en sa possession de tels objets ou l’un ou plusieurs de ceux-ci.

**(2) L’alinéa 515(4.3)b) de la même loi est remplacé par ce qui suit :**

**b)** infraction visée aux articles 264 ou 423.1 ou au paragraphe 423.2(1);

**5 (1) L’alinéa 718.2a) de la même loi est modifié par adjonction, après le sous-alinéa (iii.1), de ce qui suit :**

**(iii.2)** que l’infraction a été perpétrée à l’encontre d’une personne qui, dans l’exercice de ses attributions, fournissait des services de santé, notamment des services de soins personnels,

**(2) L’alinéa 718.2a) de la même loi est modifié par adjonction, après le sous-alinéa (vi), de ce qui suit :**

**(vii)** que l’infraction perpétrée a eu pour effet de nuire à l’obtention par autrui de services de santé, notamment des services de soins personnels;

L.R., ch. L-2

## Code canadien du travail

**6 L’alinéa 206.6(1)a) du *Code canadien du travail* est abrogé.**

**6.1 Le paragraphe 210(1) de la même loi est remplacé par ce qui suit :**

**Droit**

**210 (1)** Sauf lorsque les paragraphes (1.01) ou (1.02) s’appliquent, en cas de décès d’un proche parent ou d’un membre de la famille relativement auquel il est, au moment du décès, en congé au titre des articles 206.3 ou 206.4, l’employé a droit à un congé d’au plus dix jours qui peut être pris pendant la période qui commence à la date du décès et se termine six semaines après la date des funérailles de la personne décédée, de son inhumation ou du service commémoratif tenu à son égard, selon celle qui est la plus éloignée.

**Droit — enfant**

**(1.01)** Dans le cas où son enfant ou l’enfant de son époux ou conjoint de fait décède, l’employé a droit à un congé d’au plus huit semaines qui peut être pris pendant

partner, a leave of absence from employment of up to eight weeks that may be taken during the period that begins on the day on which the death occurs and ends 12 weeks after the latest of the days on which any funeral, burial or memorial service of the child occurs.

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### Employee entitled – stillbirth

**(1.02)** Every employee is entitled to and shall be granted, in the event of a stillbirth experienced by them or their spouse or common-law partner or where they would have been a *parent*, as defined in subsection 206.7(1), of the child born as a result of the pregnancy, a leave of absence from employment of up to eight weeks that may be taken during the period that begins on the day on which the stillbirth occurs and ends 12 weeks after the latest of the days on which any funeral, burial or memorial service in respect of the stillbirth occurs.

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### Definitions

**(1.03)** The following definitions apply in subsections (1.01) and (1.02).

**child** means

**(a)** a person who is under 18 years of age; or

**(b)** a person in respect of whom the employee or their spouse or common-law partner, as the case may be, is entitled to the Canada caregiver credit under paragraph 118(1)(d) of the *Income Tax Act*. (*enfant*)

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**stillbirth** means the complete expulsion or extraction of a fetus from a person on or after the twentieth week of pregnancy or after the fetus has attained at least 500 g, without any breathing, beating of the heart, pulsation of the umbilical cord or movement of voluntary muscle from the fetus after the expulsion or extraction. (*mortinaiissance*)

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**7 (1) Subsection 239(2) of the Act is replaced by the following:**

### Leave with pay

**(1.2)** An employee earns,

**(a)** in the case of an employee whose employment with an employer begins on or before the day on which this subsection comes into force, in the calendar year in which this subsection comes into force, after completing 30 days of continuous employment with the employer, three days of medical leave of absence with pay and, after 60 days of continuous employment with the employer, at the beginning of each month after completing one month of continuous employment

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la période qui commence à la date du décès et se termine douze semaines après la date des funérailles de l'enfant, de son inhumation ou du service commémoratif tenu à son égard, selon celle qui est la plus éloignée.

### Droit – mortinaiissance

**(1.02)** Dans le cas où l'employé ou son épouse ou conjointe de fait vit une mortinaiissance ou dans le cas où il aurait été le *parent*, au sens du paragraphe 206.7(1), de l'enfant qui serait né, l'employé a droit à un congé d'au plus huit semaines qui peut être pris pendant la période qui commence à la date de la mortinaiissance et se termine douze semaines après la date des funérailles, de l'inhumation ou du service commémoratif tenus à cet égard, selon celle qui est la plus éloignée.

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### Définitions

**(1.03)** Les définitions qui suivent s'appliquent aux paragraphes (1.01) et (1.02).

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**enfant** Personne âgée de moins de dix-huit ans ou pour qui l'employé ou son époux ou conjoint de fait, selon le cas, est admissible au crédit canadien pour aidant naturel au titre de l'alinéa 118(1)d) de la *Loi de l'impôt sur le revenu*. (*child*)

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**mortinaiissance** S'entend de l'expulsion ou de l'extraction complète du fœtus du corps d'une personne, à compter de la vingtième semaine de grossesse ou après que le fœtus a atteint un poids d'au moins 500 g, sans qu'il y ait, chez le fœtus, respiration, battement de cœur, pulsation du cordon ombilical ou contraction d'un muscle volontaire après cette expulsion ou extraction. (*stillbirth*)

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**7 (1) Le paragraphe 239(2) de la même loi est remplacé par ce qui suit :**

### Congé payé

**(1.2)** L'employé acquiert :

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**a)** dans le cas où sa date d'engagement auprès de l'employeur correspond ou est antérieure à la date d'entrée en vigueur du présent paragraphe, pour l'année civile au cours de laquelle ce paragraphe entre en vigueur, après trente jours de travail sans interruption pour l'employeur, trois jours de congé payé pour raisons médicales et, après soixante jours de travail sans interruption pour l'employeur, au début de chaque mois suivant un mois durant lequel il a travaillé sans interruption pour l'employeur, un jour de congé payé

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with the employer, one day of medical leave of absence with pay, up to a maximum of 10 days;

**(b)** in the case of an employee whose employment with an employer begins after the day on which this subsection comes into force, in the calendar year during which they were employed, after completing 30 days of continuous employment with the employer, three days of medical leave of absence with pay and, after 60 days of continuous employment with the employer, at the beginning of each month after completing one month of continuous employment with the employer, one day of medical leave of absence with pay, up to a maximum of 10 days; and

**(c)** in each subsequent calendar year, at the beginning of each month after completing one month of continuous employment with the employer, one day of medical leave of absence with pay, up to a maximum of 10 days.

#### Rate of wages

**(1.3)** Each day of medical leave of absence with pay that an employee takes must be paid at their regular rate of wages for their normal hours of work, and that pay is for all purposes considered to be wages.

#### Annual carry forward

**(1.4)** Each day of medical leave of absence with pay that an employee does not take in a calendar year is to be carried forward to January 1 of the following calendar year and decreases, by one, the maximum number of days that can be earned in that calendar year under subsection (1.2).

#### Division of leave with pay

**(1.5)** The medical leave of absence with pay may be taken in one or more periods. The employer may require that each period of leave be of not less than one day's duration.

#### Certificate — leave with pay

**(1.6)** The employer may, in writing and no later than 15 days after the return to work of an employee who has taken a medical leave of absence with pay of at least five consecutive days, require the employee to provide a certificate issued by a health care practitioner certifying that the employee was incapable of working for the period of their medical leave of absence with pay.

#### Certificate — leave without pay

**(2)** If a medical leave of absence without pay is three days or longer, the employer may require that the employee provide a certificate issued by a health care

pour raisons médicales, jusqu'à concurrence de dix jours;

**b)** dans le cas où sa date d'engagement auprès de l'employeur est postérieure à la date d'entrée en vigueur du présent paragraphe, pour l'année civile au cours de laquelle il a été engagé, après trente jours de travail sans interruption pour l'employeur, trois jours de congé payé pour raisons médicales et, après soixante jours de travail sans interruption pour l'employeur, au début de chaque mois suivant un mois durant lequel il a travaillé sans interruption pour l'employeur, un jour de congé payé pour raisons médicales, jusqu'à concurrence de dix jours;

**c)** pour toute année civile subséquente, au début de chaque mois suivant un mois durant lequel il a travaillé sans interruption pour l'employeur, un jour de congé payé pour raisons médicales, jusqu'à concurrence de dix jours.

#### Taux de salaire

**(1.3)** Chaque jour de congé payé pour raisons médicales pris par l'employé est payé à son taux régulier de salaire pour une journée normale de travail; l'indemnité de congé qui est ainsi payée est assimilée à un salaire.

#### Report annuel

**(1.4)** Les jours de congé payé pour raisons médicales non pris par l'employé dans l'année civile sont reportés au 1<sup>er</sup> janvier de l'année civile suivante et sont soustraits du nombre maximal de jours pouvant être acquis dans cette année au titre du paragraphe (1.2).

#### Division du congé payé

**(1.5)** Le congé payé pour raisons médicales peut être pris en une ou plusieurs périodes; l'employeur peut toutefois exiger que chaque période de congé soit d'une durée minimale d'une journée.

#### Certificat — congé payé

**(1.6)** L'employeur peut, par écrit et au plus tard quinze jours après le retour au travail de l'employé qui a pris un congé payé d'au moins cinq jours consécutifs pour raisons médicales, exiger que celui-ci lui présente un certificat délivré par un professionnel de la santé attestant qu'il était incapable de travailler pendant son congé payé.

#### Certificat — congé non payé

**(2)** Dans le cas où l'employé prend un congé non payé pour raisons médicales d'au moins trois jours, l'employeur peut exiger qu'il lui présente un certificat délivré

practitioner certifying that the employee was incapable of working for the period of their medical leave of absence without pay.

**(2) Subsection 239(13) of the Act is replaced by the following:**

#### Regulations

**(13)** The Governor in Council may make regulations

**(a)** defining terms for the purposes of this Division, including “regular rate of wages” and “normal hours of work”; and

**(b)** modifying any provision of this Division respecting the medical leave of absence with pay for the purposes of applying this Division to any class of employees if, in the opinion of the Governor in Council,

**(i)** the application of the provision without the modification would be unreasonable or inequitable in respect of the employees in that class or their employers, due to the work practices of that class, and

**(ii)** those employees will, despite the modification, earn periods of medical leave of absence with pay at a rate that is substantially equivalent to the rate provided for in subsection (1.2).

## Coming into Force

#### 30th day after royal assent

**8 (1)** Sections 1 to 5 come into force on the 30th day after the day on which this Act receives royal assent.

#### Order in council

**(2)** Sections 6 and 7 come into force on a day to be fixed by order of the Governor in Council.

#### Order in council

**(3)** Section 6.1 comes into force on a day to be fixed by order of the Governor in Council.

par un professionnel de la santé attestant qu’il était incapable de travailler pendant son congé non payé.

**(2) Le paragraphe 239(13) de la même loi est remplacé par ce qui suit :**

#### Règlements

**(13)** Le gouverneur en conseil peut, par règlement :

**a)** définir tout terme pour l’application de la présente section, notamment « taux régulier de salaire » et « journée normale de travail »;

**b)** adapter toute disposition de la présente section concernant le congé payé pour raisons médicales au cas de certaines catégories d’employés s’il estime, à la fois :

**(i)** que l’application de la disposition, dans son état actuel, serait inéquitable à l’égard des employés appartenant à ces catégories ou de leurs employeurs en raison des usages en matière de régime de travail de ces catégories d’employés,

**(ii)** que ces employés acquerront, malgré l’adaptation, des périodes de congé payé pour raisons médicales à un taux qui est essentiellement équivalent à celui prévu au paragraphe (1.2).

## Entrée en vigueur

#### Trentième jour suivant la sanction

**8 (1)** Les articles 1 à 5 entrent en vigueur le trentième jour suivant la date de sanction de la présente loi.

#### Décret

**(2)** Les articles 6 et 7 entrent en vigueur à la date fixée par décret.

#### Décret

**(3)** L’article 6.1 entre en vigueur à la date fixée par décret.



