



Board of Directors Meeting

March 5, 2026



**NOTICE
OF
BOARD OF DIRECTORS MEETING**

A meeting of the Board of Directors (Board) of the College of Physicians and Surgeons of Ontario (CPSO) will take place in person on March 5, 2026, in the CPSO Boardroom at 80 College Street, 3rd Floor, Toronto, Ontario.

The Board meeting will be open to members of the public who wish to attend in person. Members of the public who wish to observe the meeting in person will be required to [register online](#) by 4 p.m. on March 2. Details on this process are available on [CPSO's website](#).

The meeting will convene at 10:30 a.m. on Thursday, March 5, 2026.

Nancy Whitmore, MD, FRCSC, MBA, ICD.D
Registrar and Chief Executive Officer

February 13, 2026

Board of Directors Meeting Agenda

March 5, 2026



Time	#	Topic and Objective(s)	Page No.
10:30 am (10 mins)	1	Call to Order and Welcoming Remarks (P. Safieh)	–
10:40 am (5 mins)	2	Consent Agenda (P. Safieh) <i>Decision</i> 2.1 Board meeting agenda 2.2 <u>Draft minutes from the Board meeting held on November 27, 2025</u> 2.3 <u>Committee Appointments</u> 2.4 <u>Approval of Registration Policy Directives</u>	3 – 4 5 – 16 17 18 – 27
10:45 am (5 mins)	3	Information Items: <i>Information</i> 3.1 <u>Executive Committee Report</u> 3.2 <u>Ontario Physicians and Surgeons Discipline Tribunal Report</u> 3.3 <u>Medical Learners Reports</u> 3.4 <u>Update on Action Items</u> 3.5 <u>2027 Q1 Meeting Dates</u>	28 – 29 30 – 34 35 – 37 38 – 39 40
10:50 am (60 mins)	4	CEO/Registrar’s Report (N. Whitmore) <i>Discussion</i>	Verbal Report
11:50 am (10 mins)	5	Board Chair’s Report (P. Safieh) <i>Discussion</i>	Verbal Report
12:00 pm (60 mins)	LUNCH		
1:00 pm (30 mins)	6	Governance and Nominating Committee Report (A. Steen) <i>Decision</i> 6.1 <u>Academic Director Appointments</u> 6.2 <u>Executive Committee Appointment (Vacancy)</u>	41 – 42 43 – 44
1:30 pm (25 mins)	7	Proposed Changes to “Policies” and “Advice to the Profession” (T. Terzis) <i>Decision</i>	45 – 47
1:55 pm (20 mins)	8	Step #3: Final Approval: <u>Maintaining Appropriate Boundaries</u> (T. Terzis) <i>Decision</i>	48 – 56
2:15 pm (20 mins)	9	Step #3: Final Approval: <u>Delegation of Controlled Acts</u> (T. Terzis) <i>Decision</i>	57 – 64
2:35 pm (20 mins)	BREAK		
2:55 pm (15 mins)	10	<u>Draft Policy for Approval to Circulate: Exemption from the Medical Council of Canada Qualifying Examination</u> (S. Tulipano) <i>Decision</i>	65 – 67
3:10 pm (15 mins)	11	<u>Draft Policy for Approval to Circulate: Specialist Recognition Criteria in Ontario</u> (S. Tulipano) <i>Decision</i>	68 – 72
3:25 pm	*	<u>Motion to Move In-Camera</u>	73

Time	#	Topic and Objective(s)	Page No.
3:25 pm (50 mins)	12	In-Camera Session	Materials provided under separate cover
4:15 pm	13	Close Meeting (P. Safieh)	–
4:15 pm	*	Meeting Reflection Session (P. Safieh) <i>Discussion</i>	–

Attendees:

Baraa Achar
Madhu Azad
Lucy Becker
Faiq Bilal
Marie-Pierre Carpentier
Jill Cross
Lionel Marks de Chabris
Joan Fisk
Murthy Ghandikota
Vincent Georgie
Robert Gratton
Camille Lemieux
Lydia Miljan
Rupa Patel

Rob Payne
Ian Preyra
Sarah Reid (Board Chair)
Deborah Robertson
Linda Robbins
Virginia Roth
Patrick Safieh
Fred Sherman
Anu Srivastava
Andrea Steen
Ray Trask
Katina Tzanetos
Janet van Vlymen
Mitchell Whyne

Regrets:

Stephen Bird
Glen Bandiera
Jose Cordeiro
Paul Malette
Carys Massarella
Anne Walsh

Guests:

Julie Maggi
James Stewart

1. Call to Order and Welcoming Remarks

S. Reid, Board Chair, called the meeting to order at 9:00 a.m. Meeting regrets were noted.

J. van Vlymen provided the land acknowledgement as a demonstration of recognition and respect for Indigenous peoples of Canada.

The Board Chair introduced the new Public Directors, J. Cross and R. Trask, and invited them to share remarks.

No conflicts of interest were noted for the meeting.

2. Consent Agenda

S. Reid provided an overview of the Consent Agenda items for approval.

01-B-11-2025 – Consent Agenda

The following motion was moved by R. Gratton, seconded by M. Ghandikota:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves items 2.1 to 2.4 outlined in the consent agenda, which include in their entirety:

1. **The Board meeting agenda for November 27, 2025;**
2. **The draft minutes from the Board meeting held on September 25, 2025;**
3. **Committee Appointments**

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario appoints and re-appoints the following individuals, to the following Committees commencing at the close of the 2025 Annual Organizational Meeting of the Board (AOM) and expiring at the close of the 2026 AOM:

Committee	Names
Quality Assurance	Janet Hurst, Eric Letovsky
Finance and Audit	Sarah Reid
Premises Inspection	Richard Bowry, Winnie Leung, Colin McCartney, Wusun Paek, Chris Perkes, Kashif Pirzada, Suraj Sharma, Catherine Smyth, Robert Smyth, Michael Wan
Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) and Fitness to Practise Committee	Julie Maggie, James Stewart

- The Board of Directors¹ of the College of Physicians and Surgeons of Ontario appoints Diane Meschino to the Inquiries, Complaints and Reports for a 4-month term, commencing at the close of the 2025 AOM until March 30, 2026.

3. Committee Chair and Vice-Chair Appointments

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario appoints the following Committee Members as Chairs and/or Vice-Chairs, as noted below, to the following Committees, commencing at the close of the 2025 AOM and expiring at the close of the 2026 AOM:

Committee	Position	Name
Premises Inspection	Chair	Suraj Sharma

CARRIED

4. Items for Information

The following items were included in the Board's package for information:

- 4.1 Executive Committee Report
- 4.2 Ontario Physicians and Surgeons Discipline Tribunal Report
- 4.3 Medical Learners Reports
- 4.4 2025 Committee Annual Reports
- 4.5 Update on Board Action Items
- 4.6 2026 Q4 Meeting Dates

5. CEO/Registrar's Report

N. Whitmore, Chief Executive Officer and Registrar, presented her report to the Board. She provided an update on the 2025 key performance indicators. An overview of the following departments and programs was provided:

- Registration and Membership Services – highlighted the continued trend of a surge in applications from US physicians and provided an update about the Provisional and Retired Classes; reviewed the new automatic recognition process for labour mobility applicants entering Ontario under the Canadian Free Trade Agreement (CFTA) to be effective January 1, 2026, which enables mobility between provinces for eligible candidates licensed to practise medicine in Canada;
- Quality Improvement / Quality Assurance (QI/QA) – 31,844 physicians completed their first five-year QI and/or QA cycle;
- Accreditation: Out of Hospital Premises Inspection Program (OHP/IP) – Medical Director feedback on the pilot was shared;
- Investigations and Resolutions – KPI for complaint completion met; noted complaints volume increased by 10% over the previous year, but not necessarily an increase in serious complaints;
- Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) – meeting targets for case completion;
- Policy & Governance – reviewed the recently implemented policy process steps and the upcoming project to review existing policies; discussed committee and Chair/Vice-Chair education sessions;
- System Collaboration – additional work happening with stakeholders, including discussions regarding the national registry, other regulations and with the Canadian Medical Protective Association;
- Communications – updates on *Dialogue Magazine* content and the new Virtual Assistant on CPSO's website;

Updates were provided on CPSO operational and staff activities and N. Whitmore, the Chief

Executive Officer and Registrar, recognized National Physician Assistants Day (November 27, 2025).

5. Key Performance Indicators for 2026

N. Whitmore, Chief Executive Officer and Registrar, presented the proposed 2026 key performance indicators, targets, and metrics.

02-B-11-2025 – Key Performance Indicators for 2026

The following motion was moved by I. Preyra, seconded by C. Lemieux:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario adopts the following 2026 Key Performance Indicators (KPIs) to measure and report progress on the Strategic Plan:

1. Time From Licence Application Received to Licence Issued (Excluding Postgraduate Licences)
Target: 70 Business Days; 80th Percentile
2. Engage Physicians in the Quality Improvement Program (Excluding Postgraduate Licences)
Target: 6,000 Physicians
3. Engage OHP Medical Directors in New OHP Quality Improvement Program
Target: 70 OHPs
4. Time to Complete Complaints (Including Public Complaints & Registrars' Investigations)
Target: 150 Days; 80th Percentile
5. Time From Referral to Completion of Discipline Process
Target: 12 Months; 80th Percentile
6. Complete End-to-End Plan-Do-Check-Act (PDCA) of Policy Review Process
Target: Complete by End of 2026
7. Rebuild & Launch Website
Target: Go Live by Fall 2026
8. Implement Full Plan-Do-Check-Act (PDCA) Cycle for Province-wide Election Process
Target: Complete by Fall 2026

6. Board Chair's Report

S. Reid, Board Chair, reported on feedback from the September Board meeting and noted Directors' feedback on the level of preparedness appeared lower than usual. The next Board meeting will be a one-day meeting on March 5, 2026.

The Board Chair informed the Board of recent and upcoming changes in its membership. Public Directors, S. Bird and J. Cordeiro have resigned, and L. Becker will not be seeking re-appointment. Registrant Director, C. Kendall has resigned, creating a vacancy that will be addressed by the Governance and Nominating Committee in accordance with its mandate.

The Board Chair concluded by underscoring the importance of maintaining a consistent public-interest and risk-based perspective in all Board deliberations and decisions.

7. Governance and Nominating Committee Report

P. Safieh, Chair of the Governance and Nominating Committee (GNC), presented the GNC Report and provided an overview of the GNC's work during his term, as well as key priorities for the upcoming year. He acknowledged the contributions of the 2024/25 GNC members: M. Azad, L. Becker, R. Payne, and I. Preyra, and noted the incoming GNC Chair, A. Steen, for attending the final GNC meeting of the term as an observer to facilitate the transition. He outlined the GNC's focus for 2026 and explained the process for filling the Academic Director vacancy on the Board at the March 2026 Board meeting.

Item 7.1: Committee Service Expectations for Board Directors

C. Allan, Director, Policy & Governance, presented the Committee Service Expectations for Board Directors to formalize minimum requirements. The expectations align with legislative requirements under the *Regulated Health Professions Act, 1991 (RHPA)* that Registrant Directors serve on the OPSDT, and Public Directors serve on OPSDT and the Inquiries, Complaints and Reports Committee. For Registrant Directors, clarity regarding this expectation will be provided in the application process on a go forward basis. A Board Director suggested that the item be for discussion and not decision, however, after discussing the item, the Board put forward the motion.

03-B-11-2025 – Committee Service Expectations for Board Directors

It was moved by L. Becker, and seconded by J. Fisk:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the Committee Service Expectations for Board Directors (a copy of which forms Appendix "A" to the minutes of this meeting).

CARRIED

8. Governance and Nominating Committee Election for 2025/26

S. Reid, Board Chair, advised the Board that, following confirmation that L. Becker will not seek re-appointment, there is a vacancy on the GNC for a Public Director. A call for interested candidates for election to GNC was made to the Board. One application was received from F. Sherman. Since only one application was received, there will be an acclamation. F. Sherman addressed the Board and spoke to his qualifications pertaining to the GNC.

04-B-11-2025 – 2025-26 Governance and Nominating Committee (GNC) Election

It was moved by D. Robertson and seconded by L. Marks de Chabris:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario appoints: Fred Sherman (Public Director), to the Governance and Nominating Committee for the year that commences at the close of the Annual Organizational Meeting of the Board in 2025.

CARRIED

Motion to Go in-camera

05-B-11-2025 – Motion to Go In-Camera

It was moved by L. Miljan, and seconded by A. Steen:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario exclude the public from the part of the meeting immediately after this motion is passed, under clauses 7(2)(b) and (d) of the *Health Professions Procedural Code* (set out below).

Exclusion of public

- 7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,
- (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
 - (d) personnel matters or property acquisitions will be discussed.

CARRIED

9. In-Camera Items

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario entered an In-Camera session at 11:30 a.m. and returned to the open session at 12:30 p.m.

10. Step #3: Final Approval: Physician Assistants Policy

A. Chopra, Associate Registrar, presented the *Physician Assistants* policy for final approval, noting its purpose to clarify professional obligations and provide a concise reference document.

Feedback from stakeholders, including the Canadian Association of Physician Assistants, was mostly positive, with requests for minor clarifications that have been addressed.

06-B-11-2025 – New Policy: *Physician Assistants*

It was moved by D. Robertson, and seconded by B. Achtar:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the new policy, "*Physician Assistants*", as a policy of the College (a copy of which forms Appendix "B" to the minutes of this meeting).

CARRIED

11. Proposed By-law Amendments for Final Approval: Fees relating to the Retired Class of Registration

S. Tulipano, Director of Registration and Membership Services, presented the proposed By-law amendments for final approval regarding fees for the retired class of registration. The amendment sets the fee at 50% of the annual membership fee, with no application fee.

07-B-11-2025 – By-law Amendments: Fees relating to the Retired Class of Registration

It was moved by L. Marks de Chabris, and seconded by R. Payne:

The Board of Directors¹ of College of Physicians and Surgeons of Ontario amends the CPSO By-laws (By-law No. 168) as set out below, to be effective on the date the pending amendments to Ontario Regulation 865/93 that create the Retired Class of registration come into effect:

1. The first sentence of Section 17.1.1 of the CPSO By-laws is revoked and substituted with the following:

A person who submits an application for a certificate of registration or authorization shall pay an application fee, except that no application fee applies to a person who submits an application for a certificate of registration in the retired class.

2. Section 18.1.2 of the CPSO By-laws is revoked and substituted with the following:

18.1.2 Annual fees as of June 1, 2018, are as follows:

- (a) \$1,725 for a holder of a certificate of registration other than a certificate of registration authorizing postgraduate education, a certificate of registration authorizing supervised practice of a short duration, a certificate of registration authorizing temporary independent practice, a certificate of registration in the retired class, or a certificate of registration authorizing practice as a physician assistant;
- (b) for a holder of a certificate of registration authorizing postgraduate education applying to renew the holder's certificate of registration, 20% of the annual fee set out in Section 18.1.2(a);

- (c) for a holder of a certificate of registration authorizing practice as a physician assistant or a certificate of registration authorizing practice in emergency circumstances for physician assistants, \$425;
- (d) despite Sections 18.1.2(a), (b) and (c), where the holder of a certificate of registration will be taking parental leave for a period of four months or longer during the membership year for which the annual fee applies because the holder is pregnant, has recently given birth or will be caring for their newborn or newly adopted child, the annual fee for such membership year is 50% of the annual fee applicable to the holder of the certificate of registration as set out in Sections 18.1.2(a), (b) and (c), so long as the holder applies to the College for this parental leave reduced annual fee prior to the close of the annual renewal period for such membership year. If an application for the parental leave reduced annual fee is received after the close of such annual renewal period, the parental leave reduced annual fee will be applied to the following membership year. The parental leave reduced annual fee is not available for holders of a certificate of registration authorizing supervised practice of a short duration. This Section 18.1.2(d) only applies to annual fees for membership years commencing on or after June 1, 2020; and
- (e) for a holder of a certificate of registration in the retired class, 50% of the annual fee set out in Section 18.1.2(a).

CARRIED

12. Approve Updates to Registration Policies Relating to the Provisional Class of Registration

S. Tulipano, Director of Registration and Membership Services, presented the updates to registration policies relating to the Provisional Class of Registration. The change aligns with the *Ontario Regulation 865/93* regulatory amendments approved at the September 2025 Board meeting and applies to existing policies without any substantive changes.

08-B-11-2025 – Revised Registration Policies to Convert Restricted Certificates to Provisional Certificates

It was moved by R. Patel, and seconded by L. Becker:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the revised policies listed below, as policies of the College (copies of which form Appendices "C", "D", "E", "F", "G", "H", "I", "J", and "K" to the minutes of this meeting), to be effective on the date the pending amendments to Ontario Regulation 865/93 that create the Provisional Class of registration come into effect:

- Provisional Certificate of Registration for Exam Eligible Candidates (formerly, Restricted Certificate of Registration for Exam Eligible Candidates)
- Alternative Pathways to Registration for Physicians Trained in the United States
- Recognition of Certification without Examination Issued by the CFPC
- Recognition of RCPSC Subspecialist Affiliate Status

- Practice Ready Assessment Program (PRA)
- Provisional Certificate of Registration for RCPSC Practice Eligibility Route (PER) (formerly, Restricted Certificate of Registration for RCPSC Practice Eligibility Route (PER))
- Academic Registration Policy
- Postgraduate Education Term for Clinical Fellows
- Residents Working Additional Hours for Pay

CARRIED

13. Certificate of Registration for Off-Cycle Residents

S. Tulipano, Director, Registration and Membership Services, presented a new Certificate of Registration for Off-Cycle Residents policy to address licensing gaps for residents who complete core training and pass the Royal College of Physicians and Surgeons of Canada (RCPSC) certification exam off-cycle but are awaiting subspecialty training. Licensing gaps for off-cycle residents are a growing issue due to competency-based education and parental leaves of absence. The proposed policy addresses the issue by offering a certificate allowing such residents to practice under supervision for up to 12 months or until subspecialty training begins. Following questions and discussion, the Board expressed support for approving the proposed policy for notice and consultation.

09-B-11-2025 – Draft Policy for Notice and Consultation: Certificate of Registration for Off-Cycle Residents

It is moved by M. Whyne, and seconded by V. Roth:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario engage in the notice and consultation process in accordance with Section 22.21 of the *Health Professions Procedural Code* in respect of the draft policy, "*Certificate of Registration for Off-Cycle Residents*" (a copy of which forms Appendix "L" to the minutes of this meeting).

CARRIED

14. Proposal to Rescind Statements: Interprofessional Collaboration and Female Genital Cutting (Mutilation)

T. Terzis, Manager, Policy & Governance, presented a proposal to rescind two statements currently published on CPSO's website: *Interprofessional Collaboration* and *Female Genital Cutting (Mutilation)*. These statements were deemed redundant as their content is addressed in existing legislation, policies, and guidance documents such as *Essentials of Medical Professionalism* and the *Professional Behaviour* policy. Removing these statements aligns with CPSO's modernization efforts and commitment to Right-Touch regulation by streamlining regulatory tools and reducing duplication.

10-B-11-2025 – Rescission of Statements: Interprofessional Collaboration and Female Genital Cutting (Mutilation)

It is moved by J. Fisk, and seconded by L. Robbins:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario rescinds the statements “*Interprofessional Collaboration*” and “*Female Genital Cutting (Mutilation)*” (copies of which form Appendix “M” and “N”, respectively, to the minutes of this meeting).

CARRIED

15. Proposal to Rescind: Public Health Emergencies Policy

T. Terzis, Manager, Policy & Governance, presented a proposal to rescind the *Public Health Emergencies* policy, originally approved in 2009 and last reviewed in 2018. The policy requires physicians to provide services during public health emergencies, stay informed, and permits practice outside scope in certain circumstances. Following review and discussion with the Policy Working Group, the policy was deemed redundant and rarely used, even during COVID-19. Guidance is better provided through issue-specific resources and existing professionalism principles. Rescinding the policy aligns with CPSO’s modernization efforts and Right-Touch regulation.

11-B-11-2025 – Rescission of Policy: Public Health Emergencies

It is moved by L. Miljan, and seconded by V. Georgie:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario rescinds the policy “*Public Health Emergencies*” (copy of which forms Appendix “O” to the minutes of this meeting).

CARRIED

16. Step #2: Review Feedback and Discussion: Delegation of Controlled Acts

T. Terzis, Manager, Policy & Governance, presented the “*Delegation of Controlled Acts*” policy and the “*Advice to the Profession: Delegation of Controlled Acts.*” She informed the Board of the proposed revisions and the feedback received from consultation.

The feedback from the Board’s small group discussion will be presented to the Policy Working Group, and a final draft of the policy will be submitted for approval at the March Board meeting. The Board discussed the policy in small groups and then presented comments and questions to the Board.

17. Step #2: Review Feedback and Discussion: Maintaining Appropriate Boundaries

T. Terzis, Manager, Policy & Governance, presented the “*Maintaining Appropriate Boundaries*” policy and the “*Advice to the Profession: Maintaining Appropriate Boundaries.*” She informed the Board of the proposed revisions and the feedback received from consultation.

The feedback from the Board's small group discussion will be presented to the Policy Working Group, and a final draft of the policy will be submitted for approval at the March Board meeting. The Board discussed the policy in small groups and then presented comments and questions to the Board.

18. Approval of the recommended annual fee increase for Out of Hospital (OHP) facilities and Budget 2026

N. Novak, Chief Operating Officer, presented the proposed 2026 Operating and Capital Budgets and the recommended annual fee increase for Out-of-Hospital Premises (OHP) facilities. The OHP fee increase to \$7,500 effective February 1, 2026 will bring the program back to full cost recovery. She also provided an overview of the 2026 budget highlights.

Following questions and discussion, the Board expressed support for approving the 2026 Operating and Capital Budgets and proposed OHP fee increase.

12-B-11-2025 – For Approval: 2026 Operating Budget, 2026 Capital Budget and OHP Fee Increase

It was moved by J. Fisk, and seconded by F. Bilal:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the following budgets authorizing expenditures for the benefit of the College during the year 2026, and the fee increase set out below:

1. the 2026 Operating budget in the amounts of \$90.9 million in revenues, \$91.5 million in expenses, and a planned deficit of \$586 thousand;
2. the 2026 Capital budget in the amount of \$1.6 million in capital asset expenses; and
3. an increase in the Out-of-Hospital Premise (OHP) facilities fee to \$7,500 effective February 1, 2026.

CARRIED

19. Board Chair Items

The following Board Chair items were presented to the Board:

1. Acknowledge Outgoing Directors
2. Board Chair Address
3. Induction of New Board Chair
4. Welcome Incoming Directors

S. Reid, Board Chair, recognized the contributions of the following outgoing Directors:

- L. Becker
- S. Bird

- J. Cordeiro
- R. Gratton
- C. Massarella
- I. Preyra
- J. van Vlymen

Each of the outgoing Directors in attendance were given the opportunity to address the Board.

S. Reid addressed the Board and reflected on the past year. S. Reid welcomed P. Safieh to his role as CPSO Board Chair for the 2025/26 year.

P. Safieh was inducted as the new Board Chair. P. Safieh addressed the Board, thanked S. Reid for her leadership and welcomed incoming Directors, Roy Kirkpatrick, J. Maggi, and J. Stewart.

20. Close Meeting

S. Reid, Board Chair, closed the meeting at 4:43 p.m. The next Board meeting is scheduled for March 5, 2026.

Board Chair

Recording Secretary

MARCH 2026

Title:	Committee Appointments (For Decision)
Main Contact:	Cameo Allan, Director, Policy & Governance
Question for Board:	Does the Board wish to appoint the individuals as laid out in this Briefing Note?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board is asked to approve three new committee appointments.
- Ensuring that CPSO have qualified and diverse members allows CPSO to carry out its strategic objectives and fulfill its mandate to serve in the public interest.

Current Status & Analysis

New Appointment for Finance and Audit Committee

- The leadership of the Finance and Audit Committee (FAC) recommends Linda Robbins, Public Director, for a term starting March 5 until the close of the 2026 Annual Organizational Meeting (AOM).

New Member Appointments for Inquiries, Complaints and Reports Committee

- The leadership of ICRC recommends appointing the following candidates for a term starting March 5 until the close of the 2026 AOM:

Committee	Registrant Name	Specialty
Inquiries, Complaints and Reports	Karen Ferguson	Family Medicine
	Vivian Sapirman	Psychiatry

MARCH 2026

Title:	Approval of Registration Policy Directives (For Decision)
Main Contact:	Samantha Tulipano, Director, Registration & Membership Services
Attachments:	<p>Appendix A: Academic Registration Directive</p> <p>Appendix B: Alternative Pathways to Registration for Physicians Trained in the United States Directive</p> <p>Appendix C: Clinical Fellow PEAP Exemption Directive</p> <p>Appendix D: Provisional Certificate of Registration to Independent Practice Certificate of Registration Directive</p>
Question for Board:	Does the Board approve the proposed Directives?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board is asked to approve the proposed Directives to the Registrar with respect to the policies in the appendices, to enable the registration of applicants who satisfy the Directives at staff level without referral to the Registration Committee.

Current Status & Analysis

- The Registration Committee continues to manage a substantial volume of applications driven by multiple registration policies. Cumulatively, the *Academic Registration* policy, the *Clinical Fellow PEAP Exemption* policy and the *Pathway A* policy under the *Alternative Pathways to Registration for Physicians Trained in the United States* account for approximately 40% of the cases reviewed by the Registration Committee. These submissions necessitate substantial resources to process, despite their straightforward nature and routine approval by the Committee.
- Furthermore, recent amendments to *Ontario Regulation 865/93* which established a new Provisional Class of Registration has expanded the Committee’s responsibilities. Under the Provisional Class, Section 10.1(3), physicians who have held a provisional certificate of registration for at least 5 years may apply for an Independent Practice certificate of registration. Under the Regulation, these applications must be decided by the Registration Committee.
- These applications are deemed low risk, given that the physician has an established practice history in Ontario and no additional practice restrictions.
- Since October 2018 the Registration Committee has issued a series of Directives to the Registrar which provide that, if an applicant has satisfied the requirements of a particular policy, and all other requirements for registration are met, including the non-exemptible requirements set out in Section 2(1) of *Ontario Regulation 865/93* (the “Registration Regulation”), the Committee considers the relevant section of the Registration Regulation to be satisfied, thus allowing for these applications to be processed and approved at the staff level, without referral to the Registration Committee.
- With the Board’s approval of the proposed Directives, these applications would be processed at the staff level, resulting in a more efficient process and certificates of registration would be issued to applicants a minimum of 3 weeks earlier.

Specific Direction to the Registrar from the Registration Committee
Academic Registration – Assistant Professors

Where an applicant meets the following criteria:

1. The applicant has a degree in medicine as defined in [Ontario Regulation 865/93 under the Medicine Act, 1991](#); **and**
2. The applicant:
 - i. holds specialist certification by the Royal College of Physicians and Surgeons of Canada (“RCPSC”) or the College of Family Physicians of Canada (“CFPC”), **or**
 - ii. holds specialist certification by a board in the United States of America that is a regular member of a board of the American Board of Medical Specialties, **or**
 - iii. is recognized as a specialist in the jurisdiction where the applicant practises medicine by an organization outside of North America that recognizes medical specialties, and the organization which recognized the applicant as a medical specialist did so using standards that are substantially similar to the standards of the RCPSC or the CFPC; **and**
3. The applicant has been offered a full time clinical academic appointment to the faculty of an accredited medical school in Ontario at the rank of assistant professor; **and**
4. The applicant is recognized in the same discipline that the applicant is being recruited for appointment in Ontario; **and**
5. The applicant has a written job description stating that the applicant will be involved in clinical practice, teaching, research, administration, or clinical development and evaluation or some combination of these; **and**
6. The applicant has an agreement from the medical school to assess the applicant’s clinical and academic performance and to submit annual reports in a form that is satisfactory to the CPSO; **and**
7. The applicant has completed all requirements of the College application; **and**
8. The applicant provides evidence of CMPA Coverage; **and**
9. The applicant satisfies the non-exemptible registration requirements.

The Registration Committee approves the Registrar imposing the following terms, conditions and limitations on the applicant’s certificate of registration:

1. Dr. [FULL NAME] may practise medicine only in a setting that is approved by the Chair of the department in which Dr. [FULL NAME] holds an academic appointment at the rank of assistant professor, and in accordance with the requirements of Dr. [FULL NAME]’s academic appointment.
2. The certificate automatically expires when Dr. [FULL NAME] no longer holds the academic appointment.

3. The certificate of registration automatically expires seven years from the date of issuance, or when Dr. [FULL NAME] no longer holds the academic appointment at the rank of assistant professor.
4. The certificate of registration automatically expires, but may be renewed by the Registration Committee, with or without terms, conditions and limitations, if the Registration Committee:
 - (i) receives a report indicating that Dr. [FULL NAME]'s clinical performance, knowledge, skill, judgment, professional conduct, or academic progress is unsatisfactory, or
 - (ii) does not receive an annual report, or
 - (iii) receives a report that is unsatisfactory in form or content.

Specific Direction to the Registrar from the Registration Committee
Academic Registration – Associate or Full Professors

Where an applicant meets the following conditions:

1. The applicant has a degree in medicine as defined in [Ontario Regulation 865/93 under the Medicine Act, 1991](#); **and**
2. The applicant:
 - i. holds specialist certification by the Royal College of Physicians and Surgeons of Canada (“RCPSC”) or the College of Family Physicians of Canada (“CFPC”), **or**
 - ii. holds specialist certification by a board in the United States of America that is a regular member of a board of the American Board of Medical Specialties, **or**
 - iii. is recognized as a specialist in the jurisdiction where the applicant practises medicine by an organization outside of North America that recognizes medical specialties, and the organization which recognized the applicant as a medical specialist did so using standards that are substantially similar to the standards of the RCPSC or the CFPC; **and**
3. The applicant has been offered a full time clinical academic appointment to the faculty of an accredited medical school in Ontario at the rank of associate or full professor; **and**
4. The applicant is recognized in the same discipline the applicant is being recruited for appointment in Ontario; **and**
5. The applicant has completed all requirements of the College application; **and**
6. The applicant provides evidence of CMPA Coverage; **and**
7. The applicant satisfies the non-exemptible registration requirements.

The Registration Committee approves the Registrar imposing the following terms, conditions and limitations on the applicant’s certificate of registration:

1. Dr. [FULLNAME] may practise medicine only,
 - (i) in a setting that is approved by the Chair, [DEPARTMENT], [UNIVERSITY], in which Dr. [LASTNAME] holds an academic appointment at the rank of ASSOCIATE/FULL Professor, and
 - (ii) in accordance with the requirements of their academic appointment.
2. The certificate of registration automatically expires when Dr. [LASTNAME] no longer holds the appointment, referred to in clause 1.

Specific Direction to the Registrar from the Registration Committee
Alternative Pathways to Registration for Physicians Trained in the United States

Pathway A

Where an applicant meets the following conditions:

1. The applicant has one of the following degrees:
 - (a) an acceptable medical degree as defined in [Ontario Regulation 865/93 under the Medicine Act, 1991](#); **or**
 - (b) a “doctor of osteopathy” degree granted by an osteopathic medical school in the US that was accredited by the American Osteopathic Association (AOA) at the time it granted you your degree;
2. The applicant has successfully completed a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME); **and**
3. The applicant has been certified by:
 - (a) A specialty member board of the American Board of Medical Specialties (ABMS); **or**
 - (b) A specialty certifying board of the American Osteopathic Association (AOA); **and**
4. The applicant has successfully completed the US Medical Licensing Examination or successfully completed an acceptable qualifying exam; **and**
5. The applicant has an independent or full licence to practise without restrictions in the US or is eligible to apply for such a licence; **and**
6. The applicant has completed all requirements of the College application; **and**
7. The applicant provides evidence of CMPA Coverage; **and**
8. The applicant satisfies the non-exemptible registration requirements.

The Registration Committee approves the Registrar imposing the following terms, conditions and limitations on the applicant’s certificate of registration:

- (1) Dr. [FULL NAME] may practise medicine independently in [SCOPE].

Specific Direction to the Registrar from the Registration Committee
Clinical Fellows Pre-Entry Assessment Program (PEAP) Exemption

Ontario Regulation 856/93 made under the *Medicine Act, 1991* (the "Registration Regulation") sets out the standards and qualifications for a certificate of registration authorizing postgraduate education. Under subsection 11. (1)(iv), applicants are required to undergo a pre-entry assessment program prior to appointment:

'(iv) selection for appointment to the program of postgraduate medical education on the basis of performance in a pre-entry assessment program. O. Reg. 865/93, s. 11 (1).'

Additionally, applicants cannot have previously held a certificate of registration authorizing postgraduate education as outlined in subsection 11. (5):

'(5) It is a standard and qualification for a certificate of registration authorizing postgraduate education that the applicant not have previously held, or currently be the holder of, a certificate of registration authorizing postgraduate education as a clinical or research fellow under section 12 unless the applicant has received the express permission of the Registration Committee and complies with any terms, conditions or limitations imposed by the Registration Committee. O. Reg. 865/93, s. 11 (5).'

Where an applicant meets the following conditions:

1. The applicant has previously held a certificate of registration authorizing postgraduate education; **and**
2. The applicant has successfully completed a PEAP; **and**
3. The applicant has support of the Program Director at an accredited medical school in Ontario; **and**
4. The applicant has completed all requirements of the College application; **and**
5. The applicant provides evidence of CMPA Coverage; **and**
6. The applicant satisfies the non-exemptible registration requirements.

The Registration Committee approves the Registrar imposing the following terms, conditions and limitations on the applicant's certificate of registration:

1. Dr. [FULL NAME] may practise medicine only as required by the clinical or research fellowship program in which Dr. [FULL NAME] is enrolled at [UNIVERSITY];
2. Dr. [FULL NAME] shall prescribe drugs only for in-patients or out-patients of a clinical teaching unit that is formally affiliated with the department where Dr. [FULL NAME] is properly practising medicine and to which postgraduate trainees are regularly assigned by the department as part of its program of postgraduate medical education;
3. Dr. [FULL NAME] shall not charge a fee for medical services;

4. The certificate expires on the earliest of the following times:

- (i) When Dr. [FULL NAME] ceases to hold the appointment as a clinical or research fellow for which the certificate is issued,
- (ii) When Dr. [FULL NAME] ceases to hold Canadian citizenship, permanent resident status or a valid employment authorization under the Immigration and Refugee Protection Act (Canada), or
- (iii) When five years have elapsed from the date the certificate is issued.

NOTE: This certificate expires on [CERTIFICATE EXPIRY DATE].

Specific Direction to the Registrar from the Registration Committee
Provisional Certificate of Registration to Independent Practice Certificate Directive

In accordance with the recent proposed regulatory changes to introduce a Provisional Class of registration, approved by the Board, once enacted, the following class of registration will be included in the Ontario Regulation 856/93 made under the *Medicine Act, 1991* (the "Registration Regulation"):

PROVISIONAL CERTIFICATE (Proposed New Section)

"exemption policy" means a policy designated by Council as an exemption policy for the purposes of section 10.1 of this regulation.

10.1(1) A certificate of registration of any class issued by order of the Registration Committee:

1. pursuant to an exemption policy directing the Registrar to impose terms, conditions or limitations on the certificate; or
2. pursuant to subsection 22.18(7)2(i) of the Health Professions Procedural Code which authorizes the member to practice independently limited to a specified scope of practice as ordered by the Registration Committee,

is deemed to be a provisional certificate of registration under the Act subject to the imposed terms, conditions and limitations, if no other terms, conditions or limitations are imposed on the certificate of registration, by any other Committee including the Registration Committee.

(2) A holder of a provisional certificate of registration may practise medicine only in accordance with the terms, conditions and limitations of the certificate.

(3) A holder of a provisional certificate of registration who applies for an independent practice certificate is exempt from the standards and qualifications required under paragraphs 2, 3 and 4 of subsection 3(1), if the member satisfies the following standards and qualifications:

1. The member has held a provisional certificate of registration continuously for a period of at least five years, including the period of time the member held a restricted certificate of registration before section 10.1(1) came into force and which was deemed provisional by operation of section 10.1(1), and, during the five-year period immediately preceding the application:
 - a. No terms, conditions or limitations are imposed on the certificate of registration, by any other Committee, including the Registration Committee, other than the term, condition and limitation imposed by order of the Registration Committee authorizing the member to practice independently limited to a specified scope of practice; and

- b. The member has practised continuously in Ontario.

An applicant who meets all of the following criteria may be issued an independent practice certificate:

- (a) The applicant meets the requirements set out in s. 10.1(3).
- (b) The applicant has completed all requirements of the College application.
- (c) The applicant provides evidence of CMPA Coverage.
- (d) The applicant satisfies all other registration requirements, including non-exemptible registration requirements, for an independent practice certificate, except as set out in s. 10.1(3).

In these circumstances, the Registration Committee approves the Registrar imposing the following terms, conditions and limitations on the applicant's certificate of registration:

1. Dr. [FULL NAME] may practise medicine only in the areas in which [FULL NAME] is educated and experienced.

Motion Title	Consent Agenda
Date of Meeting	March 5, 2026

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves items 2.1 to 2.4 outlined in the consent agenda, which include in their entirety:

- 2.1 The Board meeting agenda for March 5, 2026;**
- 2.2 The draft minutes from the Board meeting held on November 27, 2025;**
- 2.3 Committee Appointments**

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario appoints the following individuals to the following Committees for a term effective immediately and expiring at the close of the 2026 Annual Organizational Meeting of the Board (AOM):

Committee	Names
Inquiries, Complaints, and Reports	Karen Ferguson, Vivian Sapirman
Finance and Audit	Linda Robbins

2.4 Approval of Registration Policy Directives

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the new registration policy directives listed below, as directives of the College, copies of which form Appendices “ ”, “ ”, “ ”, and “ ”, respectively, to the minutes of this meeting:

- *Academic Registration*
- *Alternative Pathways to Registration for Physicians Trained in the United States*
- *Clinical Fellow PEAP Exemption*
- *Provisional Certificate of Registration to Independent Practice Certificate of Registration*

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act*) and the *Medicine Act*.

Title:	Executive Committee Report (For Information)
Main Contacts:	Patrick Safieh, Board Chair Carolyn Silver, Chief Legal Officer
Attachment:	Appendix A: Certificate of Registration for Off-Cycle Residents Policy
Date:	February 11, 2026

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The CPSO Board of Directors (Board) is provided with an update on decisions made on behalf of the Board by the Executive Committee between meetings.

Executive Committee – December 2025

02-EX-December 2025

Committee Appointments

On a motion moved by A. Steen, seconded by J. Fisk, and carried, that the Executive Committee approves, on behalf of the Board, the appointment of the following persons to the Tribunal and committees, and for the terms, noted below:

Ontario Physicians and Surgeons Discipline Tribunal and Fitness to Practise Committee:

For a term starting December 22, 2025 until the close of the 2026 Annual Organizational Meeting (AOM):

- Baraa Achar
- Jill Cross
- Lionel Marks de Chabris
- Anu Srivastava

For a term starting January 1, 2026 until the close of the 2026 AOM:

- David Bird

Inquiries, Complaints and Reports Committee

For a term starting December 22, 2025 until the close of the 2026 AOM:

- Donna Mooney

03-EX-December 2025

Certificate of Registration for Off-Cycle Residents

On a motion moved by R. Payne, seconded by L. Miljan, and carried, that the Executive Committee approves, on behalf of the Board, the Certificate of Registration for Off-Cycle Residents policy, as set out in Appendix "A".

CERTIFICATE OF REGISTRATION FOR OFF-CYCLE RESIDENTS

CPSO can issue a time-limited certificate of registration to medical residents who have successfully completed a Royal College of Physicians and Surgeons of Canada's (RCPSC) certification examination but who have not yet met the full training requirements for RCPSC certification.

CPSO may issue you a provisional certificate of registration to practise if you have:

1. A medical degree from an acceptable medical school;
2. Obtained the Licentiate of the Medical Council of Canada (LMCC);
3. Successfully completed a RCPSC specialty examination; and
4. Confirmation from a medical school of enrolment in a postgraduate training program in Ontario.

NOTE: The postgraduate training program in which you are enrolled must commence within one year of this certificate of registration being issued.

In addition to the eligibility requirements above, you must satisfy the non-exemptible requirements set out in *Section 2(1) of Ontario Regulation 865/93* to be issued a certificate of registration.

This provisional certificate of registration is subject to the following conditions:

1. You must practise with a supervisor who will act as the Most Responsible Physician;
2. You must only work in the location(s) identified in your supervisory agreement; and
3. Your restricted certificate will expire the earlier of:
 - a. One year from the date it is issued; or
 - b. The commencement of your postgraduate training program.

In addition to the registration regulation and policies, all applicants will be subject to CPSO policies and regulations which apply to current registrants. Prior to starting their postgraduate subspecialty training program, medical residents will need to apply for a Postgraduate Education license.

MARCH 2026

Title:	Ontario Physicians and Surgeons Discipline Tribunal Report of Completed Cases November 11, 2025 – February 12, 2026 (For Information)
Main Contact:	Dionne Woodward, Tribunal Counsel

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- This report summarizes reasons for decision released between November 11, 2025 – February 12, 2026 by the Ontario Physicians and Surgeons Discipline Tribunal. It includes reasons on discipline hearings (liability and/or penalty), reinstatement applications, costs hearings, motions and case management issues brought before the Tribunal.

Current Status and Analysis

In the period reported, the Tribunal released 13 reasons for decision:

- 2 sets of reasons on finding (liability), one of which where no finding was made
- 3 sets of reasons on penalty
- 7 sets of reasons on finding (liability) and penalty
- 1 set of reasons on an application for reinstatement

Findings

Liability findings included:

- 2 findings of failing to respond appropriately or within a reasonable time to a written inquiry from the college
- 8 findings of disgraceful, dishonourable or unprofessional conduct
- 2 findings of failing to maintain the standard of practice of the profession
- 1 finding of incompetence
- 1 finding of being found guilty of an offence relevant to suitability to practice
- 1 finding of conduct unbecoming a physician
- 1 finding of professional misconduct by the governing body of a health profession outside of Ontario that would also constitute professional misconduct in Ontario

Penalty

Penalty orders included:

- 5 revocations
- 5 suspensions
- 10 reprimands
- 5 instances of terms, conditions or limitations placed on the registrant's certificate of registration
- 1 fine payable to the Minister of Finance

Costs

The Tribunal imposed a costs order on the physician in all penalty reasons, the highest of which was \$124,440.

TABLE 1: TRIBUNAL DECISIONS – FINDINGS (November 11, 2025 – February 12, 2026)

Citation and hyperlink to published reasons	Physician	Date of Reasons	Failed to respond appropriately or within a reasonable time to a written inquiry from the college	Disgraceful, Dishonourable or Unprofessional Conduct	Failed to maintain standard of practice	Other
2026 ONPSDT 5	Thirlwell	February 11, 2026	X	X	X	- Incompetence
2026 ONPSDT 6	Costescu	February 4, 2026		X		
2026 ONPSDT 4	Faruqi	January 21, 2026		X		- Misconduct found by Collège des médecins du Québec (CMQ) would constitute professional misconduct in Ontario
2026 ONPSDT 3	Keys	January 19, 2026		X		
2025 ONPSDT 33	Istead	December 12, 2025	X	X		
2025 OPSDT 32	Stern	December 3, 2025		X		- Found guilty of an offence relevant to suitability to practice - Conduct unbecoming a physician
2025 ONPSDT 31	Fikry	November 27, 2025				- The Tribunal made no finding of professional misconduct
Citation and hyperlink to published reasons	Physician	Date of Reasons	Failed to respond appropriately or within a reasonable time to a written inquiry from the college	Disgraceful, Dishonourable or Unprofessional Conduct	Failed to maintain standard of practice	- Other

2025 ONPSDT 30	Jolly	November 21, 2025		X	X	-
2025 ONPSDT 29	Namazie	November 21, 2025		X		

TABLE 2: TRIBUNAL DECISIONS – PENALTIES (November 11, 2025 – February 12, 2026)

Citation and hyperlink to published reasons	Physician	Date of reasons	Penalty (TCL = Terms, Conditions or Limitations)	Length of suspension in months	Costs
2026 ONPSDT 5	Thirlwell	February 11, 2026	Revocation, reprimand		\$10,370
2026 ONPSDT 6	Costescu	February 4, 2026	Suspension, reprimand, TCL	4	\$6,000
2026 ONPSDT 4	Faruqi	January 21, 2026	Suspension, reprimand, TCL	2	\$6,000
2026 ONPSDT 3	Keys	January 19, 2026	Suspension, reprimand, TCL	10	\$6,000
2026 ONPSDT 2	Khulbe	January 15, 2026	Revocation, reprimand		\$124,440
2025 ONPSDT 35	Ola	December 18, 2025	Revocation, reprimand, fine to Minister of Finance (\$35,000)		\$51,850
2025 ONPSDT 34	Garcia Pan	December 15, 2025	Revocation, reprimand		\$103,700
2025 ONPSDT 33	Istead	December 12, 2025	Suspension, reprimand, TCL	2 months	\$6,000
2025 OPSDT 32	Stern	December 3, 2025	Revocation, reprimand		\$6,000
2025 ONPSDT 29	Namazie	November 21, 2025	Suspension, reprimand, TCL	4 months	\$6,000

TABLE 3: TRIBUNAL DECISIONS – REINSTATEMENT (November 11, 2025 – February 12, 2026)

Citation and hyperlink to published reasons	Physician(s)	Date of reasons	Outcome
2026.ONPSDT.1	Doyle	January 12, 2026	Reinstatement application granted with targeted terms, conditions and limitations

**Ontario Medical Students' Association
CPSO Council Update
March 2026**

Zoe Tsai, President
Vidhi Bhatt, President-Elect



Thank you once again to the CPSO for inviting representatives from the Ontario Medical Students' Association (OMSA) to observe and participate in your Council meetings. As we continue into the 2025-2026 academic year, we are pleased to provide updates on some of our key initiatives.

- 1. OSMERC 2026 – A Successful Medical Education Conference:** OMSA successfully hosted the Ontario Student Medical Education Research Conference (OSMERC) last month, welcoming over 100 attendees, with more than half presenting their own research. Workshops explored innovative approaches to medical education, including XR, artificial intelligence, makerspace technologies in clinical skills training, and design thinking in healthcare. We are grateful to the CPSO for serving as a sponsor of OSMERC 2026. Your support was instrumental in ensuring the success and accessibility of this learner-driven academic forum.
- 2. OMSA Mentorship Program – Strong Provincial Engagement:** OMSA's provincial mentorship program has received an overwhelmingly positive response, with over 400 medical students applying to be paired with a physician mentor. This strong interest highlights the continued importance of longitudinal professional guidance and relationship-building in undergraduate medical education. We would like to thank the CPSO for the upcoming Dialogue session that will explore our mentorship program in greater detail. We continue to welcome [additional physician mentors](#) who are interested in being paired with students based on shared interests, specialties, or career pathways.
- 3. Northern Outreach Meeting – Thunder Bay (March 27–29):** OMSA Council will be traveling to Thunder Bay for a Northern Outreach Meeting in collaboration with colleagues at Northern Ontario School of Medicine. The visit aims to strengthen learner-informed strategies for northern, rural, and remote medical education through cross-organizational collaboration. We hope to align advocacy efforts, identify sustainable learner-led initiatives, and engage NOSM faculty, and community partners to ensure our work reflects northern community needs. We welcome opportunities to collaborate with CPSO colleagues who may be practicing in or connected to the Thunder Bay region and would be interested in meeting during our visit or supporting the expansion of this outreach initiative.
- 4. Day of Action –** OMSA's 2026 Day of Action will take place in March at Queen's Park, focusing on ER Wait Times and Timely Access to Care. This flagship advocacy event provides medical students the opportunity to meet directly with Members of Provincial Parliament to discuss system-level challenges and learner-informed policy solutions. We are currently seeking sponsorship and partnership support to help ensure the accessibility and impact of this important advocacy initiative.

Thank you once again for inviting us to the CPSO meetings. If you have any questions, or wish to help with our advocacy priorities, please do not hesitate to reach out.

Sincerely,
Zoe Tsai
President, OMSA
president@omsa.ca

Vidhi Bhatt
President-Elect, OMSA
president_elect@omsa.ca



PARO Update to CPSO March 2026

PARO champions the issues that create the conditions for residents to be their best and ensure optimal patient care. We have determined that to fulfill this mission we must achieve three key goals.

Optimal training - so that residents feel confident to succeed and competent to achieve excellence in patient care.

Optimal working conditions - where residents enjoy working and learning in a safe, respectful, and healthy environment.

Optimal transitions – into residency, through residency, and into practice – so that residents are able to make informed career choices, have equitable access to practice opportunities, and acquire practice management skills for residency and beyond.

We are pleased to submit this update on PARO.

Resident Appreciation Week 2026

Resident Appreciation Week 2026 ran from February 9th-13th, 2026. Many hospitals and PGME Offices took the time to recognize residents with a variety of initiatives and messages of appreciation. PARO General Council Representatives also held several events for residents to enjoy over the week including pottery painting, treat bags, skate nights, movie nights, ice cream socials and many more.

PARO Resident Enhancement Fund

PARO's Resident Enhancement Fund was created in February 2000 and is used to support projects that provide a long-term benefit to both existing and future residents. Projects that are approved demonstrate that they are able to augment the well-being of residents at a particular teaching site or throughout the province. Any PARO member can apply and examples of previous funded projects include furniture and items for resident lounges, such as couches, refrigerators, coffee makers, etc.

There are two deadlines for applications every year, November 1st and March 1st. At the November 1, 2025 deadline PARO received 32 applications from hospitals throughout the provinces and we are expecting as many, if not more, applications for our March 1, 2026 deadline.

PARO Awards

The PARO awards season is underway. Each year, PARO provides an opportunity for residents to submit nominations for the following Awards:

- *Excellence in Clinical Teaching Award*

- *Lois H. Ross Resident Advocate Award for Non-Clinicians*
- *Dr. Robert Conn Resident Advocate Award for Clinicians*
- *Residency Program Excellence Award*

Nominations closed in late January, and we look forward to honouring the award recipients at our annual PARO Awards Banquet in the Spring.

Title:	Update on Action Items (For Information)
Main Contacts:	Carolyn Silver, Chief Legal Officer Cameo Allan, Director, Policy & Governance

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- An update on the status of the Board of Directors' decisions is provided below to promote accountability and ensure that the Board remains informed.

Current Status and Analysis

- The Board held a meeting on November 27, 2025. The motions carried can be found in the links below, and the implementation status of the decisions is outlined in the Status column.

Reference	Motions Carried	Status
01-B-11-2025	<p>Consent Agenda</p> <p>The following Consent Agenda items were approved by the Board of Directors:</p> <p>The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves items 2.1 to 2.4 outlined in the consent agenda, which include in their entirety:</p> <ul style="list-style-type: none"> 2.1 The Board meeting agenda for November 27, 2025; 2.2 The draft minutes from the Board meeting held on September 25, 2025; 2.3 Committee Appointments 2.4 Committee Chair and Vice-Chair Appointments 	Complete
02-B-11-2025	<p>Key Performance Indicators for 2026</p> <p>The Board of Directors¹ of the College of Physicians and Surgeons of Ontario adopts the following 2026 Key Performance Indicators (KPIs) to measure and report progress on the Strategic Plan:</p> <ul style="list-style-type: none"> 1. Time From Licence Application Received to Licence Issued (Excluding Postgraduate Licences) <i>Target: 70 Business Days; 80th Percentile</i> 2. Engage Physicians in the Quality Improvement Program (Excluding Postgraduate Licences) <i>Target: 6,000 Physicians</i> 3. Engage OHP Medical Directors in New OHP Quality Improvement Program <i>Target: 70 OHPs</i> 4. Time to Complete Complaints (Including Public Complaints & Registrars' Investigations) <i>Target: 150 Days; 80th Percentile</i> 5. Time From Referral to Completion of Discipline Process <i>Target: 12 Months; 80th Percentile</i> 	Ongoing

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act*) and the *Medicine Act*.

Reference	Motions Carried	Status
	<p>6. Complete End-to-End Plan-Do-Check-Act (PDCA) of Policy Review Process <i>Target: Complete by End of 2026</i></p> <p>7. Rebuild & Launch Website <i>Target: Go Live by Fall 2026</i></p> <p>8. Implement Full Plan-Do-Check-Act (PDCA) Cycle for Province-wide Election Process <i>Target: Complete by Fall 2026</i></p>	
03-B-11-2025	<p>Committee Service Expectations for Board Directors</p> <p>The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the Committee Service Expectations for Board Directors:</p> <p>Physician Directors are expected to have availability to serve on the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT). Once this minimum commitment has been met, and where capacity allows, the Physician Director may also apply to serve on the Governance and Nominating Committee (GNC) or the Executive Committee as a member representative or in a Board Leadership role. Physician Directors may also be appointed, as required, to the Finance and Audit Committee or the Policy Working Group.</p> <p>Public Directors are expected to have availability to serve on at least one Operational Committee, namely the Inquiries, Complaints and Reports Committee (ICRC) or the OPSDT and the Registration Committee. Once this minimum commitment has been met, and where capacity permits, Public Directors may also apply to serve on the GNC or the Executive Committee as a member representative or in a Board Leadership role. As required, Public Directors may also be appointed to the Finance and Audit Committee, or the Policy Working Group.</p>	Complete
04-B-11-2025	2025-26 Governance and Nominating Committee (GNC) Election	Complete
05-B-11-2025	Motion to Go In-Camera	Complete
06-B-11-2025	New Policy: Physician Assistants	Complete
07-B-11-2025	By-law Amendments: Fees relating to the Retired Class of Registration	Complete
08-B-11-2025	Revised Registration Policies to Convert Restricted Certificates to Provisional Certificates	Complete
09-B-11-2025	Draft Policy for Notice and Consultation: Certificate of Registration for Off-Cycle Residents	Policy sent out for consultation
10-B-11-2025	Rescission of Statements: Interprofessional Collaboration and Female Genital Cutting (Mutilation)	Complete
11-B-11-2025	Rescission of Policy: Public Health Emergencies	Complete
12-B-11-2025	For Approval: 2026 Operating Budget, 2026 Capital Budget and OHP Fee Increase	Complete

Title:	2027 Q1 Meeting Dates (Information)
Main Contacts:	Cameo Allan, Director, Policy & Governance Christina Huang, Board Lead, Policy & Governance

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board of Directors is provided with CPSO meeting dates for Q1 of 2027.

Current Status & Analysis

- Quarterly meeting scheduling allows for more notice of upcoming meetings of the Governance and Nominating Committee, Finance and Audit Committee, Executive Committee, and Board of Directors.
- These proposed dates are subject to minor changes based on learnings gathered from the 2026 Board Election process.
- Below are the 2027 Q1 meeting dates:

Jan 2027				
M	T	W	T	F
				1 <small>New Year's Day</small>
4	5 EC-V	6	7	8
11	12	13	14	15
18	19	20	21 GNC-V	22
25	26 FAC-V	27	28	29

BOD	Board of Directors
EC	Executive
EC-V	Executive-Virtual
GNC-V	Governance & Nominating-Virtual
FAC-V	Finance & Audit-Virtual
	Stat/religious holidays/Mar break

Feb 2027				
M	T	W	T	F
1	2	3	4	5
8	9 EC	10	11	12
15 <small>Family Day</small>	16	17	18	19
22	23	24	25	26

Mar 2027				
M	T	W	T	F
1	2	3	4 BOD	5
8	9	10	11	12
15	16	17	18	19
<small>March Break (Mar 15-19)</small>				
22	23	24	25	26 <small>Good Friday</small>
29 <small>Easter Mon</small>	30	31		

Title:	Academic Director Appointments (For Decision)
Main Contacts:	Cameo Allan, Director, Policy & Governance Christina Huang, Board Lead, Policy & Governance
Questions for Board:	<ol style="list-style-type: none"> 1. Does the CPSO Board of Directors (Board) appoint: Sandra Northcott and Katina Tzanetos, as Academic Directors for a one-year term starting upon the close of the 2026 Annual Organizational Meeting (AOM)? 2. Does the Board appoint: Ian Preyra, as an Academic Director for a term starting at the close of the 2026 March Board meeting until the close of the 2027 AOM?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board is asked to approve the GNC’s proposed nominees: Sandra Northcott, Ian Preyra and Katina Tzanetos to the Board for appointment as Academic Directors. S. Northcott and K. Tzanetos will be appointed for a one-year term starting upon the close of the 2026 AOM. GNC proposes that Ian Preyra’s appointment be effective at the end of the March 2026 Board meeting to fill the current vacancy, and his appointment will continue through the 2027 Board year.
- Three Academic Directors are required to be on the Board for compliance with the *Medicine Act*.

Current Status & Analysis

- In accordance with the CPSO By-laws Article 4, the GNC followed a rigorous and objective process to review all applications received for academic appointments to the Board. The GNC reviewed the candidate packages that included the Academic Director Applications and Self-Assessment Results, highlighting the candidates’ skills, competencies and diversity attributes outlined in the [Board Profile](#).
 - From the applications received, the GNC considered the candidates’ attributes to those identified in the skills gap analysis:
 - work and/or live in remote and/or rural areas
 - demonstrate knowledge and understanding of CPSO Board of Directors and its governance practices and regulatory model.
- The GNC decided to conduct interviews and interviewed S. Northcott and K. Tzanetos. The GNC made a decision that applicants who have been interviewed in the past year for any Board role need not be interviewed again, and that GNC considers the results of the prior year’s interview for such applicants. I. Preyra had been interviewed for the Board Election in 2025, and GNC considered those interview results.
- The GNC had a fulsome discussion to review all candidates and consider the Board's needs.

Motion Title	Academic Director Appointments
Date of Meeting	March 5, 2026

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario selects and appoints:

- a) Ian Preyra as Academic Director for a term commencing at the close of the March 5, 2026 meeting of the Board and expiring at the close of the 2027 Annual Organizational Meeting of the Board; and
- b) Sandra Northcott and Katina Tzanetos as Academic Director commencing at the close of the 2026 Annual Organizational Meeting of the Board and expiring at the close of the 2027 Annual Organizational Meeting of the Board.

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act*) and the *Medicine Act*.

MARCH 2026

Title:	Executive Committee Appointment (Vacancy) (For Decision)
Main Contacts:	Cameo Allan, Director, Policy & Governance Christina Huang, Board Lead, Policy & Governance
Question for Board:	Does the CPSO Board of Directors (Board) appoint Rupa Patel to the Executive Committee as Executive Member Representative?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board is asked to approve the Governance and Nominating Committee’s (GNC) recommendation to appoint Board Director, Rupa Patel, to the Executive Committee as Executive Member Representative, to fill the current vacancy, for a term starting immediately and ending at the close of the 2026 Annual Organizational Meeting.
- Appropriate composition and governance of Committees of the Board aligns with CPSO’s public interest mandate.

Current Status & Analysis

- The Executive Committee currently has a vacancy, as Lydia Miljan was not re-appointed as a Public Director by the Ministry of Health despite the strong recommendation from the GNC.
- As per CPSO By-laws section 9.1.1, the Executive Committee shall be composed of six members, with at least three Registrant Directors and two Public Directors. Since the Executive Committee currently has three Registrant Directors and two Public Directors, the vacancy may be filled by either a Registrant Director or a Public Director.
- On January 14, the Registrar sent a memo to all Directors informing them of the selection process for the Executive Committee vacancy and inviting Directors to submit a statement of interest. One application was received.
- At their January 27 meeting, the GNC reviewed Rupa Patel’s application and assessed that she has the skills, expertise and diversity attributes identified by GNC based on the Board Profile for Executive Member Representatives. Accordingly, GNC decided to nominate Rupa Patel for appointment by the Board to the Executive Committee.

Motion Title	Executive Committee Appointment (Vacancy)
Date of Meeting	March 5, 2026

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario appoints the following Director:

Rupa Patel,

to the Executive Committee as an Executive Member Representative for a term effective immediately and expiring at the close of the 2026 Annual Organizational Meeting of the Board.

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act*) and the *Medicine Act*.

MARCH 2026

Title:	Proposed Changes to “Policies” and “Advice to the Profession” (For Decision)
Main Contacts:	Tanya Terzis, Manager, Policy & Governance Cameo Allan, Director, Policy & Governance Mike Fontaine, Senior Policy & Governance Analyst
Questions for Board:	<ol style="list-style-type: none"> 1. Does the Board approve the proposal to rename “Policies” as “Professional Obligations” and “Advice to the Profession” documents as “Guidance for the Profession”? 2. Does the Board approve the approach to updating professional obligations outlined in the briefing note?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- An external Governance review identified several opportunities to modernize and streamline CPSO policies. In response, and as part of the Policy KPI, CPSO is proposing to:
 - Rename “Policy” to “Professional Obligations” and “Advice to the Profession” to “Guidance for the Profession”;
 - Rescind or consolidate policies, where appropriate; and
 - Reformat or redesign policies to enhance their usefulness and readability.
- The Board is asked whether it approves the proposal to rename “Policies” as “Professional Obligations” and “Advice to the Profession” as “Guidance for the Profession” as well as the approach to reformatting policies and making non-substantive content changes.
- Clarifying the intended role and function of CPSO’s regulatory tools, as well as improving their utility for registrants, aligns with CPSO’s commitment to continuous improvement and modernization.

Current Status & Analysis

Transition from “Policies” to “Professional Obligations”

- As part of the external Governance review, consultants suggested that term “policy” and “advice” did not clearly convey the intention and purpose of the regulatory tools CPSO uses to set out expectations and provide guidance for its registrants.
- Most Canadian medical regulatory authorities (MRAs) or Ontario Health Profession Regulators (HPRO), use the term “standards of practice” (or a variation of that term) to set out comparable expectations.
- Legal has advised that there are legal risks to adopting the language of “standards,” among them is that CPSO is only allowed to adopt “standards of practice” under its regulation making power. As an alternative, CPSO is proposing to rename policies “Professional Obligations.”
- CPSO is also proposing to rename its Advice documents as “Guidance for the Profession,” as “guidance” more accurately reflects the intended purpose and content of these supplementary resources.

Rescission and Consolidation of Existing Policies

- The external Governance review noted the large number of policies in CPSO’s portfolio, noting they were difficult to navigate given their length and the number of expectations they include.
- In response to this feedback, an element of the Policy KPI will involve an in-depth review of all policies to determine whether they can be rescinded, consolidated, or retained and simplified.

- Proposals to rescind or make substantive content changes to policies will be brought to the Executive Committee and the Board for decision at the May and September Board meetings.

Policy Redesign

- There is also an opportunity to enhance the usefulness and readability of policies/professional obligations.
- CPSO is proposing to make changes and formatting updates to all policies. The proposed changes would include:
 - Simplifying language to enhance readability, while ensuring that key principles and expectations are retained;
 - Moving key definitions into a “Glossary” section at the end of the document/page;
 - Standardizing the approach to endnotes to minimize the cross-referencing of professional obligations;
 - Making housekeeping amendments to address any policy rescissions or consolidations;
 - Transitioning from the terminology of “policy” and “advice” to “professional obligation” and “guidance.”
- In order to ensure that all policies are in the new format by Fall 2026 when CPSO’s new website is expected to launch, CPSO is proposing that redesign and content changes that do not alter the meaning or intent of existing professional obligations be made at the staff level, in consultation with the Policy Working Group, but without additional Board approval.

Board Motion

Motion Title	Proposed Changes to “Policies” and “Advice to the Profession”
Date of Meeting	March 5, 2026

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario:

- a) approves renaming the policies² of the College as “Professional Obligations” and “Advice to the Profession” documents as “Guidance for the Profession”; and
- b) approves that staff, in consultation with the Policy Working Group, make design and policy changes that maintain the intent of the policy expectations without additional Board approval.

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act*) and the *Medicine Act*.

² The policies that set out expectations for the professional conduct of College registrants.

Title:	Step #3: Final Approval: <i>Maintaining Appropriate Boundaries</i> (For Decision)
Main Contacts:	Tanya Terzis, Manager, Policy & Governance Lynn Kirshin, Senior Policy & Governance Analyst Julianne Stevenson, Policy & Governance Analyst
Attachments:	Appendix A: Revised Draft <i>Professional Obligations: Maintaining Appropriate Boundaries</i> Appendix B: Revised Draft <i>Guidance for the Profession: Maintaining Appropriate Boundaries</i>
Question for Board:	Does the Board of Directors approve the revised draft <i>Professional Obligations: Maintaining Appropriate Boundaries</i> ?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The draft *Professional Obligations: Maintaining Appropriate Boundaries* (formerly “policy”) (**Appendix A**) and associated *Guidance for the Profession* (formerly “Advice to the Profession”) (**Appendix B**) have been revised.
- The Board is provided with an overview of the key changes and is asked whether it approves the revised draft *Professional Obligations: Maintaining Appropriate Boundaries* in place of the existing *Boundary Violations* policy.
- Setting appropriate expectations for maintaining boundaries aligns with CPSO’s public interest mandate by protecting patients from harm and ensuring public trust in the medical profession.

Current Status & Analysis

- The draft *Professional Obligations: Maintaining Appropriate Boundaries* was released for public consultation following the September 2025 Board meeting. The consultation received 40 responses.¹ Written feedback may be viewed on the [consultation webpage](#). An overview of the feedback was provided and the drafts were discussed at the [November 2025 Board](#) meeting.
- The feedback was generally very supportive of the draft *Professional Obligations*, therefore most of the content in the draft *Professional Obligations* has been retained.
- Respondents expressed support for the increased emphasis on trauma-informed care principles and felt that the expectations are in-step with current practice and culture.
- Some organizational feedback suggested retaining the existing expectations on mandatory reporting (CMPA), and social media (OMA and PARO). As these issues are addressed in other *Professional Obligations*, no changes were made in response to this feedback.
- In response to the feedback² the guidance on third party attendance at intimate examinations, treatments and procedures was revised to clarify that a third party does not typically need to be a regulated health professional, and that it is best practice to document when a third party attended an examination, treatment or procedure or when a third party is declined.
- In addition, the *Professional Obligations* and *Guidance for the Profession* were streamlined to better align both documents with the principles of Right-Touch regulation, and to enhance clarity and usability.
 - This included removal of material related to boundary crossings and the giving and receiving of gifts, based on the Board’s feedback. Additional changes designed to enhance useability included moving definitions into a glossary at the end of the document and reducing the number of footnotes.

¹ 15 responses were received via the online discussion page and 25 responses were received via the online survey. Feedback was received from three organizations (Professional Association of Residents of Ontario (PARO), Canadian Medical Protective Association (CMPA) and the Ontario Medical Association (OMA)), 29 physicians, four members of the public, one other health-care provider, two physician assistants and one respondent who preferred not to say.

² Including from internal engagement, the public consultation, and the Board.

Professional Obligations: Maintaining Appropriate Boundaries

Professional Obligations

1. Physicians **must** establish and maintain appropriate boundaries with their patients.

Sexual Boundaries

2. Physicians **must not** engage in sexual relations with a patient, touch a patient in a sexual manner or engage in behaviour or make remarks of a sexual nature towards a patient.¹
3. To help maintain appropriate boundaries, physicians **must not**:
 - a. Make any sexual comments or advances towards a patient.
 - b. Respond sexually to any form of sexual advance made by a patient.
 - c. Make any comments regarding their own sex life, sexual preferences, or fantasies.
 - d. Ask about or comment on a patient's sexual history or behaviour except where the information is relevant to the provision of care.
 - e. Socialize or communicate with a patient for the purpose of pursuing a sexual relationship.

Physical and Intimate Examinations, Treatments and Procedures

4. Physicians **must**:
 - a. Explain to patients, in advance, the scope and rationale of any examination, treatment or procedure.
 - b. Obtain express consent before proceeding with any intimate examination.
 - c. Inform patients that they can ask to stop an examination at any time.
 - d. Only touch a patient's breasts, genitals or anus when it is medically appropriate, and use appropriate examination techniques when doing so.
 - e. Use gloves when performing pelvic, genital, perineal, perianal, or rectal examinations.
 - f. Keep comments professional and relevant to the examination, treatment or procedure.
5. Physicians **must** show sensitivity and respect for a patient's privacy and comfort by:
 - a. Providing privacy when patients dress or undress.
 - b. Providing patients with a gown or drape during the examination, treatment or procedure if clothing needs to be removed, and only exposing the area specifically related to the examination, treatment or procedure.
 - c. Ensuring that the gown or draping adequately covers the area of the patient's body that is not actively under examination.
 - d. During an examination, treatment or procedure, only assisting patients with the adjustment or removal of clothing or draping if the patient agrees or requests the physician to do so.

¹ Such activity constitutes sexual abuse under the *Health Professions Procedural Code (HPPC)*, Schedule 2 to the *Regulated Health Professions Act, 1991, SO 1991, c 18 (RHPA)*.

- 34 e. Using their professional judgment when using touch for comforting purposes, including
35 considering the possibility of patient misinterpretation and/or the potential impact of unwanted
36 touch.

37 *Third Party Attendance at Intimate Examinations, Treatments and Procedures*

- 38 6. Regardless of the gender of the physician and/or the patient, physicians **must** give patients the option
39 of having a third party present during an intimate examination, treatment or procedure, including
40 bringing their own third party if the physician does not have one.
- 41 7. If the patient wants a third party present during an intimate examination, treatment or procedure and a
42 third party is unavailable or there is no agreement on who the third party should be, physicians **must**:
- 43 a. Where the care is not urgently needed, give patients the option to delay or reschedule the
44 examination, treatment or procedure, or be referred to another physician.
- 45 b. Where the care is urgently needed, explain the risks of delaying the examination, treatment or
46 procedure.
- 47 8. Physicians also have the option to request the presence of a third party during an intimate
48 examination, treatment or procedure. If doing so, physicians **must** explain to the patient who the third
49 party is. If the patient declines, physicians may delay or reschedule the intimate examination,
50 treatment or procedure.

51 **Sexual Relations after the Physician-Patient Relationship has Ended**

- 52 9. Under the legislation, for one year after the date upon which an individual ceased to be the physician's
53 patient, it is considered sexual abuse if the physician:
- 54 a. Has sexual relations with the individual, and/or
55 b. Engages in sexual behaviour or makes remarks of a sexual nature towards the individual.²

56 Therefore, physicians **must not** engage in sexual relations with the individual or engage in sexual
57 behaviour or make remarks of a sexual nature towards the individual during this time period.

- 58 10. Even after the one-year time period has passed, it may still be inappropriate and/or constitute
59 professional misconduct for a physician to engage in sexual relations with a former
60 patient.³ Therefore, before engaging in sexual relations with a former patient, a
61 physician **must** consider the following factors:
- 62 a. The length and intensity of the former physician-patient relationship;
63 b. The nature of the patient's clinical issue;
64 c. The type of clinical care provided by the physician;
65 d. The extent to which the patient has confided personal or private information to the physician; and
66 e. The vulnerability the patient had in the physician-patient relationship.

67 **Sexual Relations between Physicians and Persons Closely Associated with Patients**

- 68 11. It may be inappropriate for a physician to engage in sexual relations with a person closely associated
69 with a patient. A physician may be found to have committed an act of professional misconduct if they

² Subsections 1(3) and (6) of the *HPPC*.

³ Physicians may be found to have committed disgraceful, dishonourable or unprofessional conduct if they engage in sexual relations with a patient in these circumstances. The Courts have found that certain physician-patient relationships may endure subsequent to the end of the formal relationship, for example, in the case of a long-standing psychotherapeutic relationship.

70 do so.⁴ Prior to engaging in sexual relations with a person closely associated with a patient, a
71 physician **must** consider the following factors:

- 72 a. The nature of the patient's clinical issue;
- 73 b. The type of clinical care provided by the physician;
- 74 c. The length and intensity of the physician-patient relationship;
- 75 d. The degree to which the person associated with the patient depends on the physician for
76 emotional support; and
- 77 e. The degree to which the patient is reliant on the person closely associated with them.

78 Non-Sexual Boundaries

79 12. Physicians **must** establish and maintain appropriate boundaries with patients at all times, including
80 with respect to social or financial/business matters and **must not** exploit the power imbalance inherent
81 in the physician-patient relationship.

82 Glossary

83 **Boundary:** The limit of a safe and effective professional relationship between a physician and a patient. There
84 are both sexual boundaries and non-sexual boundaries within a physician-patient relationship.

85 **Boundary Violation:** Occurs when a physician does not establish and/or maintain the limits of a professional
86 relationship with their patient.

87 **Intimate Exams:** Intimate examination includes breast, pelvic, genital, perineal, perianal and rectal examinations
88 of patients.

89 **Patient:** For the purposes of determining whether sexual abuse has occurred, the legislation defines a person
90 as a patient when any one of the following occurs:

- 91 • The physician charges or receives a payment for health-care services provided;
- 92 • The physician contributes to a health record or file for the person;
- 93 • The person has consented to a health-care service recommended by the physician; or
- 94 • The physician prescribes a drug for which a prescription is needed to the person.^{5,6,7}

⁴ Professional misconduct includes any act or omission relevant to the practice of medicine that, having regard to all of the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional and/or conduct unbecoming a physician (Section 1(1), paragraphs 33 and 34 of O Reg 856/93, under the *Medicine Act, 1991*, SO 1991).

⁵ O Reg 260/18 under the *RHPA*.

⁶ The legislation sets out that a person is not a physician's patient for the purposes of sexual abuse if **all** of the following conditions are met:

- There is a sexual relationship between the person and the physician at the time the health care service is provided to the person;
- The health care service provided by the physician to the person was done due to an emergency or was minor in nature; and
- The physician has taken reasonable steps to transfer the person's care, or there is no reasonable opportunity to transfer care (O Reg 260/18 under the *RHPA*).

For more information, see: [Legal Requirements: Treatment of Sexual and/or Romantic Partners](#).

⁷ These factors may also be used to determine whether a person is a physician's patient in situations involving non-sexual boundary violations.

95 **Persons Closely Associated with Patients:** Persons may be considered closely associated with a patient if they
96 are:

- 97 • responsible for the patient’s welfare and hold decision-making power on behalf of the patient;
- 98 • emotionally close to the patient and their participation in the clinical encounter, more often than not,
99 matters a great deal to the patient;
- 100 • persons with whom the physician interacts and communicates about the patient’s condition on a regular
101 basis, and to whom the physician is in a position to offer information, advice and emotional support.

102 **Sexual Abuse:** The legislation defines sexual abuse as follows:

- 103 • Sexual intercourse or other forms of physical sexual relations between a physician and their patient;
- 104 • Touching, of a sexual nature, of a patient by their physician; or
- 105 • Behaviour or remarks of a sexual nature by a physician towards their patient.^{8,9}

DRAFT

⁸ Touching, behaviour or remarks of a clinical nature appropriate to the service provided do not constitute sexual abuse (Subsections 1(3) and (4) of the *HPPC*. It is an act of professional misconduct for a physician to sexually abuse a patient (Section 51(1), paragraph (b1) of the *HPPC*).

⁹ Physicians who have reasonable grounds to believe that another regulated health professional may have sexually abused a patient have a legal obligation to report the suspected abuse. For more information, see CPSO’s [Guide to Legal Reporting Requirements](#).

Guidance for the Profession: Maintaining Appropriate Boundaries

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Express Consent

- Physicians are required to obtain express consent prior to all intimate examinations. In most cases, express consent will be given verbally. (For example, a physician may ask “Are you ready to start the exam?” and a patient may respond “Yes, I am ready.”)

Trauma-Informed Care

- Trauma-informed care is an approach that recognizes the high prevalence of trauma (including childhood abuse, sexual assault, and other traumatic experiences) and its lasting impact on health; it is considered best practice in the context of intimate examinations, treatments and procedures.
- To integrate trauma-informed care principles into their practices, physicians will need to assume that *any patient* may have a history of trauma and act accordingly to avoid re-traumatization. Depending on the patient, this may include:
 - Letting patients know they have the choice to accept, decline or re-schedule non-urgent care;
 - Being alert to verbal and non-verbal signs of patient discomfort; and
 - Facilitating opportunities for patients to exercise their agency in clinical encounters (for example, offering self-swabbing options for STI testing).

Non-Clinical Touch for Comforting Purposes

- Physical gestures such as a pat on the shoulder may, for some patients, convey empathy and reassurance. For others, these same gestures may be misinterpreted, experienced as intrusive, or even felt as a violation. When assessing whether non-clinical touch is appropriate, physicians will need to:
 - Carefully consider the context, including the nature and length of the therapeutic relationship, the patient’s verbal and non-verbal cues, any known history of trauma or discomfort with physical contact and whether the patient is in a state of undress;
 - Be mindful that some patients may be particularly sensitive to touch and that unintended harm may result from even brief, seemingly benign contact; and
 - Respect cultural, religious or personal boundaries around physical contact.
- When in doubt, physicians can consider whether alternative means of support (such as verbal expressions of empathy) may be more appropriate. Physicians may also consider asking permission before initiating comforting touch.

Third Party Attendance at Intimate Examinations, Treatments and Procedures

- A person does not have to be a health-care professional to be considered a suitable third party for the purposes of third party attendance, unless otherwise required (for example, by a CPSO order or undertaking).
- When a patient books an appointment and the physician is not able to provide a third party, it is best practice to let the patient know at the time of booking that the physician is not able to offer a third party and that, they are welcome to bring someone of their choosing (for example, a family member or friend).
- Even in the context of examinations, treatments or procedures not typically considered “intimate,” some patients may feel more comfortable with a third party present. Physicians may offer the option of a third

- 40 party, particularly in any examination, treatment or procedure where clothing needs to be moved or
41 removed.
- 42 • It is best practice for physicians to document in the patient’s medical record when a third party
43 attended an examination, treatment or procedure and when a third party is declined.

44 Privacy

- 45 • While it is best practice for physicians to leave the room while patients undress and dress, in some
46 circumstances it may be appropriate to draw a curtain between the physician and the patient. Merely
47 turning around and facing away from a patient without a curtain is not acceptable.

48 Sexual Relationships with Former Patients

- 49 • Prior to engaging in sexual relations, physicians are advised to verify that they have not provided
50 treatment to the individual within the prior one year.¹
- 51 • Where a physician is in doubt as to whether the physician-patient relationship has ended, they should
52 refrain from any relationship with the patient until they seek advice (for example, from legal counsel).

53 Consequences for Sexual Abuse of Patients

- 54 • The legislation sets out mandatory penalties for engaging in professional misconduct by sexually
55 abusing a patient.² These penalties include suspension and/or revocation of the physician’s certificate
56 of registration.
- 57 • The law requires these mandatory penalties to be applied, even if there are mitigating factors.
- 58 • Sexual contact with a patient is considered sexual abuse even if a patient appears to agree to a sexual
59 relationship.

60 Inappropriate Patient-Initiated Contact

- 61 • If a patient initiates inappropriate contact, (for example, repeated personal emails or text messages or
62 physical contact, such as hugging) the physician will need to re-establish professional boundaries in a
63 timely manner, (for example, by clarifying appropriate communication methods).
- 64 • It is important to document the inappropriate contact and the steps taken to resolve the issue in the
65 patient’s medical record. Should the behaviour persist or where a patient’s behaviour compromises the
66 physician’s personal safety, it may be necessary to end the physician-patient relationship, in accordance
67 with CPSO’s [Professional Obligations: Ending the Physician-Patient Relationship](#).

68 Non-Sexual Boundaries

- 69 • Non-sexual boundary violations can occur when a physician has a social relationship and/or a
70 financial/business relationship with a patient.
- 71 • The following activities have the potential to cause harm particularly when the physician uses the
72 knowledge and trust gained from the physician-patient relationship:
 - 73 ○ Asking patients directly, or searching other sources, for private information about patients that
74 has no relevance to the clinical issue;
 - 75 ○ Asking patients to join faith communities or personal causes;
 - 76 ○ Engaging in leisure activities with a patient;

¹ Regulated Health Professions Act, 1991, SO 1991, c 18, Schedule 2, Health Professions Procedural Code, s 1(6) (HPPC).

² HPPC, s 51(5).

- 77 ○ Lending to/borrowing money from patients;
- 78 ○ Entering into a business relationship with a patient;
- 79 ○ Hiring a current patient as a member of staff; or
- 80 ○ Soliciting patients to make donations to charities or political parties.

81 ***When patients are part of your social network***

- 82 • CPSO does not prohibit physicians and patients from interacting within the same social network.
83 However, physicians will need to manage the increased risks associated with having a dual relationship
84 with a patient and re-establish boundaries, as necessary. For example, if a patient asks for medical
85 advice in a social setting, it is best practice to defer the conversation to a scheduled office visit.
- 86 • CPSO's [Professional Obligations: Treatment of Self, Family Members, and Others Close to You](#) also
87 contains important information with respect to this issue.

88 **Resources**

89 ***Maintaining Appropriate Boundaries***

- 90 • [CMPA Good Practice Guide: Respecting Boundaries](#)

92 ***Trauma-Informed Care***

- 93 • [Canadian Family Physician - Trauma-informed care: Better care for everyone](#)
- 94 • [Canadian Medical Association Journal \(CMAJ\) - The trauma-informed genital and gynecological](#)
95 [examination](#)
- 96 • [Society of Obstetricians and Gynecologists of Canada \(SOGC\) -Trauma and Violence-Informed Care](#)

Motion Title	Revised Professional Obligations: <i>Maintaining Appropriate Boundaries</i>
Date of Meeting	March 5, 2026

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the revised College document *Professional Obligations: "Maintaining Appropriate Boundaries"*, formerly referred to as *"Boundary Violations"* Policy, (a copy of which forms Appendix " " to the minutes of this meeting).

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act*) and the *Medicine Act*.

Title:	Step# 3: Final Approval: <i>Delegation of Controlled Acts</i> (For Decision)
Main Contacts:	Tanya Terzis, Manager, Policy & Governance Stephanie Sonawane, Policy & Governance Analyst Rachel Bernstein, Senior Policy & Governance Analyst
Attachments:	Appendix A: Revised Draft <i>Professional Obligations: Delegation of Controlled Acts</i> Appendix B: Revised Draft <i>Guidance for the Profession: Delegation of Controlled Acts</i>
Question for Board:	Does the Board of Directors approve the revised draft <i>Professional Obligations: Delegation of Controlled Acts</i> ?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The draft *Professional Obligations: Delegation of Controlled Acts* (formerly “policy”) (**Appendix A**) and associated *Guidance for the Profession* (formerly “Advice to the Profession”) (**Appendix B**) have been revised. The Board is provided with an overview of the key changes and is asked whether it approves the revised draft *Professional Obligations: Delegation of Controlled Acts* in place of the existing *Delegation of Controlled Acts* policy.
- Appropriate delegation enables effective inter-professional collaboration and helps ensure patient safety.

Current Status & Analysis

- The draft *Professional Obligations: Delegation of Controlled Acts* was released for public consultation following the September 2025 Board meeting and received 80 responses¹. An overview of the feedback was provided to the Board at the [November 2025 meeting](#).

Key revisions in response to Board, Policy Working Group and consultation feedback

- To clarify when delegation is appropriate, the first provision has been streamlined to require physicians to delegate only when doing so does not compromise the patient’s health, safety, and quality of care.
- The list of circumstances where delegation can occur in the absence of a physician-patient relationship has been refined. It now includes hospital transport teams (to align with the exception for paramedics) and limits the exception for care provided in hospitals to care provided in emergency departments only (to avoid enabling all elective care to occur without an appropriate clinical assessment by a physician).
- In response to Board feedback, the supervision requirements have been clarified and strengthened by specifying that a physician may be offsite only if there is another physician physically onsite *who is able to support the delegate as necessary*, and by adding a new footnote clarifying that physicians cannot be offsite indefinitely, even where offsite supervision is permitted.

Key revisions in response to Policy’s KPI for 2026

- The revised draft *Professional Obligations* and *Guidance for the Profession* have been further streamlined to better align with the principles of Right-Touch regulation. For example:
 - Content and expectations addressed in other CPSO *Professional Obligations* have been removed to avoid duplication (e.g., requiring physicians to ensure informed consent to treatment is obtained).
 - Provisions that were not adding regulatory or interpretive value have been removed (e.g., prohibiting physicians from compelling individuals to perform a controlled act they have declined to perform).
 - Footnotes have been reduced, and only necessary content has been retained in the *Professional Obligations*. Explanatory information has been incorporated into the *Guidance*, where appropriate.
- Additional stylistic and structural changes have been made to improve readability and clarity, including moving the definitions to a glossary at the end of the document and retitling the documents “*Professional Obligations*” and “*Guidance for the Profession*” to better convey their regulatory purpose.

¹ 50 responses were received through the online discussion page, and 30 responses were received via the online survey. All of the written feedback can be viewed on the [consultation webpage](#).

Professional Obligations: Delegation of Controlled Acts

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Professional Obligations

Delegation is intended to be a physician extender, not a physician replacement. Physicians remain accountable and responsible for the patient care provided through delegation.

When to Delegate

1. Physicians **must** only delegate a controlled act when doing so does not compromise the patient's health, safety and quality of care.

When Not to Delegate

2. Physicians **must not** delegate when the primary reasons for delegating are for monetary gain and/or physician convenience.
3. Physicians **must not** delegate the controlled act of psychotherapy.

How to Delegate

4. Physicians **must** delegate either through the use of a direct order or a medical directive that is clear and includes sufficient detail to facilitate safe and appropriate implementation (see the *Medical Directives* section below for more information).
5. Physicians **must** only delegate in the context of an existing or anticipated physician-patient relationship.
6. Physicians **must** clinically assess all new patients¹ prior to delegating or, where this is not possible, within two business days of the delegate's first encounter with the patient, except in the following circumstances:
 - a. Care provided by paramedics, community paramedics, or hospital transport teams;
 - b. Care provided in remote and isolated regions of the province by registered nurses, registered practical nurses, or physician assistants;
 - c. Care provided as part of public health initiatives, such as immunizations;
 - d. Urgent care provided during a public health emergency declared by a public health authority;
 - e. Postexposure prophylaxis or vaccination administered following potential exposure to a blood borne pathogen; and
 - f. Care provided in hospital emergency departments.
7. Where delegation is occurring on an ongoing basis, physicians **must**:
 - a. Ensure that patients are informed of who the delegating physician is and that they can make a request to communicate directly with the physician if they wish to; and

¹ A virtual assessment may be appropriate if virtual care meets the standard of care.

- 33 b. Periodically re-assess the patient (e.g., when there is a change in the patient’s clinical status or
34 treatment options) to ensure that delegation continues to be in the patient’s best interest.

35 **Supervising and Supporting Delegates**

36 8. Physicians **must not** leave a delegate to manage a practice or their patient population on their own.

37 9. Physicians **must** be physically onsite to supervise and support delegates, unless:

- 38 a. The delegation is occurring in the absence of a physician-patient relationship (as set out in
39 provisions 6 (a) to (f)),
40 b. Another physician who is able to support the delegate as necessary is physically onsite², or
41 c. The risk associated with the delegation is low³.

42 10. Where the delegating physician is not onsite, they **must** be available to provide appropriate consultation
43 and assistance within short notice (e.g., in person, if necessary).

44 **What to Delegate**

45 11. Physicians **must** only delegate controlled acts that they can perform competently (i.e., acts within their
46 scope of practice).

47 **Who to Delegate to**

48 12. Physicians **must** take reasonable steps to ensure that delegates have the knowledge, skill, and
49 judgment to perform the delegated acts competently and safely.

50 13. Physicians **must not** delegate a controlled act to:

- 51 a. Health professionals whose certificate of registration is revoked or suspended; or
52 b. Individuals who have falsely claimed to be or have posed as a physician.⁴

53 **Identification of Roles**

54 14. Physicians **must** ensure that delegates accurately identify themselves and their role in providing care to
55 patients.

56 **Consent to Treatment**

57 15. Physicians **must** ensure consent discussions include informing the patient that a delegate will be
58 involved in their care.

59 **Managing Adverse Events**

60 16. Physicians **must** have protocols in place to ensure adverse events are appropriately managed, including
61 ensuring they are informed of any adverse events that take place and are available to help manage
62 adverse events, if necessary.

² This exception is not intended to allow physicians to be offsite indefinitely.

³ See footnote #2.

⁴ For a list of these individuals see [CPSO's website](#).

63 Ongoing Monitoring and Evaluation

64 17. Physicians **must** have a reliable and ongoing monitoring and evaluation system for both the delegate(s)
65 and the delegation process itself. At minimum, physicians **must** review patient medical records to
66 ensure the care provided through delegation is appropriate and meets the standard of care.

67 Medical Directives

68 18. Physicians **must** ensure medical directives include:

- 69 a. The name and description of the procedure, treatment, or intervention being ordered, with
70 sufficient detail to support safe implementation;
- 71 b. An itemized and detailed list of the specific clinical conditions that the patient must meet before
72 the directive can be implemented;
- 73 c. An itemized and detailed list of any situational circumstances that must exist before the
74 directive can be implemented;
- 75 d. A comprehensive list of contraindications to implementation of the directive;
- 76 e. Identification of the individuals authorized to implement the directive;
- 77 f. The name and signature of the physician(s) authorizing and responsible for the directive and the
78 date it becomes effective; and
- 79 g. A list of the administrative approvals that were provided to the directive, including the dates and
80 each committee (if any).

81 19. Each physician responsible for the care of a patient who may receive the proposed treatment,
82 procedure, or intervention **must** review and sign the medical directive each time it is updated.⁵

83 Medical Records

84 20. Physicians **must** ensure that:

- 85 a. The care provided through delegation is documented in accordance with CPSO's [*Professional*](#)
86 [*Obligations: Medical Records Documentation*](#), including that each entry in the medical record
87 clearly conveys who made the entry and performed the act⁶;
- 88 b. It is clear who the authorizing physician(s) are; and
- 89 c. Verbal direct orders are documented in the patient's medical record by the recipient of the direct
90 order and are reviewed or confirmed at the earliest opportunity by the delegating physician.

91 Glossary

92 **Controlled Acts:** Controlled acts are specified in [section 27 \(2\)](#) of the *Regulated Health Professions Act*,
93 1991. These acts may only be performed by authorized regulated health professionals or through delegation
94 under appropriate circumstances.

⁵ It is acceptable for physicians working at institutions with multiple directives to receive copies of each directive and sign one statement indicating that they have read and agreed with all the medical directives referred to therein. This can be done as part of the annual physician reappointment process.

⁶ Where medical directives are implemented, the name and number of the directive may be included in the medical record.

95 **Delegation:** Delegation allows a regulated health professional (e.g., a physician) who is authorized to perform a
96 controlled act to temporarily grant that authority to another individual(s) (whether regulated or unregulated)
97 who is not legally authorized to perform the act independently. Delegation does **not** include:

- 98 • Assignments of tasks that do not involve controlled acts (e.g., taking a patient’s history, obtaining
99 informed consent to treatment, taking vitals, etc.).
- 100 • Controlled acts that other regulated health care professionals are authorized to perform.
- 101 • Controlled acts performed by “residents” or “fellows”.
- 102 • Controlled acts performed under one of the exceptional circumstances listed under [section 29\(1\)](#) of the
103 *Regulated Health Professions Act, 1991*. For example:
 - 104 ○ When providing first aid or temporary assistance in an emergency; or
 - 105 ○ When training to become a member of a health profession and the act is within the scope of
106 practice of that profession and is done under the supervision or direction of a member of the
107 profession (e.g., medical students).

108 **Direct Order:** Direct orders are written or verbal instructions from a physician to another individual or group of
109 individuals (regulated or unregulated) authorizing them to carry out a specific treatment, procedure, or
110 intervention for a specific patient, at a specific time.

111 **Medical Directive:** Medical directives are written orders by physician(s) to another individual or group of
112 individuals (regulated or unregulated) that pertain to any patient who meets the criteria set out in the medical
113 directive. Medical directives provide the authority to carry out the treatments, procedures, or other
114 interventions that are specified in the directive, provided that certain conditions and circumstances exist.

Guidance for the Profession: Delegation of Controlled Acts

Appropriate Supervision and Support

- In some circumstances physicians may not always need to be physically onsite to supervise delegates (e.g., where the risk of the delegation is low).
- What constitutes appropriate supervision in these instances is case specific. For example, in outpatient clinic settings where delegates are performing routine, low-risk acts (e.g., providing wound care, following up on test results), supervising physicians may not need to be onsite at all times. In addition, in remote and isolated areas, where it may not be possible for supervising physicians to be physically onsite, virtual support may be appropriate. These exceptions are not intended to allow physicians to be offsite indefinitely or to permit delegates to manage the physician's practice on their own.

Delegating to Internationally Trained Physicians

- Physicians delegating to Internationally Trained Physicians (ITPs) who are not licensed with CPSO cannot rely on credentials or licences obtained in other jurisdictions to ascertain whether the ITP has the requisite knowledge, skill, and judgment to safely perform a controlled act. Physicians need to apply the same level of diligence when assessing an ITP's competence as they would with any other delegate.
- ITPs who are not licensed with CPSO cannot use titles such as "physician," "surgeon," "doctor," or any variation or abbreviation (e.g., "M.D.").

Responsibilities When Not Involved in Hiring

- If a physician is not involved in hiring the delegate (e.g., in a hospital), it is reasonable for them to assume that the hiring institution has ensured that the delegate has the requisite knowledge, skill, and judgment, unless there are reasonable grounds to believe otherwise.
- If a physician becomes aware that the delegate does not have the knowledge, skill, or judgment to perform the delegated acts competently and safely, they need to take appropriate action to inform the individual or authority to whom the delegate is accountable. Additional reporting obligations may also apply if the individual is a regulated health professional.

Community Paramedicine

- Physicians delegating in the context of community paramedicine are reminded to comply with CPSO's *Professional Obligations: Delegation of Controlled Acts* and that they are ultimately responsible for the care being provided on their behalf. The identity of the delegating physician needs to be clear in all instances, regardless of whether the delegation occurs via direct order or medical directive.
- Physicians need to be satisfied that any medical directive being implemented is appropriate in the circumstances and sufficiently detailed to support the type of care being delivered.

Billing

- Although CPSO enables delegation in various scenarios, the Ontario Health Insurance Plan (OHIP) has specific billing requirements for services provided through delegation. OHIP requires that physician

- 38 services, such as assessments, counselling, therapy, consultations, and diagnostic service
39 interpretations, be personally rendered by the physician to be paid by OHIP.
- 40 • For questions and advice on such matters, contact the Ontario Medical Association (OMA) or the
41 Provider Services Branch at OHIP.
 - 42 • For more information, see:
 - 43 ○ [Payments for Delegated Procedures](#) (OMA)
 - 44 ○ [OHIP Schedule of Benefits](#) (Ministry of Health)
 - 45 ○ [OHIP Payment Requirements for Services Rendered Personally and Procedures Delegated by a](#)
46 [Physician](#) (Ministry of Health)

47 Resources

- 48 • [Emergency Department Medical Directives Implementation Kit](#) (Ontario Hospital Association)

DRAFT

Motion Title	Revised Professional Obligations: <i>Delegation of Controlled Acts</i>
Date of Meeting	March 5, 2026

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario approves the revised College document “*Professional Obligations: “Delegation of Controlled Acts”*”, formerly referred to as “*Delegation of Controlled Acts*” Policy, (a copy of which forms Appendix “ ” to the minutes of this meeting).

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act*) and the *Medicine Act*.

MARCH 2026

Title:	Draft Policy for Approval to Circulate: <i>Exemption from the Medical Council of Canada Qualifying Examination (For Decision)</i>
Main Contacts:	Samantha Tulipano, Director, Registration & Membership Clara Lau, Manager, Registration & Membership Mike Fontaine, Senior Policy & Governance Analyst
Attachment:	Appendix A: Draft <i>Exemption from the Medical Council of Canada Qualifying Examination</i> policy
Question for Board:	Does the Board of Directors approve the draft policy for circulation?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- A draft *Exemption from the Medical Council of Canada Qualifying Examination* policy (**Appendix A**) has been developed and the Board is asked whether the draft can be approved for circulation. The draft policy provides for an exemption from the Medical Council of Canada’s (MCC) qualifying examination for physicians who have been certified in their home jurisdiction.
- Removing barriers to licensure for qualified physicians aligns with CPSO’s commitment to right-touch regulation.

Current Status & Analysis

- Under [O.Reg. 865/93: Registration](#), applicants for a certificate of registration authorizing independent practice are required to hold Part 1 and 2 of the MCC’s Qualifying Examination (“MCCQE1” and “MCCQE2”).¹
- MCCQE1 is a multiple-choice exam intended to assess the medical knowledge and clinical decision-making of students completing their medical degrees in Canada. It is typically administered at the end of medical school.
 - For physicians trained outside of Canada, CPSO provides [alternative acceptable qualifying examinations](#) to the LMCC.
- Under the new draft policy, internationally trained physicians who are certified by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC) will no longer be required to challenge MCCQE1 (or hold the LMCC) in order to be granted registration in Ontario.
 - Given its primary purpose as a basic assessment for medical students completing their medical degrees, the MCCQE1 is neither an appropriate nor useful tool for assessing mid-career physicians’ clinical knowledge and/or decision-making skills.
 - In most cases, internationally trained physicians have challenged a similar/equivalent examination in their home jurisdiction and have several years of practice experience.
- Should the Board ultimately approve this draft policy, all other registration policies that mandate completion of MCCQE1 will be subject to review.
- Should the Board approve the draft policy, it will be circulated for notice in accordance with Section 22.21 of the *Health Professions Procedural Code* (the *Code*).
- Additionally, pending direction from the Board, the final policy will be brought to the Executive Committee for final approval (subject to feedback received) pursuant to the Committee’s authority under Section 12 of the *Code* and Section 9.2.1 of the CPSO By-laws.

¹ As of June 2021, MCCQE2 is no longer offered. CPSO’s [Licentiate of the Medical Council of Canada \(LMCC\)](#) policy provides for an exemption for MCCQE2 for physicians who hold the Licentiate of the Medical Council of Canada (LMCC).

EXEMPTION FROM THE MEDICAL COUNCIL OF CANADA QUALIFYING EXAMINATION

This policy provides an alternative to the requirement for the successful completion of Part 1 of the Medical Council of Canada Qualifying Exams (MCCQE1) or the Licentiate of the Medical Council of Canada (LMCC) qualification for internationally trained and certified physicians.

A certificate of registration may be issued to internationally trained physicians who have:

- A medical degree from an acceptable medical school; and
- Obtained certification from the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC).

The Registration Committee may direct the Registrar to issue a provisional certificate of registration to applicants who meet the requirements above and are otherwise qualified for a certificate of registration and satisfy the non-exemptible requirements set out in Section 2(1) of Ontario Regulation 865/93.

Motion Title	Draft Policy for Notice and Consultation: <i>Exemption from the Medical Council of Canada Qualifying Examination</i>
Date of Meeting	March 5, 2026

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario engages in the notice and consultation process in accordance with Section 22.21 of the *Health Professions Procedural Code* in respect of the draft policy, "*Exemption from the Medical Council of Canada Qualifying Examination*", (a copy of which forms Appendix " " to the minutes of this meeting).

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act*) and the *Medicine Act*.

MARCH 2026

Title:	Draft Policy for Approval to Circulate: <i>Specialist Recognition Criteria in Ontario</i> (For Decision)
Main Contacts:	Samantha Tulipano, Director, Registration & Membership Clara Lau, Manager, Registration Membership Mike Fontaine, Senior Policy & Governance Analyst
Attachment:	Appendix A: Draft <i>Specialist Recognition Criteria in Ontario</i> policy
Question for Board:	Does the Board of Directors approve the draft policy for circulation?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The [Specialist Recognition Criteria in Ontario](#) policy has been amended to ensure that physicians coming to Ontario after practising as specialists in other Canadian jurisdictions can have their qualifications appropriately recognized. The Board is asked whether the amended policy (**Appendix A**) can be approved for circulation.
- Recognizing the specialist training and credentials of qualified physicians aligns with CPSO’s commitment to right-touch regulation.

Current Status & Analysis

- CPSO’s *Specialist Recognition Criteria in Ontario* policy sets out the criteria that a physician must meet in order to be recognized as a specialist in Ontario.
- In recent months, CPSO has seen an increase in the number of physicians applying to practice in Ontario under the labour mobility provisions in Ontario’s [Regulated Health Professions Act](#) relating to the Canadian Free Trade Agreement.
- Given that these physicians can be registered in Ontario because they hold a licence in another Canadian jurisdiction rather than because they meet the qualifications set out in any of CPSO’s registration policies, some of these physicians do not meet the criteria required to be recognized as specialists.
- The lack of specialist recognition can have implications for these physicians’ ability to bill appropriately for specialized consultations and procedures.
- To ensure that specialist physicians coming to Ontario from other Canadian provinces have their qualifications appropriately recognized, the *Specialist Recognition Criteria in Ontario* policy has been amended. Under the draft policy, these physicians will be recognized as specialists provided that:
 - they have practised for at least five years in Canada, and
 - they have been formally recognized as a specialist for at least five years in another Canadian jurisdiction.
- Should the Board approve the proposed policy amendment, the policy will be circulated for notice in accordance with Section 22.21 of the *Health Professions Procedural Code* (the *Code*).
- Additionally, pending direction from the Board, the final policy will be brought to the Executive Committee for final approval (subject to feedback received) pursuant to the Committee’s authority under Section 12 of the *Code* and Section 9.2.1 of the CPSO By-laws.

SPECIALIST RECOGNITION CRITERIA IN ONTARIO

Approved by Council: April 2005

Reviewed and Updated: November 2011, September 2022, April 2023, July 2023, February 2025

Purpose

In order to practise medicine in Ontario, an individual must hold a valid certificate of registration issued by the College. Specialty recognition is distinct from registration.

[Ontario Regulation 114/94](#) provides that no member shall use a term, title or designation relating to a specialty or subspecialty of the profession in respect of their practice of the profession unless the member has been,

1. certified by the Royal College of Physicians and Surgeons of Canada (RCPSC) in a specialty or subspecialty of the profession to which the term, title or designation relates;
2. certified by the College of Family Physicians of Canada (CFPC) in a specialty or subspecialty of the profession to which the term, title or designation relates; or
3. formally recognized in writing by the College as specialist in the specialty or subspecialty of the profession to which the term, title or designation

This policy sets out the criteria that a physician must meet in order to be recognized as a specialist by the College of Physicians and Surgeons of Ontario.

Scope

This policy applies to individuals who have met the criteria for registration and have been issued a certificate of registration to practise medicine in Ontario.

Under this policy, the College will recognize specialty titles only in areas for which specialties and subspecialties are granted by the RCPSC and the CFPC.

This policy does not apply to physicians who hold certification by RCPSC or the CFPC who are requesting subspecialist recognition at a time when the subspecialty examination is available.

Specialist recognition granted under paragraph 3 above is tied to the physician's practice in Ontario and will automatically expire upon expiry of the physician's certificate of registration.

The determination as to which specialists should be paid as specialists under the Ontario Health Insurance Plan will be made by the Ministry of Health and Long-Term Care of Ontario.

Policy

A physician who meets any of the requirements below will be recognized by the College as a **specialist**:

1. holds certification by the RCPSC; or
2. holds certification in family medicine by the CFPC; or
3. holds specialist certification, obtained by examination, by the Collège des médecins du Québec; or
4. holds certification by a specialty member board of the American Board of Medical Specialties (ABMS), and:
 - a. ABMS certification was obtained by examination, and
 - b. ABMS certification was obtained following successful completion of postgraduate specialty training in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME); or
5. holds certification by a specialty certifying board of the American Osteopathic Association (AOA), and:
 - a. AOA certification was obtained by examination, and
 - b. AOA certification was obtained following successful completion of postgraduate specialty training in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME); or
6. holds a provisional certificate of registration authorizing academic practice in Ontario, and:
 - a. has successfully completed specialty training and obtained certification as a specialist by the certifying body in the country where the individual completed their training, by an organization outside of North America that recognizes medical specialties, and
 - b. the organization which recognized the applicant as a medical specialist did so using standards that are substantially similar to the standards of the RCPSC or the CFPC, and
 - c. holds a full-time academic appointment at a medical school in Ontario at the rank of assistant professor, associate professor or full professor; or
7. holds a provisional certificate of registration that has been issued under the College's [Academic Registration](#) policy, and:
 - a. has completed a minimum of five years of clinical practice in an academic setting in Ontario, and
 - b. has provided evidence of satisfactory clinical performance, knowledge, skill, judgement, and professional conduct from the medical school where the academic appointment was held; or
8. has completed a minimum of one year of independent or supervised practice in Ontario, and:
 - a. has successfully completed specialty training and obtained certification as a specialist by the certifying body in the country where the individual completed their training by an organization outside of North America that recognizes medical specialties, and
 - b. the organization which recognized the applicant as a medical specialist did so using standards that are substantially similar to the standards of the RCPSC or the CFPC, and
 - c. has successfully completed a practice assessment that has been directed by the Registration Committee; or
9. holds a provisional certificate of registration in Ontario that has been issued under the College's [Alternative Pathways to Registration for Physicians Trained in the United States](#) policy, and:

- 75 a. has received written confirmation from a certifying board of the American Board of
76 Medical Specialties (ABMS) or the American Osteopathic Association (AOA) of
77 eligibility to take the certification examination on the basis of satisfactory completion of
78 a residency program accredited by the Accreditation Council for Graduate Medical
79 Education (ACGME) within the last five years; or
- 80 10. holds a provisional certificate of registration in Ontario that has been issued under the
81 College's [Provisional Certificates of Registration for Exam Eligible Candidates](#) policy, and:
82 a. has received written confirmation from the RCPSC of current eligibility, with no pre-
83 conditions, to take the certification examination on the basis of satisfactory completion
84 of a RCPSC-accredited residency program in Canada or a RCPSC recognized program
85 outside of Canada; or
- 86 11. holds a provisional certificate of registration in Ontario that has been issued under the
87 College's [Provisional Certificates of Registration for Exam Eligible Candidates](#) policy, and:
88 a. has received written confirmation from the CFPC of current eligibility, with no pre-
89 conditions, to take the certification on the basis of satisfactory completion of a CFPC-
90 accredited residency program in Canada or a CFPC recognized program outside of
91 Canada; or
- 92 12. holds a provisional certificate of registration in Ontario that has been issued under the
93 College's [Recognition of RCPSC Subspecialist Affiliate Status](#) policy; or ²
- 94 13. holds a provisional certificate of registration in Ontario that has been issued under the
95 College's [Provisional Certificate of Registration for RCPSC Practice Eligibility Route](#) policy; or
- 96 14. holds a certificate of registration that has been issued under the labour mobility provisions in
97 Ontario's Regulated Health Professions Act relating to the Canadian Free Trade Agreement
98 (CFTA), and:
99 a. has practised medicine for at least five years in another Canadian jurisdiction, and
100 has been formally recognized as a specialist for at least five years in another Canadian
101 jurisdiction.

102 Endnotes

103 ¹ The physician shall be solely responsible for payment of all fees, costs, charges, expenses, etc.
104 arising from request for specialist recognition.

105 ² Physicians who have been granted Subspecialist Affiliate status from RCPSC must only identify
106 themselves as specialists in the subspecialty in which their Subspecialist Affiliate attestation was
107 granted. CPSO does not recognize these physicians in a primary/core specialty.

Motion Title	Draft Revised Policy for Notice and Consultation: <i>Specialist Recognition Criteria in Ontario</i>
Date of Meeting	March 5, 2026

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario engages in the notice and consultation process in accordance with Section 22.21 of the *Health Professions Procedural Code* in respect of the draft revised policy, “*Specialist Recognition Criteria in Ontario*”, (a copy of which forms Appendix “ ” to the minutes of this meeting).

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act*) and the *Medicine Act*.

Motion Title	Motion to Move In-Camera
Date of Meeting	March 5, 2026

It is moved by _____, and seconded by _____, that:

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario excludes the public from the part of the meeting immediately after this motion is passed, under clauses 7(2)(b) and (d) of the *Health Professions Procedural Code* (set out below).

Exclusion of public

7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

- (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
- (d) personnel matters or property acquisitions will be discussed.

¹ The Board is deemed to be a reference to the Council of the College as specified in the Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act*) and the *Medicine Act*.