CPSO

Board of Directors Meeting

September 25, 2025

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 September 25, 2025, 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 4:30 p.m. on September 22. Details on this process are available on CPSO's website.

The meeting will convene at 9:00 a.m. on Thursday, September 25, 2025.

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

September 4, 2025

Board of Directors – Board Meeting Agenda

September 25, 2025

Time	Topic and Objective(s)	Page No.
8:30 am	**INFORMAL NETWORKING AND BREAKFAST (30 mins)**	
9:00 am (10 mins)	**1. Call to Order and Welcoming Remarks** (S. Reid) *Discussion*	N/A
9:10 am (5 mins)	**2. Consent Agenda** (S. Reid) *Decision* 2.1 Board meeting agenda 2.2 Draft minutes from the Board meeting held on May 29 and 30, 2025 2.3 Committee Appointments 2.4 Committee Chair and Vice-Chair Appointments 2.5 Code of Conduct, Declaration of Adherence and Board Policy Revisions (Conflict of Interest Policy, Impartiality in Decision Making Policy, and Confidentiality Policy)	 4-19 20 21 22-59
9:15 am (5 mins)	**3. Items for information:** *Information* 3.1 Executive Committee Report – No Report 3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases 3.3 Medical Learners Reports 3.4 Update on Board Action Items 3.5 2026 Q3 Meeting Dates	 - 60-63 64-66 67-68 69
9:20 am (75 mins)	**4. CEO/Registrar's Report** (N. Whitmore) *Discussion*	N/A
10:35 am	**NUTRITION BREAK (20 mins)**	
10:55 am (15 mins)	**5. Board Chair's Report** (S. Reid) *Discussion*	N/A
11:10 am (25 mins)	**6. Governance and Nominating Committee Report** (P. Safieh) 6.1 Approval of 2026 Board Election Date *Decision*	 70-71
11:35 am (25 mins)	**7. Regulatory Amendments: Provisional Class of Registration and Retired Class of Registration** (S. Tulipano) *Decision*	72-78
12:00 pm	**LUNCH (60 mins)**	
1:00 pm (20 mins)	**8. Proposed Targeted Amendments for Final Approval: Delegation of Controlled Acts** (A. Chopra) *Decision*	79-88
1:20 pm (15 mins)	**9. Step #1: Draft Policy for Public Consultation: Delegation of Controlled Acts** (T. Terzis) *Decision*	89-102
1:35 pm (15 mins)	**10. Step #1: Draft Policy for Public Consultation: Maintaining Appropriate Boundaries** (T. Terzis) *Decision*	103-114
1:50 pm (60 mins)	**11. Step #2: Small Group Discussion: Closing a Medical Practice Draft Policy** (T. Terzis) *Discussion*	115-116
2:50 pm	**NUTRITION BREAK (20 mins)**	
3:10 pm (15 mins)	**12. Setting Policy Expectations for Physician Assistants** (A. Chopra) *Decision*	117-125
3:25 pm	**Motion to Go In-Camera** *Decision*	126
3:25 pm (75 mins)	**13. In-Camera Items**	Materials provided under separate cover
4:40 pm	**14. Close Meeting (Followed by a Reflection Session)** (S. Reid)	N/A

DRAFT PROCEEDINGS OF THE MEETING OF THE BOARD
May 29 and 30, 2025

Location: Boardroom, 80 College Street, 3rd Floor, Toronto, Ontario

May 29, 2025

Attendees:

Dr. Baraa Achtar
Dr. Madhu Azad
Dr. Glen Bandiera
Ms. Lucy Becker
Dr. Faiq Bilal (PhD)
Dr. Marie-Pierre Carpentier
Mr. Jose Cordeiro
Mr. Markus de Domenico
Ms. Joan Fisk
Dr. Vincent Georgie (PhD)
Mr. Murthy Ghandikota
Dr. Robert Gratton
Dr. Camille Lemieux
Mr. Paul Malette
Dr. Lionel Marks de Chabris
Dr. Carys Massarella
Dr. Lydia Miljan (PhD)
Dr. Rupa Patel
Mr. Rob Payne
Dr. Ian Preyra
Dr. Sarah Reid (Board Chair)
Ms. Linda Robbins
Dr. Deborah Robertson
Dr. Virginia Roth
Dr. Patrick Safieh (Board Vice-Chair)
Mr. Fred Sherman
Ms. Anu Srivastava
Dr. Andrea Steen
Dr. Katina Tzanetos
Dr. Janet van Vlymen
Dr. Anne Walsh
Dr. Mitchell Whyne

Regrets:
Mr. Stephen Bird

Guests:
Ms. Deanna Williams, Dundee Consulting Group Ltd.

1. Call to Order and Welcoming Remarks

S. Reid, Board Chair, called the meeting to order at 1:00 p.m. Meeting regrets were noted.

R. Gratton provided the land acknowledgement as a demonstration of recognition and respect for Indigenous peoples of Canada.

Conflicts of interest on day 1 for items 6.2, 6.3, and 7 were noted as follows:

Item 6.2 Executive Committee Elections for 2025/26

- P. Safieh to declare a conflict regarding the Board Chair Election and Acclamation;
- A. Steen to declare a conflict regarding the Board Vice-Chair Election and Acclamation;

Item 6.3 Executive Committee Appointments for 2025/26

- M. Carpentier to declare a conflict regarding the Executive Committee Appointments;
- J. Fisk to declare a conflict regarding the Executive Committee Appointments;
- L. Miljan to declare a conflict regarding the Executive Committee Appointments;
- R. Payne to declare a conflict regarding the Executive Committee Appointments;

Item 7 Governance and Nominating Committee Elections for 2025/26

- M. Azad to declare a conflict regarding the GNC Election and Acclamation;
- L. Becker to declare a conflict regarding the GNC Election and Acclamation;
- V. Georgie to declare a conflict regarding the GNC Election and Acclamation;
- S. Reid to declare a conflict regarding the GNC Election and Acclamation.

2. Consent Agenda

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

01-B-05-2025

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves items 2.1 to 2.3 outlined in the consent agenda, which include in their entirety:

2.1 The Board meeting agenda for May 29 and 30, 2025;
2.2 The draft minutes from the Board meeting held on March 6 and 7, 2025;
2.3 Committee Appointments and Re-Appointments

Exceptional Circumstances Request

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves the application of the exceptional circumstances provision in Section 7.6.8 of the CPSO By-laws in respect of Dr. Tina Tao for an additional one year term on the Quality Assurance Committee when the term of her current appointment expires at the close of the 2025 Annual Organizational Meeting of the Board.

Quality Assurance Committee Re-Appointments

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario re-appoints the following individuals to the Quality Assurance Committee for a one-year term commencing as of the close of the AOM of the Board in 2025 until the close of the Annual Organizational Meeting in 2026:

[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*.

Member Name
Dr. Mohammad Keshoofy
Dr. Charles Knapp
Dr. Ken Lee
Dr. Gina Neto
Dr. Ashraf Sefin
Dr. Astrid Sjodin
Dr. Tina Tao

New Ontario Physicians and Surgeons Discipline Tribunal and Fitness to Practise Committee Appointment

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario appoints Dr. Roy Kirkpatrick to the Ontario Physicians and Surgeons Discipline Tribunal and the Fitness to Practise Committee effective May 30, 2025, and expiring at the close of the Annual Organizational Meeting of the Board in 2025.

CARRIED

3. For Information

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

3.1 Executive Committee Report – No Report
3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases
3.3 Government Relations Report
3.4 Policy Report
3.5 Medical Learners Reports – Ontario Medical Students Association (OMSA) and Professional Association of Residents of Ontario (PARO)
3.6 Update on Board Action Items
3.7 2026 Q1 Updates and Q2 Meeting Dates

4. Chief Executive Officer/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, targets, and metrics.

An update regarding the following departments and programs were provided:

- Registration and Membership Services - Annual Renewal closes on June 2 at 5:00 p.m. after which a late fee will be applied. An update was provided on U.S. Pathways aimed at getting U.S. physicians licensed to practice in Ontario to address the physician supply shortage.
- Quality Improvement / Quality Assurance – An update was provided on piloting the QI program for Out of Hospital Premises (OHP) Medical Directors.
- OHP Inspection Program – The CPSO continues to be the inspecting body for OHPs;

- Communications – an update was provided on Dialogue and the launch of the enhanced 2024 Annual Report;
- Legal;
- Investigations and Resolutions – An update was provided on Alternate Dispute Resolution (ADR).
- Ontario Physicians and Surgeons Discipline Tribunal (OPSDT);
- Policy;
- Government Relations and stakeholder collaboration—An update was provided regarding CPSO's work with The Ontario Primary Care Action Team.

Updates were provided on various CPSO operational and staff activities.

5. Board Chair's Report

S. Reid, the Board Chair, presented her report to the Board providing highlights on Physician Leaders Day, the PARO awards banquet and the CPSO leadership program. She provided an update on upcoming initiatives, including the 2025 self-assessment process, and the Board evaluation will begin in the coming months.

It was noted that the September Board meeting will be held on September 25th, and there will be a one-day Board retreat on September 26th.

6. Governance and Nominating Committee Report

P. Safieh, Chair of the Governance and Nominating Committee (GNC), presented the GNC Report. He provided an update on the items from the April 1, 2025, and April 17, 2025 meetings.

6.1 Board Elections Update

An update was provided on the Board Election results, noting that B. Achtar, M. Carpentier, J. Maggie, A. Steen, and J. Stewart were elected.

The Board Chair takes over as meeting Chair for item 6.2

6.2 Executive Committee Elections for 2025/26

An overview was provided on the Executive Committee Elections for 2025/26. The Executive Committee composition was reviewed. P. Safieh has submitted a nomination statement for the Board Chair position and A. Steen has submitted a nomination statement for the Board Vice-Chair position. Both P. Safieh and A. Steen addressed the Board.

P. Safieh and A. Steen depart the meeting due to a conflict of interest.

GNC determined that P. Safieh and A. Steen both met the competency and expertise attributes for the Board Chair and Board Vice-Chair positions. P. Safieh and A. Steen were acclaimed to these positions.

02-B-05-2025 – For Approval: 2025-26 Executive Committee Elections

The following motion was moved by I. Preyra, seconded by L. Marks de Chabris and carried, that:

> The Board of Directors[1] of the College of Physicians and Surgeons of Ontario appoints:
>
> Dr. Patrick Safieh (as Board Chair), and
>
> Dr. Andrea Steen (as Board Vice-Chair),
>
> to the Executive Committee for the year that commences with the close of the Annual Organizational Meeting of the Board in 2025.

CARRIED

P. Safieh and A. Steen rejoined the meeting. P. Safieh resumed as Chair for the remainder of the GNC Report.

M. Carpentier, J. Fisk, L. Miljan and R. Payne depart the meeting due to a conflict of interest.

6.3 Executive Committee Appointments for 2025/26

P. Safieh provided an overview of the process for the Executive Committee Appointments. The following Board Directors have submitted nomination statements for four Executive Committee Member Representative positions:

Dr. Marie-Pierre Carpentier
Ms. Joan Fisk
Dr. Lydia Miljan (PhD)
Mr. Rob Payne

The GNC conducted interviews for the Executive Committee Representative positions and determined that each of the nominees met the competency and expertise attributes for the positions. The Board expressed support for the Executive Committee Appointments. As there were four nominees for four positions, the four nominees were acclaimed.

03-B-05-2025 – For Approval: 2025-26 Executive Committee Appointments

The following motion was moved by L. Becker, seconded by C. Massarella and carried, that:

> The Board of Directors[1] of the College of Physicians and Surgeons of Ontario appoints:
>
> Dr. Marie-Pierre Carpentier,
>
> Ms. Joan Fisk,
>
> Dr. Lydia Miljan (PhD), and
>
> Mr. Rob Payne,

as Executive Member Representatives to the Executive Committee for the year that commences with the close of the Annual Organizational Meeting of the Board in 2025.

CARRIED

M. Azad, L. Becker, V. Georgie, S. Reid, and A. Steen depart the meeting due to a conflict of interest.

S. Reid declared a conflict regarding item 7 Governance and Nominating Committee (GNC) Elections for 2025/26. P. Safieh stepped in as Chair for item 7.

7. Governance and Nominating Committee (GNC) Elections for 2025/26

P. Safieh provided an overview of the GNC Elections for 2025/26. It was noted that F. Sherman withdrew his name from the GNC Elections and was not conflicted for this item. The following Board Directors have submitted nomination statements for the GNC Representative positions:

Dr. Madhu Azad, for Physician Director, GNC member
Dr. Sarah Reid, for Physician Director, GNC member
Ms. Lucy Becker, for Public Director, GNC member
Dr. Vincent Georgie (PhD), for Public Director, GNC member

The Board expressed support for the GNC nominees. The nominees for GNC members were acclaimed as there were two nominees for two Physician Director positions and two nominees for two Public Director positions. As Board Vice-Chair, Andrea Steen assumes the position of GNC Chair in accordance with the CPSO By-laws. There was discussion around conflicts of interest and nominees departing the meeting, the process was clarified.

04-B-05-2025 – For Approval: 2025-26 Governance and Nominating Committee (GNC) Elections

The following motion was moved by L. Marks de Chabris, seconded by C. Lemieux and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario appoints:

Dr. Andrea Steen (as GNC Chair),

Dr. Madhu Azad (as Physician Director, GNC member),

Dr. Sarah Reid (as Physician Director, GNC member),

Ms. Lucy Becker (as Public Director, GNC member), and

Dr. Vincent Georgie (PhD) (as Public Director, GNC member),

to the Governance and Nominating Committee for the year that commences with the close of the Annual Organizational Meeting of the Board in 2025.

CARRIED

M. Azad, L. Becker, V. Georgie, S. Reid, and A. Steen rejoin the meeting.

8. Updated Board Letter of Commitment

C. Allan, Director of Governance, provided an overview of the updated Board Letter of Commitment signed annually by Directors. Following questions and discussion, the Board expressed support to approve the proposed changes to the Board Letter of Commitment to clarify the process for Directors to ask questions and how they will be triaged and the process for obtaining authorization to speak on behalf of the CPSO.

05-B-05-2025 – For Approval: Board Letter of Commitment

The following motion was moved by A. Walsh, seconded by R. Patel and carried, that:

> The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves the revised Board Letter of Commitment (a copy of which forms Appendix "A" to the minutes of this meeting).

CARRIED

9. Draft Policy for Public Consultation: Closing a Medical Practice

T. Terzis, Manager, Policy, provided an overview of the draft policy for public consultation, "*Closing a Medical Practice*". The policy highlights the importance of taking reasonable steps to ensure continuity of care, including providing patients with as much notice as possible prior to closing a medical practice. The Board will be given the opportunity to review the feedback from the public consultation and discuss the policy in further detail at the September Board meeting. Following questions and discussion, the Board expressed support to approve the release of the draft policy for public consultation.

06-B-05-2025 – Draft Policy for Consultation: Closing a Medical Practice

The following motion was moved by G. Bandiera, seconded by C. Massarella and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario engage in the consultation process in respect of the draft revised policy, "*Closing a Medical Practice*," (a copy of which forms Appendix "B" to the minutes of this meeting).

CARRIED

10. Draft Policy Amendments for Consultation: Delegation of Controlled Acts

A. Chopra, Associate Registrar, provided an overview of draft amendments to the *Delegation of Controlled Acts* policy, in response to concerns identified by the Investigations & Resolutions and Legal departments regarding inappropriate delegation. To address these issues, amendments to provisions 7 and 8 were proposed, including limiting and specifying the instances where delegation could occur in the absence of a physician-patient relationship and clarifying the time period within which a clinical assessment must be conducted by a physician.

The Board expressed support for releasing the draft amendments for consultation, with final approval expected at the September meeting following the consultation process.

07-B-05-2025 – Draft Policy for Consultation: Delegation of Controlled Acts Policy

The following motion was moved by G. Bandiera, seconded by L. Marks de Chabris and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario engages in the consultation process in respect of the draft revised policy, "Delegation of Controlled Acts" (a copy of which forms Appendix "C" to the minutes of this meeting).

CARRIED

Item 17: Regulatory Amendments: Provisional Class of Registration and Retired Class of Registration moved up to facilitate flow.

17. Regulatory Amendments: Provisional Class of Registration and Retired Class of Registration

S. Tulipano, Director, Registration and Membership Services, provided an overview of proposed regulatory amendments to introduce two new classes of registration.

The proposed changes to create a Provisional Class of Registration would add clarity to the Physician Register for those who hold a restricted certificate related to scope restrictions and not restrictions imposed by the Inquiries, Complaints and Reports Committee (ICRC), the Tribunal, or other committees due to practice concerns or disciplinary action. A physician who holds a Provisional Certificate for 5 continuous years, with no terms, conditions and limitations other than scope restrictions, will be permitted to apply for an Independent Practice certificate.

An overview of the proposed Retired Class of Registration was provided. The proposed changes to create a Retired Class of Registration would add transparency to the Physician Register by better reflecting who is not in active practice. The Retired Class of Registration would allow physicians to return to practice within two years of holding the Retired Class of Registration, subject to some conditions. The Board discussed the fees associated with the Retired Class of Registration. Following questions and discussion, the Board expressed support to approve circulating the proposed regulatory amendments, which also require government approval.

08-B-05-2025 – Draft Regulation Amendments for Consultation: Provisional Class of Registration and Retired Class of Registration

The following motion was moved by J. Fisk seconded by L. Marks de Chabris and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario (a) release for external consultation and engage in the notice and consultation process in accordance with Section 22.21 of the of the Health Professions Procedural Code, in respect of the draft provisional class of registration and retired class of registration regulatory amendments to the Ontario Regulation 865/93 (Registration) under the *Medicine Act*, 1991, and (b) circulate such draft regulatory amendments to stakeholders pursuant to Section 95(1.4) of the Health Professions Procedural Code, (a copy of which amendments form Appendix "D" to the minutes of this meeting).

CARRIED

Item 18: By-law Amendments for fees relating to the Retired Class of Registration moved up to facilitate flow.

18. By-law Amendments for fees relating to the Retired Class of Registration

S. Tulipano, Director, Registration and Membership Services, provided an overview of the proposed amendments to set the fees relating to the Retired Class of Registration. It was noted that there is no change to the fees that will apply to the Provisional Class.

09-B-05-2025 – For Approval: By-law Amendments for Fees relating to the Retired Class of Registration

The following motion was moved by L. Miljan, seconded by I. Preyra and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario proposes to amend the CPSO By-laws (By-law No. 168) as set out below, after circulation to stakeholders:

1. Section 17.1.1 of the CPSO By-laws is amended by deleting the first sentence thereof and substituting it 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).

Explanatory Note: This proposed by-law must be circulated to the profession.

CARRIED

Item 19: By-law Amendments: Emeritus Status moved up to facilitate flow.

19. By-law Amendments: Emeritus Status

S. Tulipano, Director, Registration and Membership Services, provided an overview of the proposed amendments to the Emeritus Status section of the By-law. The proposed amendments would phase out Emeritus Status. There are 2374 physicians who currently hold Emeritus Status. Those currently holding Emeritus Status will be able to keep it, subject to conditions. Following questions and discussion, the Board expressed support for approving the proposed By-law Amendments relating to Emeritus Status.

10-B-05-2025 – For Approval: By-law Amendments - Emeritus Status

The following motion was moved by P. Malette, seconded by R. Patel and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario amends the CPSO By-laws (By-law No. 168) as set out below:

1. Article 24 of the CPSO By-laws is revoked and substituted with the following:

ARTICLE 24 EMERITUS STATUS

24.1 Emeritus Status

24.1.1 As of **[DATE BY-LAW AMENDMENT APPROVED]**, no person shall be eligible for a new grant of emeritus status, whether by the Registrar or by the Registration Committee.

24.1.2 A person who has emeritus status as of **[DATE BY-LAW AMENDMENT APPROVED]** shall continue to have emeritus status, without any need to apply for renewal of such status, provided that if any of the following conditions are

not met at any time, the person's emeritus status shall terminate 30 days after written notice by the College:

(a) the person has not been the subject of a finding of professional misconduct or incompetence that has been entered in the Register;

(b) the person is not:

(i) in default of payment of any fee payable to the College;

(ii) in default of providing to the College any information required by or under an Act or regulation; and

(iii) is not the subject of proceedings for professional misconduct or incompetence; and

(c) the person is fully retired from the practice of medicine.

24.1.3 A person with emeritus status may not practise medicine.

CARRIED

11. Adjournment - Day 1

S. Reid, Board Chair, adjourned day 1 of the Board meeting at 4:35 pm.

Board Chair

Recording Secretary

DRAFT PROCEEDINGS OF THE MEETING OF THE BOARD
May 30, 2025

Attendees:

Dr. Baraa Achtar
Dr. Madhu Azad
Dr. Glen Bandiera
Ms. Lucy Becker
Dr. Faiq Bilal (PhD)
Dr. Marie-Pierre Carpentier
Mr. Jose Cordeiro
Mr. Markus de Domenico
Ms. Joan Fisk
Dr. Vincent Georgie (PhD)
Mr. Murthy Ghandikota
Dr. Robert Gratton
Dr. Camille Lemieux
Dr. Lionel Marks de Chabris
Dr. Carys Massarella
Dr. Lydia Miljan (PhD)
Dr. Rupa Patel
Mr. Rob Payne
Dr. Ian Preyra
Dr. Sarah Reid (Board Chair)
Ms. Linda Robbins
Dr. Deborah Robertson
Dr. Virginia Roth
Dr. Patrick Safieh (Board Vice-Chair)
Mr. Fred Sherman
Ms. Anu Srivastava
Dr. Andrea Steen
Dr. Katina Tzanetos
Dr. Janet van Vlymen
Dr. Anne Walsh
Dr. Mitchell Whyne

Regrets
Mr. Stephen Bird
Mr. Paul Malette

Guest:
Ms. Deanna Williams, Dundee Consulting Group Ltd.
Mr. Michael Rooke, Partner - Tinkham LLP *(partial attendance)*

12. Call to Order

S. Reid, Board Chair, called the meeting to order at 10:30 a.m., welcomed everyone back to the Board meeting, and noted regrets for day 2. No conflicts of interest were declared for day 2.

13. Revised Draft Policies for Final Approval

13.1 Accepting New Patients

M. Azad, Board Director and Policy Working Group Chair, presented the *"Accepting New Patients"* policy that was released for consultation after the March Board meeting. An overview was provided on the consultation feedback, and key revisions made to the draft policy and advice document in response. The Board provided positive feedback on the revised draft policy, particularly the revised expectations related to "intake appointments" (formerly referred to as "meet and greets"). Following questions and discussion, the Board expressed support to approve the revised draft as a policy of the College.

11-B-05-2025 – Revised Policy for Final Approval: Accepting New Patients

The following motion was moved by C. Lemieux, seconded by L. Marks de Chabris and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves the revised policy "*Accepting New Patients*" as a policy of the College (a copy of which forms Appendix "E" to the minutes of this meeting).

CARRIED

13.2 Ending the Physician-Patient Relationship

M. Azad, Board Director and Policy Working Group Chair, presented the *"Ending the Physician-Patient Relationship"* policy that was released for consultation. An overview was provided on the consultation feedback, and key revisions made to the draft policy and advice document in response. Following questions and discussion, the Board expressed support to approve the revised draft as a policy of the College.

12-B-05-2025 – Revised Policy for Final Approval: Ending the Physician-Patient Relationship

The following motion was moved by A. Steen, seconded by G. Bandiera and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves the revised policy "*Ending the Physician-Patient Relationship*" as a policy of the College (a copy of which forms Appendix "F" to the minutes of this meeting).

CARRIED

13.3 Treatment of Self, Family Members, and Others Close to You

M. Carpentier, Board Director and Policy Working Group Member, presented the *"Treatment of Self, Family Members, and Others Close to You"* policy (formerly titled, *"Physician Treatment of Self, Family Members, and Others Close to Them"*) that was released for consultation. An overview was provided on the consultation feedback, and key revisions made to the draft policy and advice document in response. Following questions and discussion, the Board expressed support to approve the revised draft as a policy of the College.

13-B-05-2025 – Revised Policy for Final Approval: Treatment of Self, Family Members, and Others Close to You

The following motion was moved by C. Lemieux, seconded by C. Massarella and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves the revised policy "*Treatment of Self, Family Members, and Others Close to You*", formerly titled "*Physician Treatment of Self, Family Members, or Others Close to Them"* as a policy of the College (a copy of which forms Appendix "G" to the minutes of this meeting).

CARRIED

Item 16: By-law Amendments: Business Practices moved up to facilitate flow.

16. By-law Amendments: Business Practices

S. Califaretti, Corporate Controller, provided an overview of the proposed By-law amendments to Business Practices provisions relating to responsibility over investment decisions and delegation of authorities to make commitments and payments on behalf of the CPSO. There was discussion on the risk relating to investments. Following questions and discussion, the Board expressed support to approve the By-law amendments.

14-B-05-2025 – For Approval: By-law Amendments - Business Practices

The following motion was moved by L. Miljan, seconded by V. Roth and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario amends the CPSO By-laws (By-law No. 168) as set out below:

1. Section 14.4.2 of the CPSO By-laws is revoked and substituted with the following:

14.4.2 The Executive Committee may by resolution approve the investment or reinvestment of funds of the College that are not immediately required in any investments not listed in Section 14.4.1 which the Executive Committee considers advisable.

2. The following is added as Section 14.5.4 of the CPSO By-laws:

14.5.4 Despite Sections 14.5.1 and 14.5.2, a resolution of the Board or the Executive Committee is not required for the issuance and use of College credit cards or for entering into equipment leases.

3. Section 14.6.2 of the CPSO By-laws is revoked and substituted with the following:

14.6.2 If Signing Officers are not reasonably available, the Registrar or the Chief Operating Officer may delegate signing authority for one or more contracts, agreements, instruments and other similar or related documents, and for authorizations for Obligations, to a College staff person (each, a **"Delegated Signatory"**). Such delegation shall be in writing and saved in College systems. Despite the foregoing, the Registrar and the Chief Operating Officer may not delegate signing authority for any documents or authorizations contemplated in Section 14.5.3, Section 14.6.7 or for cheques in Section 14.6.10.

4. Section 14.6.6 of the CPSO By-laws is revoked and substituted with the following:

14.6.6 Budgeted Expenses: Contracts, agreements, instruments and any other documents requiring signature by the College, and any other authorization (excluding purchase orders and invoices), for expenditures or expenses (for greater certainty, whether for procurement of goods and services or for a non-procurement purpose) (collectively, **"Obligations"**) included or authorized in a budget approved by the Board shall be signed or authorized by a Signing Officer or Delegated Signatory.

5. Section 14.6.10 of the CPSO By-laws is revoked and substituted with the following:

14.6.10 Two Signing Officers shall sign each cheque. A Signing Officer shall not sign a cheque payable to such Signing Officer. Each electronic transfer of funds shall be

authorized by one Signing Officer, or if Signing Officers are not reasonably available, a Delegated Signatory. Such delegation shall be in writing and saved in College systems.

CARRIED

14. Motion to go In-Camera

15-B-05-2025 – Motion to go In-Camera

The following motion was moved by M. Ghandikota, seconded by J. Fisk and carried, that:

The Board of Directors[1] 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

In-Camera Session

The Board of Directors of the College of Physicians and Surgeons of Ontario entered into an In-Camera session at 11:20 a.m. and returned to the open session at 11:52 a.m.

CARRIED

M. Rooke, Audit Partner from Tinkham LLP joined the meeting.

15. Finance and Audit Committee Report

15.1 Audited Financial Statements for 2024 Year

S. Califaretti, Corporate Controller, and N. Kuhanandan, Corporate Accountant, presented the draft 2024 Audited Financial Statements and provided highlights from the audited financial statements and an update on the 2024 financial performance, noting an $8.1M surplus. Following the highlights, S. Califaretti invited M. Rooke, Partner from Tinkham LLP, Charter Professional Accountants, to provide an overview of the audit process and Audit Findings Report.

15.2 For Approval: Audited Financial Statements for the fiscal year ended December 31, 2024

16-B-05-2025 – For Approval: Audited Financial Statements for Fiscal Year 2024

The following motion was moved by L. Marks de Chabris, seconded by M. Ghandikota and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves the audited financial statements for the fiscal year ended December 31, 2024, as presented (a copy of which form Appendix "H" to the minutes of this meeting).

CARRIED

15.3 Audit Findings Report

M. Rooke, Partner of Tinkham LLP provided an overview of the Audit Findings Report as set out in Appendix "I" noting that the audit was clean and that the audit examination was conducted in accordance with Canadian auditing standards for not-for-profit organizations.

M. Rooke, Audit Partner from Tinkham LLP departed the meeting.

15.4 For Approval: Appointment of the Auditor for 2025 fiscal year

A recommendation to appoint Tinkham LLP was presented to the Board. There was discussion on the auditor selection process. It was noted that every five years, the engagement partner and engagement lead change in order to maintain auditor independence. Following questions and discussion, the Board expressed support to appoint the Auditors until the next Annual Financial Meeting of the Board.

17-B-05-2025 – For Approval: Appointment of Auditors

The following motion was moved by C. Massarella, seconded by F. Bilal and carried, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario appoints Tinkham LLP, Chartered Professional Accountants, as the College's auditors to hold office until the next Annual Financial Meeting of the Board.

CARRIED

20. Close Meeting - Day 2

S. Reid, Board Chair, closed the meeting at 2:00 p.m. The next Board meeting is scheduled for September 25, 2025.

Board Chair

Recording Secretary

Title:	Committee Appointments (For Decision)
Main Contacts:	Cameo Allan, Director, Governance Caitlin Ferguson, Governance Coordinator
Question for Board:	Does the Board of Directors (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 committee appointments.
- Ensuring that CPSO committees 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

- Based on committee membership needs, the following candidates are recommended for appointment, effective September 25, 2025, until the close of the 2026 Annual Organizational Meeting (AOM). All future appointments for these members will be for one year, from the AOM to the subsequent.

Committee	Names
Inquiries, Complaints, and Reports[1]	Gail Beck, Albina Veltman, Rajiv Shah, Catherine Cowal, Yoav Brill
Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) and Fitness to Practise Committee (FTP)	Camille Lemieux

- The members listed below are recommended for appointment for a term starting upon the close of the 2025 AOM until the close of the 2026 AOM. All members are eligible to serve a one-year term without reaching their committee, or overall, term limit.

Committee	Names
Finance and Audit	Rob Payne, Patrick Safieh[2]
Inquiries, Complaints and Reports	Olufemi Ajani, Trevor Bardell, Thomas Bertoia, Faiq Bilal, Paula Cleiman, Amie Cullimore, Christopher Hillis, Asif Kazmi, Lara Kent, Susan Lieff, Lydia Miljan, Paul Miron, Wayne Nates, Jude Obomighie, Anna Rozenberg, Fred Sherman, Kuppuswami Shivakumar, Andrew Stratford, Shaul Tarek, Michael Wan, Brian Watada
OPSDT & FTP	Madhu Azad, Heather-Ann Badalato, Lucy Becker, Marie-Pierre Carpentier, Vincent Georgie, Roy Kirkpatrick, Rupa Patel, Rob Payne, Linda Robbins, Virginia Roth, Jay Sengupta, Katina Tzanetos, Carys Massarella
Patient Relations	Carol King, Sharon Rogers
Quality Assurance	Helen Hsu[3]
Registration	Faiq Bilal, Bruce Fage, Diane Hawthorne, Anjali Kundi, Edith Linkenheil, Paul Malette, Sachdeep Rehsia

- Murthy Ghandikota is recommended for appointment to the Finance and Audit and Registration committees for a 4-month term, starting upon the close of the 2025 AOM until April 9, 2026, in order to align with the end of his appointment as a Public Director.

[1] New committee member.
[2] As Dr. Patrick Safieh was elected Chair of the Board at the May 2025 Board meeting, he is being appointed to the FAC in accordance with s. 9.2.1(a) of CPSO By-laws.
[3] New committee member.

SEPTEMBER 2025

Title:	Committee Chair and Vice-Chair Appointments (For Decision)
Main Contacts:	Cameo Allan, Director, Governance Caitlin Ferguson, Governance Coordinator
Question for Board:	Does the Board of Directors (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 appoint Committee Chairs and Vice-Chairs.
- Ensuring that CPSO committees are led by qualified members will enable CPSO to carry out its strategic objectives and fulfill its mandate to serve in the public interest.

Current Status and Analysis

- The Committees listed in the table below have Chairs and/or Vice-Chairs whose leadership term expires upon the close of the 2025 Annual Organizational Meeting (AOM).
- The Governance Office canvassed Committee Support staff regarding leadership succession planning. Leadership candidates have confirmed their willingness to take on the proposed role.
- With the exception of one member[1], the Governance Office has verified that the candidates are eligible to serve the suggested term without reaching their committee, or overall, term limit. As those appointed to a Vice-Chair role typically serve a subsequent term as Chair, Governance staff have also verified that Vice-Chair candidates have at least one year remaining before reaching their committee term limit.
- The following candidates are recommended for one-year appointments, starting upon the close of the 2025 AOM until the close of the 2026 AOM:

Committee	Position	Name
Finance and Audit	Chair	Rob Payne
Inquiries, Complaints, and Reports	Chair	Jane Lougheed
	Vice-Chair	Jude Obomighie
Patient Relations	Chair	Nadia Bello
Ontario Physicians and Surgeons Discipline Tribunal & Fitness to Practise	Vice-Chair	Joanne Nicholson
Registration	Chair	Edith Linkenheil
	Vice-Chair	Bruce Fage
Quality Assurance	Chair	Tina Tao
	Vice-Chair	Astrid Sjodin

[1] Exceptional Circumstances in accordance with s.7.6.8 of CPSO By-laws were approved for Dr. Tina Tao at the May 2025 Board meeting, so that she may serve as a member of QAC for the 2025-2026 year.

SEPTEMBER 2025

Title:	Code of Conduct, Declaration of Adherence and Board Policy Revisions (For Decision)
Main Contacts:	Caitlin Ferguson, Governance Coordinator Cameo Allan, Director, Governance Marcia Cooper, Senior Corporate Counsel and Privacy Officer
Attachments:	**Appendix A:** Declaration of Adherence and Code of Conduct **Appendix B:** Revised Board Policies
Questions for Board:	1. Does the Board of Directors (the Board) approve the revisions to the Code of Conduct and Declaration of Adherence? 2. Does the Board approve the revisions to the three Board Policies (listed below)?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board is asked to review and approve the revised Code of Conduct and Declaration of Adherence (together, the Declaration) and revisions to three Board Policies: (i) Conflict of Interest Policy, (ii) Impartiality in Decision Making Policy, and (iii) Confidentiality Policy.

- As part of governance best practices, the Declaration is reviewed annually to ensure the content is up to date and brought to the Board should there be any recommended changes.

Current Status & Analysis

- The Declaration is signed annually by all Board Directors and Committee members.

- The Governance Office proposes the following updates to the Declaration and/or Board Policies:

    - Clarification of expectations around referring questions from the public and media, social media activity, and making presentations on behalf of CPSO, to align with updates to the Board Letter of Commitment approved at the May 2025 Board meeting.

    - Added language to the Code of Conduct specifying the obligation to promptly return CPSO-issued equipment upon the conclusion of Board or Committee service, or upon request from CPSO staff at any time.

    - Updates to reflect recent changes to the confidentiality provisions in the *Regulated Health Professions Act (RHPA)*.

    - Minor housekeeping changes to the language in the document to match the internal linguistic style guide.

- The Declaration with tracked changes is attached as **Appendix A**, and the Board Policies with tracked changes are attached as **Appendix B.**

- As per past practice, the approved updated Declaration will be posted on CPSO's website and sent out electronically for signatures in Fall 2025.

CPSO

Declaration of Adherence Package

Declaration of Adherence

CPSO Board Directors and Committee Members

As a Director of the Board[1] of the College of Physicians and Surgeons of Ontario (**"CPSO"**) and/or a CPSO Committee member, I acknowledge that:

- ~~the~~ CPSO's duty under the *Regulated Health Professions Act, 1991* (the "***RHPA***") and the *Health Professions Procedural Code* (the **"*Code*"**) (relevant excerpts of which are attached to this document) is to serve and protect the public interest.

- I stand in a fiduciary relationship to ~~the~~ CPSO. This means that I must act in the best interests of ~~the~~ CPSO. As a fiduciary, I must act honestly, in good faith and in the best interests of ~~the~~ CPSO, and must support the interests of ~~the~~ CPSO over the interests of others, including my own interests and the interests of physicians or physician assistants[2].

- I must avoid conflicts between my duty to ~~the~~ CPSO and my personal/self-interest or other professional interests. This includes, but is not limited to, conflicts of interest by virtue of having competing fiduciary obligations to ~~the~~ CPSO and to another organization or holding another position with an organization whose mandate conflicts with the mandate of ~~the~~ CPSO. More information about conflicts of interest is contained in the Conflict of Interest Policy. A conflict of interest is defined in ~~the~~ CPSO By-laws as:

  A Conflict of Interest means any real or perceived, actual or potential, direct or indirect situation in which a Director or committee member has a personal or financial interest, a relationship or affiliation that affects, or a reasonable person would conclude that such interest, relationship or affiliation may affect, the Director's or committee member's judgment or ability to discharge their duties and responsibilities to the College, the Board or a committee, as the case may be.

- As part of my Board or Committee work, I am expected to declare any actual or potential conflicts of interest and act in accordance with the requirements of ~~the~~

[1] Board means the Board of Directors of CPSO and is deemed to be a reference to the Council of CPSO as specified in the Code and the Medicine Act. See the definition in ~~the~~ CPSO By-laws.
[2] Physician assistants ~~are being~~were added as of April 1, 2025.

CPSO By-laws relating to such conflict.

- As part of this Declaration of Adherence, I have completed the attached Disclosure Form to the best of my ability, by identifying any personal or financial interest(s) I have, and any relationship(s) or affiliation(s) I currently have or had in the last three years or anticipate having with any organization, in order to assist ~~the~~ CPSO with determining if the interest(s), relationship(s) or affiliation(s) may create a conflict of interest, even if I do not believe the interest(s), relationship(s) or affiliation(s) creates a conflict of interest.

- I will promptly notify CPSO in writing if I become involved with an organization (for example, take on a new job or become a director of the Board of the organization) or of any other changes or additions to the disclosed information.

- I am aware of the confidentiality obligations imposed upon me by Section 36 (1) of the *RHPA*, a copy of which is attached to this Declaration of Adherence. All information that I become aware of in the course of or through my CPSO duties is confidential and I am prohibited, both during and after the time I am a Director or a CPSO Committee member, from communicating this information in any form and by any means, except in the limited circumstances set out in Sections 36(1)(a) through 36(1)(k) of the *RHPA*.

- I have read Section 40 (2) of the *RHPA*, and understand that it is an offence to contravene subsection 36 (1) of the *RHPA*. I understand that this means in addition to any action ~~the~~ CPSO or others may take against me, I could be convicted of an offence if I communicate confidential information in contravention of Section 36 (1) of the *RHPA*, and if convicted, I may be required to pay a fine of up to $25,000 for a first offence, and a fine of not more than $50,000 for a second or subsequent offence.

- I have read and agree to abide by the Board and Committee Code of Conduct (a copy of which is attached to this Declaration of Adherence).

- I understand that I am subject to ~~the~~ CPSO By-laws, including the provisions setting out the circumstances in which I will or may be disqualified from sitting on the Board or on a Committee. I will immediately notify CPSO in writing if any of the criteria for disqualification as a Director or a Committee member, as applicable, arises regarding me.

- I have read and am familiar with ~~the~~ CPSO By-laws and governance policies. I am bound to adhere to and respect ~~the~~ CPSO By-laws and the policies applicable to Directors and Committee members, including without limitation, the following:
  - ☐ Board and Committee Code of Conduct
  - ☐ Conflict of Interest Policy
  - ☐ Impartiality in Decision Making Policy
  - ☐ Confidentiality Policy
  - ☐ Use of CPSO Technology Policy
  - ☐ Safe Disclosure Policy
  - ☐ E-mail Management Policy
  - ☐ Information Breach Protocol
  - ☐ CPSO Access Protocol
  - ☐ Protection from Workplace Violence, Harassment and Discrimination Policy
  - ☐ Role Description of a CPSO Director/Committee Member (as applicable)

- I must conduct CPSO work using a CPSO-issued computer or laptop, that I will return promptly after the end of my term as a Director or Committee member, or earlier upon request by ~~the~~ CPSO, and that I am not permitted to use a personal computer or laptop for CPSO work.

- I must use **only** my CPSO-provided email address (e.g., cpso.on.ca) for any and all communications relating to CPSO work.

☐ I confirm I have read, considered and understand the Declaration of Adherence including associated documents, and agree to abide by its provisions.

☐ I understand that any breach of this Declaration of Adherence may result in remedial action, censure or removal from office.

_____	_____	_____
Printed Name	Signature	Date

Disclosure Form

Please complete this Disclosure Form in full. This information will be reviewed by ~~the~~ CPSO to determine whether a conflict of interest exists or may be perceived to exist, and the extent of the impact of any conflicts or potential conflicts on your involvement in CPSO work. Please note that listing a personal or financial interest, or a relationship or affiliation with an organization does not necessarily mean there is a conflict of interest. Please indicate if any of the following apply, even if you do not think it creates a conflict of interest:

	Yes	No
I have a financial or personal interest (or a person who is related to me has a financial or personal interest) that may relate to ~~the~~ CPSO in any way and therefore may be perceived to be a conflict of interest.	☐	☐
I am, or have been within the last three years, an employee, Board director or officer of, or in another position of responsibility with, any of the following organizations or types of organizations:	☐	☐

- The Ontario Medical Association
- The Canadian Medical Protective Association
- The Canadian Medical Association
- The Coalition of Family Physicians and Specialists of Ontario
- The Ontario Specialists Association
- A medical specialty association or society (ex. Canadian Anesthesiologists Society)
- Canadian Association of Physician Assistants
- Ontario Physician Assistants Association
- An organization involved in physician or physician assistant advocacy
- Hospital (including a Hospital Board or other leadership positions)
- Ontario government agency (ex. Ontario Health) or Ministry etc.
- Royal College of Physicians and Surgeons of Canada
- The College of Family Physicians of Canada
- Ontario College of Family Physicians
- Medical Council of Canada
- Other regulatory authority

I am, or have been within the last three years, an employee, Board director or officer of, or in another position of responsibility with, any other organization (not listed or covered above).	☐	☐

If you selected "Yes" to any of the above, please provide the name of the organization, your position, when and for how long the role was held and any other explanation or information about it. If you think there may be any potential conflict not captured in the above questions, please disclose it below, providing all relevant information.

1.
2.
3.

☐ I have no conflicts to declare other than those indicated above.

Printed Name	Signature	Date
_____	_____	_____

Purpose

This Code of Conduct sets out expectations for the conduct of Directors and Committee members to assist them in:

- carrying out ~~the~~ CPSO~~'s~~ duties under the *Regulated Health Professions Act, 1991* (the "***RHPA***") to serve and protect the public interest; and,
- ensuring that in all aspects of its affairs, Directors and Committees maintain the highest standards of public trust and integrity.

Application

This Code of Conduct applies to all CPSO Board Directors and to all CPSO Committee members, including non-Board Committee members.

Fiduciary Duty and Serving and Protecting the Public Interest

Fiduciary Duty

Directors and Committee members are fiduciaries of ~~the~~ CPSO and owe a fiduciary duty to ~~the~~ CPSO. This means they are obligated to act honestly, in good faith and in the best interests of ~~the~~ CPSO, putting the interests of ~~the~~ CPSO ahead of all other interests, including their own interests and the interests of physicians and physician assistants.

As set out in the Declaration of Adherence, Directors and Committee members must avoid situations where their personal interests will conflict with their duties to ~~the~~ CPSO. See ~~the~~ CPSO's Conflict of Interest Policy for further information.

~~Directors and Committee members who are appointed or elected by a particular group must act in the best interests of the CPSO even if this conflicts with the interests of their appointing or electing group~~Elected Directors do not represent the voters who elected them, and Academic Directors do not represent their respective Faculties of Medicine. Public Directors who are appointed by the Lieutenant Governor in Council do not represent the government's interests. They must act in the best interest of CPSO even when this conflicts with the interests of the voters who elected them, their Faculty of Medicine, or the government. ~~In particular:~~

Registrants[1] who are elected to the Board as Directors do not represent their electors.

- Registrants of academic faculties who are appointed to the Board as Directors do not represent the interests of their academic institutions.
- Public Directors of the Board who are appointed by the Lieutenant Governor in Council do not represent the government's interests.

Serving and Protecting the Public Interest

The CPSO is the self-regulatorying body for the province's medical profession, which self-regulates through CPSO, subject to the *RHPA*. In carrying out its role as a regulator governed by the *RHPA*, the CPSO has a duty to "serve and protect the public interest". This duty takes priority over advancing any other interest. For greater clarity, advancing other interests must only occur when those interests are not inconsistent with protecting and serving the public interest. As Directors and Committee members have a fiduciary duty to the CPSO, they must keep in mind that in performing their duties they are expected to work together to support the CPSO in fulfilling this mandate.

Advancing the Profession's Interests

It is possible that while serving and protecting the public, Directors and Committee members can also collectively advance the interests of the profession. However, there may be times when serving and protecting the public may not align with the interests of the profession. When this occurs, Directors and Committee members must protect and serve the public interest over the interests of the profession.

Conduct and Behaviour

Respectful Conduct

Directors and Committee members bring to the Board and CPSO Committees diverse backgrounds, skills and experiences. While Directors and Committee members may not always agree on all issues, discussions shall take place in an atmosphere of mutual respect and courtesy and should be limited to formal meetings as much as possible.

For greater clarity, discussing Board or Committee matters outside of formal meetings is strongly discouraged.

[1] Registrant means a member of CPSO. See the definition in the CPSO By-laws.

The authority of the Board Chair[2] must be respected by all Directors.

Board and Committee Solidarity

Directors and Committee members acknowledge that they must support and abide by authorized decisions of the Board and Committees they sit on, even if they did not support those decisions. The Board and each Committee speaks with one voice. Those Directors or Committee members who have abstained or voted against a motion must adhere to and support the decision of a majority of the Directors or Committee members, as the case may be.

Media Contact, Social Media, and Public Discussion

Directors and Committee members must always consider the potential impact of all their communications, media contact, social media use and online conduct, whether public or private, on the reputation of, or public trust in, ~~the~~ CPSO, the profession, medical self-regulation or a CPSO stakeholder (including the Ontario Medical Association, the Ontario Physician Assistants Association, the government, medical schools and others). This applies whether the Director or Committee member has or has not explicitly stated that their views do not reflect the views of ~~the~~ CPSO.

Board and CPSO Spokespersons

The Board Chair is the official spokesperson for the Board. The Board Chair represents the voice of the Board to all stakeholders. The Registrar/CEO (or specified delegate(s)) is the official spokesperson for ~~the~~ CPSO.

Media Contact, Communications and Public Discussion

News media contact and responses and public discussion of ~~the~~ CPSO's affairs should only be made through the authorized spokespersons. Authorized spokespersons may include the Board Chair, the Registrar/CEO, or specified delegate(s).

No Director or ~~a~~ CPSO Committee member shall speak, communicate or make representations (including in social media or in private communications) on behalf of the Board or ~~the~~ CPSO unless authorized by the Board Chair (or, in the Board Chair's

[2] Board Chair is deemed to be a reference to the President of CPSO as specified in the Code and the Medicine Act. See the definition in ~~the~~ CPSO By-laws.

absence, the Board Vice-Chair[3]) and the Registrar/CEO, (except as set out in the section below on *Representation on Behalf of CPSO)*. When so authorized, the Director or Committee member's representations must be consistent with accepted positions and policies of ~~the~~ CPSO and the Board and must comply with the confidentiality obligations under the *RHPA*.

Social Media Use

Directors and Committee members are held to a very high standard that moves beyond the Social Media policy that applies to physicians and physician assistants generally. In addition, Directors and Committee members must recognize that effective advocacy is generally difficult to balance with their role at ~~the~~ CPSO.

Directors and Committee members are permitted (and encouraged) to share and positively comment on or interact with social media postings that have been approved by ~~the~~ CPSO, for example, sharing CPSO job postings, ~~e~~*Dialogue*, or other posts from CPSO's official channels. Doing so is consistent with speaking with one voice when representing ~~the~~ CPSO.

If or When Engaging on Social Media:

- Do not speak on behalf of ~~the~~ CPSO unless authorized by the Board Chair (or, in the Board Chair's absence, the Board Vice-Chair) and the Registrar/CEO;

- Do not engage on social media in any way that could be interpreted to represent or establish the position of ~~the~~ CPSO, or compromise the reputation of ~~the~~ CPSO, its Board or its Committees, even if the views expressed are noted to be an individual's views and not representative of ~~the~~ CPSO;

- Do not engage (including posting, responding or commenting) on matters that relate or could relate to ~~the~~ CPSO or issues that ~~the~~ CPSO is involved in. It is up to ~~the~~ CPSO to determine if it will respond to these postings. A response or comment by a Director or Committee member to such matters on social media may be perceived by others as being a response or comment by or on behalf of CPSO, even if they say they are not speaking on behalf of CPSO;

[3] Board Vice-Chair is deemed to be a reference to the Vice-President of CPSO as specified in the Code and the Medicine Act. See the definition in ~~the~~ CPSO By-laws.

- Do not engage on matters that relate to or touch upon specific cases or general themes with regards to cases that may have come before a CPSO Committee. This may create a possible apprehension of bias on the part of the Committee member for future cases. For example, strong statements about a specific Registrant or group of Registrants, or an area of medical practice, could give rise to the appearance of bias when deciding cases related to them;

- Do not respond to any negative or confrontational content that is or could be seen to be related to ~~the~~ CPSO, and notify CPSO staff should they discover or receive any negative or confrontational content on social media; and,

- Be professional and respectful on social media, including but not limited to not engaging in harassing, discriminatory or otherwise abusive behaviour.

All Directors and Committee members are expected to respond to and cooperate with ~~the~~ CPSO if ~~the~~ CPSO raises concerns about their ~~member's~~ social media engagement. If asked by ~~the~~ CPSO, the Director or Committee member will immediately stop engaging in social media identified by ~~the~~ CPSO, and will follow the direction of ~~the~~ CPSO, including to remove or edit the post, stop posting to or engaging on social media, whether or not the Director or Committee member thinks their posts are appropriate.

~~Directors and Committee members are encouraged to obtain guidance from the CPSO prior to engaging with social media to assist with compliance with this Code of Conduct.~~ Directors and Committee members who have questions about a social media post they wish to make are encouraged to c~~C~~ontact the Governance Office ~~should you have any questions~~ (govsupport@cpso.on.ca).

Representation on Behalf of the CPSO

Directors and Committee members may be asked to present to groups on behalf of ~~the~~ CPSO or may be invited to represent ~~the~~ CPSO at events or within the community. Directors and Committee members will not speak on behalf of CPSO unless explicitly ~~are expected to first obtain authorization~~ authorized by the Communications Office to do so~~, as noted above, and to coordinate with CPSO staff to develop appropriate messaging and materials for such presentations~~.

Every Director and Committee member of ~~the~~ CPSO shall respect the confidentiality of information about ~~the~~ CPSO whether that information is received in a Board or Committee meeting or is otherwise provided to or obtained by the Director or

Committee member. The duty of confidentiality owed by Directors and Committee members is set out in greater detail in ~~the~~ CPSO's Confidentiality Policy.

Equity, Diversity, and Inclusion

Equity, diversity, and inclusion is important to ~~the~~ CPSO in order to fulfil our mandate to protect and serve the public interest. Directors and Committee members are expected to support the CPSO's work towards providing a more diverse, equitable, and inclusive environment at ~~the~~ CPSO, within the profession, and for patients across the province, and approach all work at ~~the~~ CPSO with a diversity, equity, and inclusion lens.

Email and CPSO Technology

More information on email and CPSO technology use can be found in the:

- Use of CPSO Technology Policy
- Information Breach Protocol
- E-mail Management Policy
- CPSO Access Protocol

CPSO Email Address

Directors and Committee members must use **only** their CPSO-provided email address (eg., cpso.on.ca) for all communications relating to their CPSO work. CPSO emails (including virtual meeting invitations) must not be forwarded or sent to a personal email address under any circumstances. This is very important to maintain the confidentiality of CPSO-related communications. The use of ~~the~~ CPSO's email system by Directors and Committee members for personal matters should be incidental and kept to a minimum.

~~Members~~ Directors and Committee members are expected to check their CPSO email account regularly. Directors and Committee members should not expect to receive notifications that CPSO email has been sent to them via a personal email, text or phone number, and should not ask CPSO staff to send these notifications. Directors and Committee members may contact IT for assistance with accessing or using their CPSO email, including having IT download the ~~CPSO~~ Outlook app on their personal mobile phones.

CPSO Technology

Directors and Committee members should have no expectation of privacy in their use of CPSO Technology or in CPSO Information. ~~The~~ CPSO may monitor and review the use of CPSO Technology by Directors and Committee members, and may open and review e-mail messages, instant messaging, internet activity and other CPSO Information (including those of a personal nature), at any time without notice for the purposes of verifying compliance with CPSO policies, to protect CPSO Information and other CPSO property and for other lawful purposes.

~~The~~ CPSO's Policy on Use of CPSO Technology applies to Directors and Committee members. As provided in that policy, all information and data (including e-mail and instant messaging) (referred to as CPSO Information) generated or stored on CPSO systems, devices and associated computer storage media (referred to as CPSO Technology) are the exclusive and confidential property of ~~the~~ CPSO.

Directors and Committee members must conduct CPSO work using CPSO-issued computers or laptops, not personal computers or laptops. Use of CPSO-issued computers or laptops by Directors and Committee members for personal or non-CPSO matters should be kept to a minimum.

Additionally, the Information Technology department must approve any software downloads to CPSO Technology or systems.

CPSO information must be saved in CPSO systems., ~~and~~ Directors and Committee members should not download, save or store CPSO information on CPSO Technology (e.g. on C drive or desktop) ~~or~~and must not download, save or store CPSO Information on a personal device~~s~~. Any printed hard copies of materials and handwritten notes relating to any Board and Committee meetings should be securely destroyed (such as cross-shredding) immediately after the meeting. For OPSDT and FTP matters, notes and materials must be shredded or deleted once any appeals have concluded.

Directors and Committee members should be aware that they leave a CPSO "footprint" on the internet when accessing it from ~~the~~ CPSO's wireless network or while using CPSO Technology or their CPSO email address. Directors and Committee members are reminded that when they use CPSO networks, they are representing the CPSO at all times during their Internet travels.

Other Director and Committee Member Commitments

In addition to any other obligation listed in this Code of Conduct or in the Declaration of Adherence, each Director and Committee member commits to:

- uphold strict standards of honesty, integrity and loyalty;
- adhere to all applicable CPSO By-laws and policies, in addition to those listed or referred to in this Code of Conduct;
- attend Board and Committee meetings, as applicable to the member, be on time and engage constructively in discussions undertaken at these meetings;
- prepare prior to each Board and Committee meeting, as applicable to the member, so that they are well-informed and able to participate effectively in the discussion of issues and policies;
- state their ideas, beliefs and contributions to fellow Directors and Committee members and CPSO staff in a clear and respectful manner;
- where the views of the Director or Committee member differ from the views of the majority of Directors or Committee members, work together with the Board or the Committee, as applicable, toward an outcome in service of the highest good for the public, the profession and ~~the~~ CPSO;
- uphold the decisions and policies of the Board and Committees;
- behave in an ethical, exemplary manner, including respecting others in the course of a member's duties and not engaging in verbal, physical or sexually harassing or abusive behaviour;
- participate fully in evaluation processes requested by CPSO that endeavour to address developmental needs in the performance of the Board, Committee and/or individual Director or Committee member;
- willingly participate in Board and Committee responsibilities;
- ~~promote the objectives of the CPSO through authorized outreach activities consistent with CPSO's mandate and strategic plan and in accordance with this Code of Conduct; and~~

- respect the boundaries of CPSO staff whose role is neither to report to nor work for individual Directors or Committee members.

- return their CPSO equipment promptly upon the conclusion of their Board or Committee service, or upon request by CPSO at any time. Failure to return CPSO equipment within 90 days of the conclusion of service may result in the member being invoiced for the value of the equipment.

Amendment

This Code of Conduct may be amended by Board.
Updated and approved by Board: September 25~~6~~, 2025~~4~~

Schedule 1: Relevant Sections of the *Regulated Health Professions Act* and the Health Professions Procedural Code

Regulated Health Professions Act

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

(a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;

(b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;

(c) to a body that governs a profession inside or outside of Ontario;[1]

(d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Integrated Community Health Services Centres Act, 2023*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Fixing Long-Term Care Act, 2021*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada);

(d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;

(d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection

[1] Note: On December 1, 2024, the day named by proclamation of the Lieutenant Governor, subsection 36 (1) of the Act is amended by adding the following clause: (See: 2021, c. 27, Sched. 2, s. 70 (1))
(c.1) to the Health and Supportive Care Providers Oversight Authority for the purposes of administering the Health and Supportive Care Providers Oversight Authority Act, 2021;

75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;

(e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;

(f) to the counsel of the person who is required to keep the information confidential under this section;

(g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;

(h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;

(i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;

(j) with the written consent of the person to whom the information relates; or

(k) to the Minister in order to allow the Minister to determine,

(i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or

(ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2); 2021, c. 39, Sched. 2, s. 23 (1); 2023, c. 4, Sched. 1, s. 82.

Offences

40. (2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than $25,000 for a first offence and not more than $50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

(3) Every corporation that contravenes section 31, 21, or 33 or subsection 34(1), 34.1(1) or 36(1) is guilty of an offence and on conviction is liable to a fine of not more than $50,000 for a first offence and not more than $200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s.12.

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

(a) to the extent that the information is available to the public under this Act, a health profession Act or the Drug and Pharmacies Regulation Act;

(b) in connection with the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;

(c) to a body that governs a profession inside or outside of Ontario;

(c.1) to the Health and Supportive Care Providers Oversight Authority for the purposes of administering the Health and Supportive Care Providers Oversight Authority Act, 2021;

(d) as may be required for the administration of the Drug Interchangeability and Dispensing Fee Act, the Healing Arts Radiation Protection Act, the Health Insurance Act, the Health Protection and Promotion Act, the Integrated Community Health Services Centres Act, 2023, the Laboratory and Specimen Collection Centre Licensing Act, the Fixing Long-Term Care Act, 2021, the Retirement Homes Act, 2010, the Ontario Drug Benefit Act, the Coroners Act, the Controlled Drugs and Substances Act (Canada) and the Food and Drugs Act (Canada);

(d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;

(d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;

(e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;

(f) to the counsel of the person who is required to keep the information confidential under this section;

(g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;

(h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;

(i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;

(j) with the written consent of the person to whom the information relates; or

(k) to the Minister in order to allow the Minister to determine,

i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the Drug and Pharmacies Regulation Act or the Drug Interchangeability and Dispensing Fee Act, or

ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s.7(1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2(1,2); 2021, c. 27, Sched. 2, s. 70(1); 2021, c. 39, Sched. 2, s.23 (1); 2023, c. 4, Sched. 1, s. 82.

Offences

40. (2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than $25,000 for a first offence and not more than $50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

(3) Every corporation that contravenes section 31, 21, or 33 or subsection 34(1), 34.1(1) or 36(1) is guilty of an offence and on conviction is liable to a fine of not more than

$50,000 for a first offence and not more than $200,000 for a second or subsequent offence. 2007, c. 10, Sched. M,

CPSO Board and Committee
Conflict of Interest Policy

Purpose

This Policy defines conflict of interest and explains the duties of Directors of the Board[1] of the College of Physicians and Surgeons of Ontario (**"CPSO"**) ~~CPSO Board~~ and CPSO committee members with respect to conflicts of interest.

Application

This Policy applies to Directors of the Board ~~of the College of Physicians and Surgeons of Ontario (**"CPSO"**)~~ and members of CPSO committees (together referred to as "**Members**"). Unless stated otherwise, references to committees in this Policy are references to CPSO committees.

Policy

All Members have a duty to act solely in the best interests of CPSO, consistent with the mandate of CPSO to act in the public interest, and to maintain the trust and confidence of the public in the integrity of the decision making processes of the Board and committees.

To this end, Members must avoid or resolve conflicts of interest while performing their duties for CPSO. Even if there is no actual conflict of interest, Members must make best efforts to avoid situations that Registrants[2] or a member of the public might consider or perceive as a conflict of interest.

Definition and Description of Conflict of Interest

Section 10.1.1 of CPSO By-laws defines conflict of interest as follows:

A Conflict of Interest means any real or perceived, actual or potential, direct or indirect situation in which a Director or committee member has a personal or financial interest, a relationship or affiliation that affects, or a reasonable person would conclude that such interest, relationship or affiliation may affect, the Director's or committee member's judgment or ability to discharge their duties and responsibilities to the College, the Board or a committee, as the case may be.

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[1] Board means the board of directors of CPSO and is deemed to be a reference to the Council of CPSO as specified in the Code and the Medicine Act. See the definition in CPSO By-laws.

[2] Registrant means a member of CPSO. See the definition in CPSO By-laws.

The situations in which a potential conflict of interest may arise cannot be exhaustively set out. Conflicts generally arise in the following situations:

- **Interest of a Member:** when a Member enters into any business arrangement either directly or indirectly with CPSO, or has a significant interest in a transaction or contract with CPSO;
- **Interest of a relative or association:** when a Member's immediate family or practice/business partner(s) enters into any business arrangement with CPSO;
- **Gifts:** when a Member or a member of the Member's household or any other person, company or organization chosen by the Member, accepts gifts, credits, payments, services or anything else of more than a token or nominal value from a party with whom CPSO may enter into a business arrangement (including a supplier of goods or services) for the purposes of (or that may be perceived to be for the purposes of) influencing an act or decision of the Board or a committee;
- **Other motivating or competing interests:**
    - **Self-interest:** when a Member exercises their~~his or her~~ powers motivated by self-interest or any purpose other than the public interest;
    - **Competing Fiduciary Obligations and Roles in Other Organizations:** when a Member has competing "fiduciary obligations" (see below) to both CPSO and another organization, and the interests or mandate of that other organization may, or may be perceived to, conflict with or be inconsistent with the interests or mandate of CPSO. For example, the Member holds a position on the governing body of an organization that advocates for physicians or physician assistants generally or for particular specialists. This could conflict with, or be seen to conflict with, the Member's duty to act in the public interest in their~~his or her~~ role with CPSO.
        - A Member should avoid placing themself under an obligation to or entering into a relationship with another organization that gives rise to competing professional interests in the performance of their duties with CPSO, even if the Member's role in the other organization falls short of being a "fiduciary".
        - What do we mean by "**fiduciary**"? A person who is in a special relationship of trust and confidence with an organization (or an individual) is said to be a fiduciary of that organization, and as such, is obligated to act in the interests of that organization over the interests of others, including the person's own interests. By virtue of a Member's position on the Board or a committee, the Member is a fiduciary of CPSO. A physician who is on the Board of, or has an executive position on, the OMA, for example, would be a fiduciary to the OMA.
- **Failure to disclose information:** when Members fail to disclose information that is relevant to a vital aspect of the affairs of CPSO.

Disclosure of Conflicts of Interest

Members are required to disclose conflicts of interest to CPSO.

Each Member is required to identify, on the Disclosure Form attached to the annual Declaration of Adherence, any personal or financial interest(s) they have, and any relationship(s) or affiliation(s) they currently have or had in the last three years or anticipate having with any organization, in order to assist CPSO with determining if the interest(s), relationship(s) or affiliation(s) may create a conflict of interest, even if the Member does not believe the interest(s), relationship(s) or affiliation(s) creates a conflict of interest.

Members are also required to promptly notify CPSO in writing at any time if they become involved with an organization (for example, take on a new job or become a director of the Board of the organization) or of any other changes or additions to the disclosed information.

Process for Resolution of Conflicts of Interest

Acting in a conflict of interest is a breach of CPSO policy and may be the basis for disqualification or other removal of the Member from the Board and/or ~~a~~ committee. Article 10 of ~~the~~ CPSO By-laws (attached) contain the process for disclosing and resolving a potential conflict of interest. If the Board is not satisfied that a conflict is resolvable through the process in ~~the~~ CPSO By-~~l L~~aws, the Board may ask the Member to resign, rescind a Committee member's appointment, or disqualify the Member.

Amendment

The Board may amend this Policy.

Updated and approved by the Board: September 25~~6~~, 2025~~4~~

Appendix 1: Conflict of Interest Provisions in CPSO By-laws

10.1 Definition of Conflict of Interest

10.1.1 A Conflict of Interest means any real or perceived, actual or potential, direct or indirect situation in which a Director or committee member has a personal or financial interest, a relationship or affiliation that affects, or a reasonable person would conclude that such interest, relationship or affiliation may affect, the Director's or committee member's judgment or ability to discharge their duties and responsibilities to the College, the Board or a committee, as the case may be.

10.2Process for Resolution of Conflicts

~~10.1.2~~10.2.1 If a Director or committee member has a Conflict of Interest, the Director or committee member shall:

(a) disclose the conflict;
(b) not participate in the discussion of the matter;
(c) absent themselves from that portion of the meeting when the Board or committee, as the case may be, is discussing the matter; and
(d) not vote on the matter, attempt to influence the vote or decision on the matter, or do anything that might reasonably be perceived as an attempt to influence other Directors or committee members, as the case may be, or the vote or the decision relating to the matter.

~~10.1.3~~10.2.2 Without limiting the generality of Section ~~10.1.2~~10.2.1, a Director who has or may have a Conflict of Interest in connection with Board business shall consult with the Registrar and disclose the Conflict of Interest at the earliest opportunity, and in any case before the Board considers the matter to which the Conflict of Interest relates. If there is any doubt as to whether a Conflict of Interest exists, the Director shall declare it to the Board and accept the Board's decision as to whether a Conflict of Interest exists.

10.2.3 Without limiting the generality of Section ~~10.1.~~10.2.1~~2~~, a ~~member of a~~ committee member who has or may have a Conflict of Interest in connection with a matter before the committee shall consult with the appropriate committee support representative, or in the case of an adjudicative committee (including, for greater certainty, OPSDT and the Fitness to Practise Committee), with the OPSDT Office. The committee member shall disclose the Conflict of Interest at the earliest opportunity, and in any case before the committee considers the matter to which the Conflict of Interest relates. The committee member shall accept the direction of the chair of the committee as to whether there is a Conflict of Interest and any steps the chair takes or requires to resolve the Conflict of Interest. If the chair of a committee has or may have a Conflict of Interest, the chair shall accept the direction of the Executive Committee as to whether there is a Conflict of Interest and any steps the Executive Committee takes or requires to resolve the Conflict of Interest.

10.3 Record of Declarations and Compliance

~~10.1.5~~10.3.1 Declarations of Conflict of Interest shall be recorded in the written record of proceedings of the applicable meeting.

~~10.1.6~~10.3.2 All Directors and committee members shall comply with the Conflicts of Interest Policy of the College and the Impartiality in Decision Making Policy of the College.

CPSO

Purpose

The purpose of this Policy is to set out the appropriate processes for identifying and dealing with situations where a lack of impartiality might arise that could disqualify a member of a committee of the College of Physicians and Surgeons of Ontario ("**CPSO**") from making a decision in a particular matter. Unless stated otherwise, references to committees in this Policy (including Appendix 1) are references to CPSO committees.

Application

Part I of this Policy applies to all members of the Ontario Physicians and Surgeons Discipline Tribunal ("**OPSDT**")[1] and the Fitness to Practise Committee (collectively, the "**Tribunal**") in the context of a hearing involving a decision directly affecting the rights, interests or privileges of a named Registrant[2].

Part II of this Policy applies to all members of CPSO committees in the context of a meeting involving a decision directly affecting the rights, interests and privileges of a named Registrant or person.

This Policy should be read in combination with the Board's[3] policy on the Provision of Opinions by Committee Members, attached as Appendix 1 to this Policy.

This Policy applies in addition to the Conflict of Interest Policy.

PART I: Avoiding Perceptions of Bias in Adjudicative Decisions of the OPSDT and Fitness to Practise Committee

Background

The *Regulated Health Professions Act, 1991* calls upon the Tribunal in certain circumstances to make final decisions in the context of a hearing which could affect a Registrant's rights, interests or privileges. Such final decisions are referred to in this Policy elsewhere as "**adjudicative decisions**".

[1] The Ontario Physicians and Surgeons Discipline Tribunal (or OPSDT) is deemed to be a reference to the Discipline Committee of CPSO as specified in the Code and the Medicine Act. See the definition in ~~the~~ CPSO By-laws.
[2] Registrant means a member of CPSO. See the definition in ~~the~~ CPSO By-laws.
[3] Board means the board of directors of CPSO and is deemed to be a reference to the Council of CPSO as specified in the Code and the Medicine Act. See the definition in ~~the~~ CPSO By-laws.

A Tribunal member sitting in an adjudicative role, for example, in a disciplinary hearing, must be free of a reasonable apprehension of bias. Whether actual bias exists or can be demonstrated is largely irrelevant. A Registrant whose rights and privileges may be curtailed as a result of an adjudicative decision is entitled to decision-makers who are neither biased, nor appear to a reasonable person to be biased.

A reasonable apprehension of bias exists where a reasonable and informed person, viewing the matter realistically and practically, and having thought the matter through, would conclude that the decision-maker, whether consciously or unconsciously, may not decide the matter fairly and impartially.

Policy

A Tribunal member should not adjudicate in a hearing where circumstances may give rise to a reasonable apprehension of bias on the part of the Tribunal member.

Identifying the Potential for Bias

It is impossible to outline all circumstances in which a reasonable apprehension of bias could arise, or to give definitive answers in the abstract. There are many different kinds of relationships, events and conduct that may give rise to a reasonable apprehension of bias. Tribunal members should be aware of the potential for bias and seek advice whenever a potential, even remote, likelihood of bias exists. By way of example, the following circumstances will often create a reasonable apprehension of bias on the part of the decision-maker in respect of a particular proceeding:

- The Tribunal member has an association, relationship, non-financial interest or activity that would be seen to be incompatible with their responsibilities as an impartial decision-maker. Examples of these include:
    - The Tribunal member provided an opinion in a case for or against the subject Registrant;
    - The Tribunal member is the current or former practice partner of the subject Registrant; or
    - The Tribunal member or a member of their family is a close friend or relative of the subject Registrant or the complainant.
- The Tribunal member has prior knowledge of a matter, for example if the Tribunal member decided a matter involving the Registrant on a different committee (but see note below), or the Tribunal member obtained information about the matter through previous employment or other form of work or activity. Note that prior knowledge of a matter obtained through work at CPSO may not always create a reasonable apprehension of bias, depending on the context and the committees involved; the Tribunal member should consult the Tribunal Chair.

- The Tribunal member has made past statements or expressed views about issues relevant to the matter before them that suggests prejudgment of the issue, or the Tribunal member's past conduct or actions indicate prejudgment. The provision by a Tribunal member of a letter of support (i.e. a character reference) to CPSO or a committee in respect of a Registrant or facility for whom or which there is an investigation or review at any stage by CPSO may create a reasonable apprehension of bias; Tribunal members should never provide these letters of support.
- An appearance of bias may arise from the Tribunal member's conduct during the hearing; examples include communicating with one party without the knowledge or inclusion of the other, overly aggressive questioning of one party, refusing to hear evidence, constant interruptions of one party, and laughing and making exasperated noises during testimony.

The following circumstances generally would not, of themselves, be considered to create a reasonable apprehension of bias on the part of a decision-maker in respect of a particular proceeding before a committee on which the member sits:

- The decision-maker went to medical school with the subject Registrant; or
- The decision-maker has attended educational conferences that the subject Registrant also attended.

Nothing set out above should be taken to interfere with the entitlement of a potential panel member to refuse to sit on a particular matter on the basis that they are of the view that an apprehension of bias may exist.

Process for Dealing with Potential Bias in an Adjudicative Proceeding

The Tribunal Office when canvassing committee members for availability for matters coming before the Tribunal, should provide the committee members with some basic information about the identity of the parties and their respective counsel or other representatives.

- If a Tribunal member believes they have had any interactions or relationship with the subject Registrant that could lead to a reasonable apprehension of bias in respect of that matter, the Tribunal member should not provide availability to the Tribunal Office for that matter.

A Tribunal member may at any time consult with the Tribunal Chair as to whether they should serve as a member of a panel hearing a particular matter, having regard to circumstances that might create a reasonable apprehension of bias on the part of the decision-maker.

If a committee member becomes aware of a circumstance or circumstances that might give rise to a reasonable apprehension of bias in respect of an adjudicative proceeding after they are assigned to a hearing and before the hearing starts, the committee member should immediately advise and consult with the Tribunal Chair.

If the circumstance arises on the day of the hearing or during the hearing (i.e. after the hearing starts), the Tribunal member should immediately consult with the Chair of the panel and/or the Tribunal Chair.

PART II: Maintaining Impartiality in Non-adjudicative Decisions of CPSO Committees
Background

Most decisions made by CPSO committees are non-adjudicative; that is, they are not final decisions which affect a Registrant's rights, interests or privileges, which a committee arrives at through a hearing. However, similar principles of fairness may apply to these decisions as to adjudicative decisions. Accordingly, committee members must be aware of circumstances which could give rise to a perception that they are not able to decide a matter fairly and impartially because of some connection to or relationship with Registrant or person about whom they are making a decision.

Policy

A committee member should not take part in a decision if a reasonable and informed person would conclude that the committee member is not able to decide fairly and impartially, for example, because of some connection to or relationship with the Registrant or person about whom they are making a decision.

Maintaining Impartiality

The standard of impartiality for non-adjudicative decisions may be lower than that for adjudicative decisions. In other words, circumstances that could create a reasonable apprehension of bias for an adjudicative decision may not raise concerns about the ability of a committee member to decide a matter fairly and impartially in a non-adjudicative context. Generally, committee members should appear amenable to persuasion and keep an open mind in making a decision about a Registrant or person outside the adjudicative or hearing context.

The factors that are relevant for determining whether there may be a reasonable apprehension of bias in adjudicative decisions are also relevant in the context of non-adjudicative decisions. The circumstances listed above under the heading "Identifying the Potential for Bias" in Part I should be used as a tool for determining whether circumstances create the potential for the appearance that a decision lacks fairness

and impartiality. It may not be the case that a committee member has to refrain from making a decision due to these circumstances. However, committee members should be aware of the potential that a personal relationship or strongly held opinion may give rise to the perception that the member has a "closed mind". Committee members should seek advice with respect to any concerns about maintaining impartiality.

Process for Maintaining Impartiality in Non-Adjudicative Decisions

When a committee member receives an agenda for a meeting, before reviewing the supporting materials, the committee member should review the names of the Registrants and persons under consideration. The committee member should identify any Registrant or person about whom the committee member may not be able to reach an impartial and fair decision, or who may give rise to a perception that the committee member would not make an impartial and fair decision.

If the committee member identifies any such Registrant or person, the member should advise the committee support representative, who will consult with CPSO counsel to determine if the committee member should or should not participate in the decision. The committee support representative will advise the committee member accordingly. The committee member should not review any materials relevant to such a Registrant or person until the matter is resolved.

If it is determined that there is a potential that the committee member would not make an impartial and fair decision, or a potential for a perception that the committee member would not make an impartial and fair decision, the committee member will leave the room (if in person) or not participate in the conference call or virtual meeting while the committee considers the particular Registrant's or person's case.
The committee will not ask the committee member to review or discuss any materials regarding the matter.

Amendment

The Board may amend this policy. Updated and approved by the Board: September 25~~6~~, 2025~~4~~

Appendix 1: Provision of Opinions by Committee Members

A. No Director of the Board and no member of any committee shall provide an opinion in respect of matters that are currently being investigated or reviewed in any CPSO department or by any committee.

B. (1) Prior to agreeing to provide any professional opinion for any type of proceeding or potential proceeding outside of CPSO, the Director or committee member shall:

   I. satisfy themself that the matter is not at any stage of investigation or review in any CPSO department or by any committee by:
      a. asking the party who wishes to retain them if the matter is at the CPSO;
      b. and contacting the committee support representative to confirm that the matter is not at CPSO; and
   II. satisfy themself that the party who is retaining them does not intend to bring the matter to CPSO, and has received no indication that the opposing party has any intention to bring the matter to CPSO.

   (2) After being retained to provide an opinion or act as an expert, the Director or committee member must advise the committee support representative for the Board or the relevant committee of their involvement in a proceeding or potential proceeding involving a Registrant ("**Subject Registrant**"), in order to ensure that the appropriate internal CPSO screen be established, to be used if the need arises. This is to ensure that the expert Director or committee member is not involved in any future CPSO matter involving the Subject Registrant.

C. If CPSO begins an investigation or review of the subject matter after a Director or committee member has been retained to provide an opinion or act as an expert, but prior to the Director or committee member providing a draft or final opinion or testifying (whichever comes first), the Director or committee member shall (i) immediately end their retainer to provide an opinion or act as an expert, (ii) ensure that no confidential information about the matter is provided to any other Director or committee member, and that no CPSO information is provided to any participant in the matter outstanding with CPSO, and (iii) recuse themself from the matter outstanding with CPSO.

D. If CPSO begins an investigation or review of the subject matter after a Director or committee member provides any draft or final opinion or testifies in a proceeding, the Director or committee member shall (i) immediately notify the Board or committee support representative of their involvement in the case, (ii) ensure that no confidential information about the matter is provided to any other Director or committee member, and that no CPSO information is provided to any participant in the matter outstanding with CPSO, and (iii) recuse themself from the matter outstanding with CPSO.

CPSO Board and Committee
Confidentiality Policy

Purpose

To ensure that confidential matters are not disclosed until disclosure is authorized by the Board[1] of the College of Physicians and Surgeons of Ontario ("CPSO").

Policy

Directors of the Board and CPSO committee members owe to CPSO a duty of confidence. Every Director and committee member is subject to sections 36(1) and 40 of the Regulated Health Professions Act, 1991 ("RHPA") (which provisions are set out below). All information that Directors and committee members become aware of in the course of or through their CPSO duties is confidential. Directors and committee members are prohibited from disclosing or discussing with another person or entity, or from using for their own purpose, this information, except in the limited circumstances set out in Sections 36(1)(a) through (k) of the RHPA.

Every Director or committee member shall ensure that they make no statement, disclosure or representation that is not authorized by the Board Chair (or in the Board Chair's absence, the Board Vice-Chair) and the Registrar/CEO, to the media~~press~~ or public. When so authorized, the Director's or committee member's statement, disclosure or representation must comply with the confidentiality obligations under the RHPA.

Application

This Policy applies to all Directors and committee members.

Confidential Matters

All matters which are the subject of closed (in camera) sessions of the Board are confidential until disclosed in an open session of the Board.

All matters which are before a committee or task force of the Board are confidential until disclosed in an open session of the Board.

All matters which are the subject of open sessions of the Board are not confidential.

[1] Board means the board of directors of CPSO and is deemed to be a reference to the Council of CPSO as specified in the Code and the Medicine Act. See the definition in ~~the~~ CPSO By-laws.

~~Notwithstanding that information disclosed or matters dealt with in an open session of the Board are not confidential, no Director shall make any statement to the press or the public in their capacity as a Director or on behalf of the Board or CPSO unless such statement has been authorized by the Board Chair (or in the Board Chair's absence, the Board Vice-Chair) and the Registrar/CEO. Directors are referred to the Board's Declaration of Adherence and Code of Conduct's section on Media Contact, Social Media, and Public Discussion.~~

Procedure for Maintaining Minutes

Minutes of closed (in camera) sessions of the Board shall be recorded in accordance with ~~the~~ CPSO By-laws marked confidential and shall be handled in a secure manner.

All minutes of meetings of committees and task forces of the Board shall be marked confidential and shall be handled in a secure manner.

RHPA Provisions

Confidentiality

36. (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

(a) to the extent that the information is available to the public under this Act, a health profession Act or the Drug and Pharmacies Regulation Act;

(b) in connection with the administration of this Act, a health profession Act or the Drug and Pharmacies Regulation Act, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;

(c) to a body that governs a profession inside or outside of Ontario;

(c.1) to the Health and Supportive Care Providers Oversight Authority for the purposes of administering the Health and Supportive Care Providers Oversight Authority Act, 2021;

(d) as may be required for the administration of the Drug Interchangeability and Dispensing Fee Act, the Healing Arts Radiation Protection Act, the Health Insurance Act, the Health Protection and Promotion Act, the Integrated Community Health Services Centres Act, 2023, the Laboratory and Specimen Collection Centre Licensing Act, the Fixing Long-Term Care Act, 2021, the Retirement Homes Act, 2010, the Ontario Drug Benefit Act, the Coroners Act, the Controlled Drugs and Substances Act (Canada) and the Food and Drugs Act (Canada);

(d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;

(d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;

(e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;

(f) to the counsel of the person who is required to keep the information confidential under this section;

(g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;

(h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;

(i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;

(j) with the written consent of the person to whom the information relates; or

(k) to the Minister in order to allow the Minister to determine,

i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the Drug and Pharmacies Regulation Act or the Drug Interchangeability and Dispensing Fee Act, or

ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s.7(1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2(1,2); 2021, c. 27, Sched. 2, s. 70(1); 2021, c. 39, Sched. 2, s.23 (1); 2023, c. 4, Sched. 1, s. 82.

~~**36** (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,~~

~~(a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;~~

~~(b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;~~

~~(c) to a body that governs a profession inside or outside of Ontario;~~[2]

~~(d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Integrated Community Health Services Centres Act, 2023*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Fixing Long-Term Care Act, 2021*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada);~~

~~(d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;~~

~~[2] Note: On December 1, 2024, the day named by proclamation of the Lieutenant Governor, subsection 36 (1) of the Act is amended by adding the following clause: (See: 2021, c. 27, Sched. 2, s. 70 (1))~~
~~(c.1) to the Health and Supportive Care Providers Oversight Authority for the purposes of administering the Health and Supportive Care Providers Oversight Authority Act, 2021;~~

(d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;

(e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;

(f) to the counsel of the person who is required to keep the information confidential under this section;

(g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;

(h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;

(i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;

(j) with the written consent of the person to whom the information relates; or

(k) to the Minister in order to allow the Minister to determine,

(i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or

(ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2); 2021, c. 39, Sched. 2, s. 23 (1); 2023, c. 4, Sched. 1, s. 82.

Amendment

This Policy may be amended by the Board.
Approved by the Board: September 256, 20254

Board Motion

Motion Title	Consent Agenda
Date of Meeting	September 25, 2025

It is moved by_____, and seconded by_____, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves items 2.1 to 2.5 outlined in the consent agenda, which include in their entirety:

2.1 The Board meeting agenda for September 25, 2025;
2.2 The draft minutes from the Board meeting held on May 29 and 30, 2025;
2.3 Committee Appointments

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario appoints the following individuals to the following Committees commencing September 25, 2025, and expiring on the close of the Annual Organizational Meeting of the Board (AOM) in 2026:

Committee	**Names**
Inquiries, Complaints, and Reports	Gail Beck, Albina Veltman, Rajiv Shah, Catherine Cowal, Yoav Brill
Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) and Fitness to Practise (FTP)	Camille Lemieux

[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*.

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario appoints the following individuals to the following Committees for a one-year term commencing at the close of the 2025 AOM and expiring on the close of the 2026 AOM:

Committee	Names
Finance and Audit	Rob Payne, Patrick Safieh[2]
Inquiries, Complaints and Reports	Olufemi Ajani, Trevor Bardell, Thomas Bertoia, Faiq Bilal, Paula Cleiman, Amie Cullimore, Christopher Hillis, Asif Kazmi, Lara Kent, Susan Lieff, Lydia Miljan, Paul Miron, Wayne Nates, Jude Obomighie, Anna Rozenberg, Fred Sherman, Kuppuswami Shivakumar, Andrew Stratford, Shaul Tarek, Michael Wan, Brian Watada
OPSDT & FTP	Madhu Azad, Heather-Ann Badalato, Lucy Becker, Marie-Pierre Carpentier, Vincent Georgie, Roy Kirkpatrick, Rupa Patel, Rob Payne, Linda Robbins, Virginia Roth, Jay Sengupta, Katina Tzanetos, Carys Massarella
Patient Relations	Carol King, Sharon Rogers
Quality Assurance	Helen Hsu
Registration	Faiq Bilal, Bruce Fage, Diane Hawthorne, Anjali Kundi, Edith Linkenheil, Paul Malette, Sachdeep Rehsia

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario appoints the following individual to the following Committees for a four-month term commencing at the close of the 2025 AOM and expiring on April 9, 2026:

Committee	Name
Registration; Finance and Audit	Murthy Ghandikota

2.4 Committee Chair and Vice-Chair Appointments

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario appoints the following Committee Members as Chairs and Vice-Chairs, as noted below, to the following Committees, commencing as of the close of the 2025 AOM in 2025, and expiring on the close of the 2026 AOM:

Committee	Position	Name
Finance and Audit	Chair	Rob Payne
Inquiries, Complaints, and Reports	Chair	Jane Lougheed
	Vice-Chair	Jude Obomighie

[2] As Dr. Patrick Safieh was elected Chair of the Board at the May 2025 Board meeting, he is being appointed to the FAC in accordance with s. 9.3.1(a) of CPSO By-laws.

Committee	Position	Name
Patient Relations	Chair	Nadia Bello
OPSDT & FTP	Vice-Chair	Joanne Nicholson
Registration	Chair	Edith Linkenheil
	Vice-Chair	Bruce Fage
Quality Assurance	Chair	Tina Tao
	Vice-Chair	Astrid Sjodin

2.5 Code of Conduct, Declaration of Adherence and Board Policy Revisions

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves the revised Declaration of Adherence and Code of Conduct, (a copy of which forms Appendix "A" to the minutes of this meeting); and

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves the revised (i) "Conflict of Interest Policy", (ii) "Impartiality in Decision Making Policy", and (iii) "Confidentiality Policy", (copies of which form Appendices "B", "C" and "D" to the minutes of this meeting respectively).

SEPTEMBER 2025

Title:	Ontario Physicians and Surgeons Discipline Tribunal Report of Completed Cases | May 10, 2025 – September 4, 2025 (For Information)
Main Contact:	Dionne Woodward, Tribunal Counsel

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- This report summarizes reasons for decision released between May 10, 2025 – September 4, 2025, 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 & Analysis

In the period reported, the Tribunal released 9 reasons for decision:

- 4 sets of reasons on findings (liability) and penalty
- 3 sets of reasons on finding
- 1 set of reasons on penalty
- 1 set of reasons on a motion

Findings

Liability findings included:

- 2 findings of sexual abuse
- 5 findings of disgraceful, dishonourable or unprofessional conduct
- 1 finding of failing to maintain standard of practice
- 2 findings of having been found guilty of an offence relevant to suitability to practise
- 1 finding of conduct unbecoming a physician
- 1 finding of having engaged in professional misconduct in that, as confirmed by reliable records from a health profession regulator outside Ontario, the registrant settled an allegation with that regulator that they committed an act or omission that would constitute professional misconduct or incompetence under Ontario legislation

Penalty

Penalty orders included:

- 1 revocation
- 4 suspensions
- 5 reprimands
- 3 impositions of terms, conditions or limitations on the physician's certificate of registration

Costs

The Tribunal imposed a costs order on the physician in all penalty reasons, the highest of which was $39, 295.

TABLE 1: TRIBUNAL DECISIONS – FINDINGS (May 10, 2025 – September 4, 2025)

Citation and hyperlink to published reasons	Physician	Date of Reasons	Sexual Abuse	Guilty of offence relevant to suitability to practise	Disgraceful, Dishonourable or Unprofessional Conduct	Failed to maintain standard of practice	Other
2025 ONPSDT 16	Sidhu	May 29, 2025					- Engaged in professional misconduct in that, as confirmed by reliable records from a health profession regulator outside Ontario, the registrant settled an allegation with that regulator that he committed an act or omission that would constitute professional misconduct or incompetence under Ontario legislation.
2025 ONPSDT 19	Polemidiotis	June 23, 2025	X	X	X		- Conduct unbecoming a physician.
2025 ONPSDT 20	Horri	July 21, 2025			X		
2025 ONPSDT 21	Bookman	July 22, 2025					- The Tribunal made *no finding* of professional misconduct.
2025 ONPSDT 22	Ola	August 21, 2025			X	X	
2025 ONPSDT 23	Khulbe	August 22, 2025	X		X		
2025 ONPSDT 24	Thomas	August 25, 2025		X	X		-

TABLE 2: TRIBUNAL DECISIONS – PENALTIES (May 10, 2025 – September 4, 2025)

Citation and hyperlink to published reasons	Physician	Date of reasons	Penalty (TCL = Terms, Conditions or Limitations)	Length of suspension in months	Costs
2025 ONPSDT 16	Sidhu	May 29, 2025	Suspension, reprimand, TCL	10 months	$6000
2025 ONPSDT 18	Kustka	June 17, 2025	Suspension, reprimand, TCL	Suspension continues until the later of: - 4 months, or when ordered documents/ information are provided. The registrant's certificate will be revoked if: - 6 months have passed since initial suspension, and - appeal rights are exhausted, and the registrant remains under suspension.	$39,295
2025 ONPSDT 19	Polemidiotis	June 23, 2025	Revocation, reprimand		$6000
2025 ONPSDT 20	Horri	July 21, 2025	Suspension, reprimand	12 months	$6000
2025 ONPSDT 24	Thomas	August 25, 2025	Suspension, reprimand, TCL	6 months	$6000

TABLE 3: TRIBUNAL DECISIONS - MOTIONS AND CASE MANAGEMENT (May 10, 2025 – September 4, 2025)

Citation and hyperlink to published reasons	Physician(s)	Date of reasons	Motion/Case management outcome	Nature of motion/case management issue
2025 ONPSDT 17	Bookman	May 30, 2025	In this interlocutory decision, the Tribunal dismissed a motion by the College seeking to admit similar fact evidence from two former patients in support of its allegation that Dr. Arthur Bookman, a rheumatologist, sexually abused a patient during a clinical examination.	The Tribunal found that the proposed similar fact evidence failed to meet the threshold of probative value required for admissibility: being untainted by intentional or inadvertent collusion and therefore reasonably capable of belief.

Ontario Medical Students' Association
CPSO Council Update
September 25th 2025

Zoe Tsai, President
Vidhi Bhatt, President-Elect

OMSA Ontario Medical Students Association
AÉMO Association des étudiant·e·s de médecine de l'Ontario

Thank you once again to the CPSO for inviting representatives from the Ontario Medical Students Association (OMSA) to observe and participate in your Council meeting. Now starting up the 2025-2026 academic year, we have provided some updates on initiatives and highlighted some of the top key priorities that Ontario medical students have across the province.

1. **Orientation & Outreach** - Our council has been heavily engaging with each of the seven medical schools via orientation weeks to increase OMSA's presence and engagement with all medical students. We have also completed distribution of all clerkship kits to students entering clerkship and have ongoing collaborations with multiple organizations. One of our priorities this year includes the integration of TMU and assisting with their establishment of student representation/governance.
2. **Provincial Medical Education Standards -** In May, we finalized our analyses of Professionalism, Mistreatment, and Appeals policies and recommendations. We would greatly appreciate the CPSO's support as we reach out to faculties and UGME's to implement our recommendations in hopes of providing more equitable undergraduate medical education for all Ontario medical students.
3. **Distributed Education:** Our team is having ongoing discussions with the Ministry of Health and Auditor General's Office on key areas including rural/distributive programs (e.g., ROMP, ERMEP), clerkship policies/stipends (e.g., Clerkship Travel Grant), and residency restrictions (for both CMGs and IMGs). We will also be attending OMA Queens' Park Day to bring awareness to these topics with other Ontario physicians as well and would greatly appreciate your support.
4. **Advocacy & Education Priorities Survey -** Similar to last year, our education and advocacy portfolios are currently examining the perspectives of current students on medical education and issues in healthcare. This data will be used to inform our advocacy priorities for the coming year.

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

Inspired by our love of medicine

PARO Update to CPSO September 2025

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.

PARO General Council and Site Chairs
Over the month of July, PARO held its annual elections for General Council (GC), and we are pleased that all 100 positions have been filled, including 4 spots for residents at our newest site, Toronto Metropolitan University, (TMU). Following our General Council elections, each site team selected a Site Chair who will be responsible for leading the work of the team locally. We have had the opportunity to begin our training and onboarding process for our Site Chairs, and they are eager to begin work with their local site teams. We are very pleased that both the GC and Site Chairs' elections were very competitive, and we are excited to get started with this new team.

PARO Board
In June we elected our PARO Board and we are engaged with the robust training and team-building PARO provides to help us and the PARO Staff develop into a high performing team. Through a series of sessions, we learn about ourselves, how to work with each other and how to employ critical thinking, discussion and decision-making. The access to this training at PARO has become a significant reason for the competitive Board elections we have been fortunate to have.

Toronto Metropolitan University
On July 1, 2025 TMU, Ontario's newest medical school, welcomed their first residents. PARO attended TMU's new resident orientation event, which was a great success, and since then we have had the opportunity to meet with the new TMU GC in September.

PARO continues to be engaged with the TMU PGME, paycentre and the PARO Board will meet with the TMU GC Team in November, to learn more about how TMU residents are working and training.

On the heels of TMU opening its doors, we are also working closely with York University as they prepare to launch their medical school and PGME office in July 2028.

Accreditation
Accreditation is one of the greatest ways residents can have their voice heard and inspire change in their programs. This year there will be two important accreditation reviews in Ontario:

- A full on-site accreditation review will be held at Queen's University April 26-May 1, 2026.
- An external review of the CFPC and Enhanced Skill programs will be done at TMU on February 23-24, 2026 in order to capture the experience of this first cohort of Family Medicine and Enhanced Skill residents before they transition to practice.

PARO will be working closely with RDoC to ensure residents are well prepared and fully engaged in this important opportunity to help shape and strengthen their training programs. This will include sending out the RDoC Pre-Accreditation Questionnaire (RPQ) to all Queen's residents and CFPC and Enhanced skills TMU residents to gather their feedback in preparation for the on-site reviews.

SEPTEMBER 2025

Title:	Update on Board Action Items (For Information)
Main Contacts:	Carolyn Silver, Chief Legal Officer Cameo Allan, Director, Governance Adrianna Bogris, Board Administrator

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 May 29 and 30, 2025. The motions carried can be found in the links below, and the implementation status of the decisions is outlined in the Status column of Table 1.

Table 1: Board Decisions from the May 29 and 30, 2025 meeting

Reference	Motions Carried	Status
01-B-05-2025	**Consent Agenda** The following Consent Agenda items were approved by the Board of Directors: **2.1 The Board meeting agenda for May 29 and 30, 2025;** **2.2 The draft minutes from the Board meeting held on March 6 and 7, 2025;** **2.3 Committee Appointments and Re-Appointments** • **Exceptional Circumstances Request** • **Quality Assurance Committee Re-Appointments** • **New Ontario Physicians and Surgeons Discipline Tribunal and Fitness to Practise Committee Appointment**	Complete.
02-B-05-2025	**For Approval: 2025-26 Executive Committee Elections**	Complete.
03-B-05-2025	**For Approval: 2025-26 Executive Committee Appointments**	Complete.
04-B-05-2025	**For Approval: 2025-26 Governance and Nominating Committee (GNC) Elections** The Board of Directors[1] of the College of Physicians and Surgeons of Ontario appoints: Dr. Andrea Steen (as GNC Chair), Dr. Madhu Azad (as Physician Director, GNC member), Dr. Sarah Reid (as Physician Director, GNC member), Ms. Lucy Becker (as Public Director, GNC member), and Dr. Vincent Georgie (PhD) (as Public Director, GNC member), to the Governance and Nominating Committee for the year that commences with the close of the Annual Organizational Meeting of the Board in 2025. **CARRIED**	Complete.

[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 *Regulation Health Professions Act*) and the *Medicine Act*.

Reference	Motions Carried	Status
05-B-05-2025	For Approval: Updated Board Letter of Commitment	Complete.
06-B-05-2025	Draft Policy for Consultation: Closing a Medical Practice	Out for consultation.
07-B-05-2025	Draft Policy Amendments for Consultation: Delegation of Controlled Acts Policy	Out for consultation.
08-B-05-2025	Draft Regulation Amendments for Consultation: Provisional Class of Registration and Retired Class of Registration	Out for consultation.
09-B-05-2025	For Approval: By-law Amendments for Fees relating to the Retired Class of Registration	Circulated to the profession.
10-B-05-2025	For Approval: By-law Amendments - Emeritus Status	Complete.
11-B-05-2025	Revised Policy for Final Approval: Accepting New Patients	Complete.
12-B-05-2025	Revised Policy for Final Approval: Ending the Physician-Patient Relationship	Complete.
13-B-05-2025	Revised Policy for Final Approval: Treatment of Self, Family Members, and Others Close to You	Complete.
14-B-05-2025	For Approval: By-law Amendments - Business Practices	Complete.
15-B-05-2025	Motion to go In-Camera	Complete.
16-B-05-2025	For Approval: Audited Financial Statements for Fiscal Year 2024	Complete.
17-B-05-2025	For Approval: Appointment of Auditors	Complete.

Board of Directors Briefing Note

SEPTEMBER 2025

Title:	Q3 2026 Meeting Dates (Information)
Main Contacts:	Cameo Allan, Director, Governance Christina Huang, Team Lead, Governance

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board of Directors (Board) is provided with CPSO meeting dates for Q3 of 2026.

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.

- Below are the 2026 Q3 meeting dates:

July

M	T	W	T	F
		1 Canada Day	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August

M	T	W	T	F
3 Civic Holiday	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24 GNC	25 EC	26	27	28
31				

September

M	T	W	T	F
	1	2	3	4
7 Labour Day	8	9	10	11
14	15	16	17	18
21	22	23	24 BOD	25 BOD
28	29	30		

BOD	Board of Directors
EC	Executive Committee
GNC	Governance & Nominating Committee
	Stat Holiday

SEPTEMBER 2025

Title:	2026 Board Election Date (For Decision)
Main Contacts:	Cameo Allan, Director, Governance Christina Huang, Team Lead, Governance
Question for Board:	Does the CPSO Board of Directors approve the 2026 Board Election date?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The CPSO Board of Directors (Board) is asked to review and approve the proposed 2026 Election date.
- Reviewing the Election date and timeline supports a governance structure that serves the public interest by ensuring clear and timely communication with Registrants.

Current Status & Analysis

- The timeline below, which aligns with the requirements set by the CPSO By-laws (sections 3.3 and 4.1), ensures adequate time is allocated for the Board Election process, minimizes overlap with election dates of other regulators and associations, avoids CPSO's annual renewal period, and incorporates lessons learned from the 2025 Election cycle.
- The 2026 Academic Appointment process is aligned with the Board Election. The call for applicants will be earlier to allow the deans of each Faculty of Medicine more time to recommend candidate(s). However, the application deadline, candidate interviews and decision-making timeline remain the same and since there is no voting period, the appointment(s) will be presented to the Board at their March meeting for approval.

Date	Activity
August 25, 2025	**The Governance and Nominating Committee (GNC) meeting** to review the Board Profile and identify the skills, experiences, and diversity attributes (Attributes) that GNC will target in the 2026 Election.
September 25	**Board meeting** to approve Election Date.
October 6	Notice of Election distributed to Registrants (including Physician Assistants).
October 6-24	Conduct targeted outreach to organizations aligned with the Attributes identified by the GNC and identify other outreach opportunities. (GNC may also identify and solicit candidates.)
October 24	Deadline for applications.
December 9	**GNC meeting** to review applications and select which applicants to interview.
January, 2026	Candidate interviews (if GNC deems necessary).
January 27	**GNC meeting** to review interview results and determine the Slate of Nominees (Slate). Once applicants are notified of the GNC decision, they can dispute.
February 10	**Executive Committee** meeting to review disputes, if any.
February 17	Ballots sent; voting begins.
March 5-6	**Board Meeting**
March 10	Election Day – Voting closes.
March 13	Deadline for Nominees to request a recount and Results announced 2-3 days after.
2026 AOM	Successful candidates to begin their term at the close of the meeting.

Board Motion

Motion Title	2026 Board Election Date
Date of Meeting	September 25, 2025

It is moved by_____, and seconded by_____, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves the 2026 Board Election date set out below:

March 10, 2026

[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 *Regulation Health Professions Act*) and the *Medicine Act*.

SEPTEMBER 2025

Title:	Regulatory Amendments: Provisional Class of Registration and Retired Class of Registration (For Decision)
Main Contacts:	Samantha Tulipano, Director, Registration and Membership Sayran Sulevani, Legal Counsel Heather Webb, Manager, Communications and Government Relations Mike Fontaine, Senior Policy Analyst
Attachment:	**Appendix A:** Draft Regulatory Amendments: *Provisional Class of Registration* and *Retired Class of Registration*
Question for Board:	Does the Board of Directors approve the proposed regulatory amendments for submission to the Ministry of Health?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board of Directors is provided with an overview of the feedback received on the proposed Provisional and Retired classes of registration and is asked whether the regulatory amendments establishing these classes can be submitted to the Ministry of Health.
- The proposed amendments help to ensure that physicians' certificates of registration accurately reflect both the nature of the terms, conditions, and limitations under which they practise and their status as practising (or non-practising) physicians.

Current Status & Analysis

- CPSO has developed draft amendments to Ontario Regulation 865/93 (Registration) under the *Medicine Act*, *1991*, in order to establish two new classes of registration: a Provisional Class and a Retired Class.
    - An overview of the new classes was provided in the May 2025 Board materials.
- In May 2025, the Board approved the release of the draft amendments for consultation. The consultation period ended 5 August 2025. An overview of the feedback received is provided below.

Provisional Class of Registration

- One response was received regarding the Provisional Class of Registration. The respondent expressed strong support for the establishment of this class, claiming that it would help clarify which physicians are subject to registration-related restrictions (e.g., scope-based restrictions) rather than restrictions relating to practice concerns and/or disciplinary action.
- After additional analysis, it was determined that no revisions needed to be made to the draft amendments.

Retired Class of Registration

- 13 responses were received regarding the Retired Class of Registration, nearly all expressing strong support for the establishment of this class.
- While there was considerable support for the class, several respondents raised specific questions or concerns about certain aspects of the class, including:
    - **Annual fee**: While there was broad recognition of and support for the reduced annual fee for the retired class, certain respondents indicated that retired physicians should only be charged a nominal membership fee as they are likely to have a significantly reduced income. These respondents suggested that CPSO align the fees for its retired class with those charged by the Ontario Medical Association (i.e., $100.00) or the Royal College of Physicians and Surgeons of Canada (i.e., free) for retired members.
    - **Medical professional corporations**: Some respondents wondered whether being registered in the retired class would enable them to maintain their medical professional corporation.

  - **Activities captured by "health-care services"**: A few respondents wondered what activities would fall under the prohibition of providing health-care services for those in the retired class. For example, some wondered whether being involved in administrative medicine or providing opinions for insurance companies would constitute providing health-care services even though these activities do not involve patient care.
  - **"Semi-retired" physicians**: Some respondents indicated an appetite for the class to be expanded to "semi-retired" physicians. These respondents suggested, specifically, that a reduced fee for physicians who are "semi-retired" (i.e., working a limited number of hours) could help incentivize physicians nearing the end of their careers to remain in the workforce and could help address the health human resource shortage.
- After additional analysis, it was determined that no revisions needed to be made to the draft amendments.
  - However, a fulsome communications plan in support of the amendments establishing both the provisional and retired classes is being developed, which will include an FAQ document that will address some of the issues raised in the feedback.

Next Steps

- Subject to the Board's approval, the proposed regulatory amendments will be finalized and submitted to MOH.
  - MOH will engage in a review of the proposed amendments, concluding with deliberation and approval by Cabinet.
  - While CPSO is recommending these amendments, government must ultimately approve and enact the changes.
- CPSO's hope is that the new Provisional and Retired Classes will come into effect in January 2026.

Regulatory Amendments – Proposed Language

RESTRICTED CERTIFICATE

10. (1) A licence that is in effect on the day this Regulation comes into force and which is subject to terms, conditions or limitations imposed by a committee under a predecessor of the Act is deemed to be a restricted certificate of registration under the Act subject to the imposed terms, conditions and limitations. O. Reg. 865/93, s. 10 (1).

(2) A certificate of registration of any class upon which a committee imposes terms, conditions or limitations is deemed to be a restricted certificate of registration under the Act subject to the imposed terms, conditions and limitations. O. Reg. 865/93, s. 10 (2).

(3) Subject to subsection 10.1(1), a certificate of registration of any class issued by reason of an order of the Registration Committee directing the Registrar to impose terms, conditions or limitations on the certificate is deemed to be a restricted certificate of registration under the Act subject to the imposed terms, conditions and limitations. O. Reg. 865/93, s. 10 (3).

(4) A holder of a restricted certificate of registration may practise medicine only in accordance with the terms, conditions and limitations of the certificate. O. Reg. 865/93, s. 10 (4).

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.

RETIRED CLASS (Proposed New Section)

s.13.1 (1) The standards and qualifications for a certificate of registration in the retired class are as follows:

1. The applicant is a member who holds a:

    (i) certificate of registration authorizing independent practice; or

    (ii) provisional certificate of registration, with terms, conditions and limitations imposed by order of the Registration Committee authorizing independent practice limited to a specified scope of practice as ordered by the Registration Committee, and no other terms;

2. The applicant is not engaged in active practice in any jurisdiction;

3. The applicant is not in default of any obligation to the College, including, but not limited to, the payment of any outstanding fees, penalties or any other amount owing to the College.

(2) The following are terms, conditions and limitations of a certificate of registration in the retired class:

1. The member shall not engage in the practice of medicine and/or provide any health care services.

(3) A member in the retired class is exempt from completing the continuous professional development and self-assessment requirements set out in section 29 of the General Regulation O.Reg 114/94.

(4) A member who holds a certificate of registration in the retired class for less than two years may, upon application for reinstatement, be issued a certificate of registration of the class they held on the day prior to issuance of their certificate of registration in the retired class, if the member fulfils all of the following requirements:

1. The member submits a completed application in the form provided by the College;

2. The member pays the applicable fee;

3. The member is not in default of any obligation to the College, including but not limited to the payment of any outstanding fees, penalties or any other amount owing to the College;

4. The member meets the registration requirements in subsection 2(2)(a), (b), (d) and (e);

5. The member meets the non-exemptible standards and qualifications in subsection 2(1). Without limiting the foregoing, for the purposes of this provision, the member is deemed not to have met this requirement if the member is the subject of allegations of professional misconduct, incompetence, and/or incapacity, under investigation by the College or any body that regulates a profession inside or outside Ontario, and/or is subject to an order of any committee of the College;

6. The member has engaged in the practice of medicine in Ontario within two years prior to the date of the application for reinstatement under this section.

s.13.2 Notwithstanding subsection 13.1(4), a member who holds a certificate of registration in the retired class may make a new application for a certificate of registration under the Health Professions Procedural Code.

Board Motion

Motion Title	Regulatory Amendments for Approval: *Provisional Class of Registration and Retired Class of Registration*
Date of Meeting	September 25, 2025

It is moved by_____, and seconded by_____, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves making amendments to the Ontario Regulation 865/93: Registration in order to establish a Provisional Class of Registration and a Retired Class of Registration (a copy of which amendments form Appendix " " to the minutes of this meeting) and submitting them to the Minister of Health for review and to the Lieutenant Governor in Council for 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*.

SEPTEMBER 2025

Title:	Proposed Targeted Amendments for Final Approval: *Delegation of Controlled Acts* (For Decision)
Main Contacts:	Anil Chopra, Associate Registrar Tanya Terzis, Manager, Policy Stephanie Sonawane, Policy Analyst
Attachment:	**Appendix A:** Proposed Targeted Amendments to the *Delegation of Controlled Acts* policy
Question for Board:	Does the Board of Directors approve the revised *Delegation of Controlled Acts* policy as a policy of CPSO?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- Targeted amendments to the *Delegation of Controlled Acts* policy (**Appendix A**) are proposed to address challenges identified by the Inquiries, Complaints, and Reports Committee (ICRC) in enforcing the policy and to respond to concerns involving inappropriate delegation. The Board is asked whether it approves the proposed targeted amendments.

- Clarifying appropriate delegation enables effective interprofessional collaboration and helps ensure patient safety, in line with CPSO's public interest mandate.

Current Status & Analysis

- The targeted amendments were released for consultation following the May Board meeting, which included:
    - clarifying what an "anticipated" physician patient-relationship means and requiring a clinical assessment by the physician within 48 hours.
    - removing the "patient's best interest" exception (from provisions 7 and 8) which was enabling care in the absence of a physician-patient relationship in more instances than intended.
    - listing the specific circumstances where delegation may occur in the absence of a physician-patient relationship and making the list exhaustive.

- The consultation received 23 responses, including feedback from the Canadian Association of Physician Assistants (CAPA) and the Ontario Medical Association (OMA).[1]
    - CAPA and OMA raised some concerns regarding the proposed amendments and expressed that the amendments may limit interprofessional collaboration and access to care.

- In response to consultation feedback, key revisions were made to the targeted amendments, including:
    - allowing delegation without a physician-patient relationship for *any* care provided in remote and isolated regions (currently limited to primary care) and expanding the list of practitioners who can provide this care to include physician assistants and registered practical nurses.
    - clarifying that physicians who may not be able to clinically assess a patient prior to delegating, must perform a clinical assessment within *two business days* of a *new patient's first encounter with the delegate* (48 hours was proposed in the consultation draft).
    - moving the exceptions that were previously listed in Appendix B to the body of the policy for better visibility.
- The key revisions made to the consultation draft are shown in track changes in **Appendix A** (lines 67–84).

[1] All of the written comments can be viewed on the consultation webpage.

DELEGATION OF CONTROLLED ACTS

Policies of the College of Physicians and Surgeons of Ontario ("CPSO") set out expectations for the professional conduct of physicians practising in Ontario. Together with *Essentials of Medical Professionalism* and relevant legislation and case law, they will be used by CPSO and its Committees when considering physician practice or conduct.

Within policies, the terms 'must' and 'advised' are used to articulate CPSO's expectations. When 'advised' is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Definitions

Controlled Acts[1]**:** Controlled acts are specified in the *Regulated Health Professions Act, 1991* as acts which may only be performed by authorized regulated health professionals.[2]

Delegation: Delegation is a mechanism that allows a regulated health professional (e.g., a physician) who is authorized to perform a controlled act to temporarily grant that authority to another person (whether regulated or unregulated) who is not legally authorized to perform the act independently.

For the purposes of this policy, delegation does **not** include:

- Assignments of tasks that do not involve controlled acts (e.g., taking a patient's history, obtaining informed consent, administering a test that does not involve a controlled act, taking vitals, etc.); or
- Orders that authorize the initiation of a controlled act that is within the scope of practice of another health care professional (e.g., nurses are legally authorized to "administer a substance by injection" when the procedure has been ordered by a specified regulated health professional (e.g. a physician). Therefore, a nurse would require an order to perform this procedure, but this would not be considered delegation).[3]

Direct Order: Direct orders are written or verbal instructions from a physician to another health care provider or a group of health care providers to carry out a specific treatment, procedure, or intervention for a specific patient, at a specific time. Direct orders provide the authority to carry out the treatments, procedures, or other interventions that have been directed by the physician and generally take place after a physician-patient relationship has been established.

[1] See Appendix A for a list of controlled acts defined under subsection 27 (2) of the *Regulated Health Professions Act*, 1991, S.O. 1991, c. 18.

[2] Although the *Regulated Health Professions Act, 1991* prohibits performance of controlled acts by those not specifically authorized to perform them, it permits performing controlled acts if the person performing the act is doing so to render first aid or temporary assistance in an emergency, or if they are fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is performed under the supervision or direction of a member of the profession (*Regulated Health Professions Act, 1991*, s. 29(1)(a, b)).

[3] For additional information about what is not considered "delegation" as defined in the policy, see the *Advice to the Profession: Delegation of Controlled Acts* document.

Medical Directive[4]**:** Medical directives are written orders by physician(s) to other health care provider(s) that pertain to any patient who meets the criteria set out in the medical directive. When a medical directive calls for acts that need to be delegated, it provides the authority to carry out the treatments, procedures, or other interventions that are specified in the directive, provided that certain conditions and circumstances exist.

Policy

Delegation is intended to provide physicians with the ability to extend their capacity to serve patients by temporarily authorizing an individual to act on their behalf. 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

In the patient's best interest

1. Physicians **must** only delegate controlled acts when doing so is in the best interest of the patient. This includes only delegating when the act can be performed safely, effectively, and ethically. Therefore, physicians **must** only delegate when:

    a. the patient's health and/or safety will not be put at risk;

    b. the patient's quality of care will not be compromised by the delegation; and

    c. delegating serves at least one of the following purposes:

        i. promotes patient safety,
        ii. facilitates access to care where there is a need,
        iii. results in more timely or efficient delivery of health care, or
        iv. contributes to optimal use of healthcare resources.

When not to delegate

2. Physicians **must not** delegate where the primary reasons for delegating are monetary or physician convenience.

3. Physicians **must not** delegate the performance of a controlled act to:

    a. a health professional whose certificate of registration is revoked or suspended at the time of the delegation[5]; or

    b. unregistered practitioners[6] (i.e., individuals who have claimed to be or have posed as a physician).

[4] For examples of prototype medical directives, please consult the Emergency Department Medical Directives Implementation Kit which has been developed jointly by the Ontario Hospital Association (OHA), the Ontario Medical Association, and the Ministry of Health and is available on the OHA website.
[5] For additional information about determining the status of a health professional's certificate of registration, see the *Advice to the Profession: Delegation of Controlled Acts* document.
[6] For a list of individuals identified by CPSO see CPSO's website.

4. Physicians **must not** delegate the controlled act of psychotherapy.[7]

What to Delegate

5. Physicians **must** only delegate the performance of controlled acts that they can personally perform competently (i.e., acts within their scope of practice).[8]

How to Delegate

Use of direct orders and medical directives

6. Physicians **must** delegate either through the use of a direct order or a medical directive that is clear, complete, appropriate, and includes sufficient detail to facilitate safe and appropriate implementation (see the *Documentation* section of this policy for more information).

In the context of a physician-patient relationship

7. Physicians **must** only delegate in the context of an existing or anticipated physician-patient relationship ~~(i.e., a clinical assessment by the physician will take place within 48 hours), unless an exception applies (see Appendix B for the list of exceptions)~~. This means physicians **must** perform a clinical assessment[9] prior to delegating or, where this is not possible, within two business days of a new patient's first encounter with the delegate, except in the following circumstances:

    a. the provision of care by paramedics under the direct control of base hospital physicians or within community paramedicine programs;

    b. the provision of ~~primary~~ care in remote and isolated regions of the province by registered nurses ~~acting in expanded roles~~, registered practical nurses or physician assistants;

    c. the provision of public health programs, such as vaccinations, or the delivery of urgent care during a public health emergency declared by a public health authority;

    d. postexposure prophylaxis or vaccination following potential exposure to a blood borne pathogen;

    e. care provided in a hospital (e.g., emergency departments) under medical directives or protocols; and

    f. lay person first responders performing controlled acts for the purposes of first aid in an emergency (e.g., lifeguards, ski patrol, etc.).

~~8. Physicians **must** perform a clinical assessment prior to delegating or as soon as possible afterward (i.e., within 48 hours), unless one of the exceptions set out in Appendix B applies.~~

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[7] This does not prohibit health care professionals who are authorized to perform the controlled act of psychotherapy from doing so, including nurses of all classes, psychologists, occupational therapists, social workers, and registered psychotherapists.

[8] O. Reg. 865/93, *Registration*, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30, s. 2(5) requires physicians to only practise in the areas of medicine in which they are trained and experienced. For more information see the College's *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice* policy and the *Advice to the Profession: Delegation of Controlled Acts* document.

[9] The Ontario Medical Association (OMA) provides guidance on the OHIP provisions related to delegated services. The guidance sets out that physician services, such as assessments, counselling, therapy, consultations and diagnostic service interpretations must be personally rendered by the physician to be paid by OHIP. For more information, see OMA's *Payments for Delegated Procedures Guide*.

9. Where, in the context of a physician-patient relationship, 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 see the physician if they wish to; and

    b. periodically re-assess[10] the patient to ensure that delegation continues to be in the patient's best interest (e.g., when there is a change in the patient's clinical status or treatment options).

Ensure consent to treatment is obtained

10. Physicians **must** ensure informed consent is obtained and documented, in accordance with the *Health Care Consent Act, 1996* and CPSO's *Consent to Treatment* policy, for any treatments that are delegated.[11]

    a. In circumstances where the delegation takes place pursuant to a medical directive, physicians **must** ensure the medical directive includes obtaining the appropriate patient consent.[12]

Quality Assurance

Identifying and mitigating risks

11. Prior to delegating, physicians **must** identify significant or common risks associated with the delegation and mitigate them such that patient safety is at no greater risk than had the act not been delegated.

    a. Physicians **must** only delegate controlled acts if the necessary resources and environmental supports are in place to ensure safe and effective delegation.

Evaluating delegates and establishing competence

12. Physicians **must** be satisfied that individuals to whom they delegate have the knowledge, skill, and judgment to perform the delegated acts competently and safely. Prior to delegating physicians **must**:

    a. review the individual's training and credentials, unless the physician is not involved in the hiring process and it is reasonable to assume that the hiring institution has ensured that its employees have the requisite knowledge, skill, and judgment[13]; and

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[10] In some circumstances, an assessment might take the form of a chart review or consultation with the delegate rather than an in-person assessment. [11] Please see the *Health Care Consent Act, 1996* and the College's *Consent to Treatment* policy for more information.

[11] Please see the *Health Care Consent Act, 1996* and the College's *Consent to Treatment* policy for more information.

[12] Obtaining informed consent includes providing the patient with information about the individual who will be providing the treatment and their role and/or credentials. Obtaining informed consent also includes the provision of information and the ability to answer questions about the material risks and benefits of the procedure, treatment or intervention proposed. If the individual who will be enacting the medical directive is unable to provide the information that a reasonable person would want to know in the circumstances, the implementation of the medical directive is inappropriate.

[13] In some cases, the physician may not personally know the individual to whom they are delegating. For example, medical directors at base hospitals delegating to paramedics or in hospital settings, where the hospital employs the delegates (nurses, respiratory therapists, etc.) and the medical staff is not involved in the hiring process. For additional guidance about ensuring competence when a physician has not personally employed a delegate, see the *Advice to the Profession: Delegation of Controlled Acts*.

b. observe the individual performing the act, where necessary (e.g., where the risk is such that observation is necessary to ensure patient safety).

Ensuring delegates can accept the delegation

13. Physicians **must** only delegate to individuals who are able to accept the delegation.[14] In particular, physicians **must not:**

    a. delegate to an individual if they become aware the individual is not permitted to accept the delegation; or

    b. compel an individual to perform a controlled act they have declined to perform.

Supervision and support of delegates

14. Physicians **must** provide a level of supervision and support that is proportionate to the risk associated with the delegation and that is reflective of the following factors:

    a. the specific act being delegated;

    b. the patient's specific circumstances (e.g., health status, specific health-care needs);

    c. the setting where the act will be performed and the available resources and environmental supports in place; and

    d. the education, training and experience of the delegate.

15. If on the basis of the risk assessment onsite supervision is not necessary, physicians **must** be available to provide appropriate consultation and assistance (e.g., in person, if necessary, or by telephone).

16. Physicians **must** be satisfied that the individuals to whom they are delegating:

    a. understand the extent of their responsibilities; and

    b. know when and who to ask for assistance, if necessary.

17. Physicians **must** ensure that the individuals to whom they are delegating accurately identify themselves and their role in providing care to patients and that patients with questions about the delegate's role are provided with an explanation.

Managing adverse events

18. Physicians **must**:

    a. have protocols in place to appropriately manage any adverse events that occur;

    b. be available to provide assistance in managing any adverse events, if necessary;

    c. be satisfied that the delegate is capable of managing any adverse events themselves, if necessary; and

[14] In addition to the limitations set out in the *Regulated Health Professions Act*, *1991*, some regulatory colleges in Ontario place limits on the types of acts that their members may be authorized to carry out through delegation. The delegate is responsible for informing the delegating physician of any regulations, policies, and/or guidelines of their regulatory body that would prevent them from accepting the delegation.

d. have a communication plan in place to keep informed of any adverse events that take place and any actions taken by the delegate to manage them.

Ongoing monitoring and evaluation

19. Where acts are routinely delegated, physicians **must** have a reliable and ongoing monitoring and evaluation system for both the delegate(s) and the delegation process itself.

20. As part of this system, physicians **must**:

    a. confirm currency of the delegate's knowledge and skills; and

    b. evaluate the delegation process to ensure it is safe and effective; and

    c. review patient medical records to ensure the care provided through delegation is appropriate and meets the standard of practice.

        i. What is necessary will depend on the specific acts being delegated and the other quality assurance processes in place to ensure safe and effective delegation.

Documentation

Medical Directives

21. Physicians **must** ensure the following information is included in the medical directive[15]:

    a. The name and a description of the procedure, treatment, or intervention being ordered;

    b. An itemized and detailed list of the specific clinical conditions that the patient must meet before the directive can be implemented;

    c. An itemized and detailed list of any situational circumstances that must exist before the directive can be implemented;

    d. A comprehensive list of contraindications to implementation of the directive;

    e. Identification of the individuals authorized to implement the directive;[16]

    f. A description of the procedure, treatment, or intervention itself that provides sufficient detail to ensure that the individual implementing the directive can do so safely and appropriately;[17]

    g. The name and signature of the physician(s) authorizing and responsible for the directive and the date it becomes effective; and

    h. A list of the administrative approvals that were provided to the directive, including the dates and each committee (if any).

[15] A comprehensive guide and toolkit was developed by a working group of the Health Profession Regulators of Ontario (HPRO) in 2006 and is posted on their website.
[16] The individuals need not be named but may be described by qualification or position in the workplace.
[17] The directive may call for the delegate to follow a protocol that describes the steps to be taken in delivering treatment if one has been developed by the physician or the institution.

22. Each physician responsible for the care of a patient who may receive the proposed treatment, procedure, or intervention **must** review and sign the medical directive each time it is updated.[18]

Medical Records

23. Physicians **must** ensure that:

    a. the care provided through delegation is documented in accordance with the College's *Medical Records Documentation* policy, including that each entry in the medical record is identifiable and clearly conveys who made the entry and performed the act;

    b. it is clear who the authorizing physician(s) are (e.g., the name(s) of the authorizing physician(s) are captured in the medical record); and

    c. verbal direct orders are documented in the patient's medical record by the recipient of the direct order and are reviewed or confirmed at the earliest opportunity by the delegating physician.[19]

Appendix A

Controlled Acts under the *Regulated Health Professions Act, 1991*

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
    i. beyond the external ear canal,
    ii. beyond the point in the nasal passages where they normally narrow,
    iii. beyond the larynx,
    iv. beyond the opening of the urethra,
    v. beyond the labia majora,
    vi. beyond the anal verge, or
    vii. into an artificial opening in the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under the *Regulated Health Professions Act, 1991*.

[18] 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.
[19] Physicians practising in hospitals may be subject to additional requirements under the *Public Hospitals Act, 1990*.

8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or device used inside the mouth to prevent the teeth from abnormal functioning.[20]
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.
14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

[20] This is the only controlled act that physicians are not authorized to perform.

Board Motion

Motion Title	Revised Policy for Final Approval: *Delegation of Controlled Acts*
Date of Meeting	September 25, 2025

It is moved by_____, and seconded by_____, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario approves the revised policy *"Delegation of Controlled Acts"* as a policy of the College (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#1: Draft Policy for Public Consultation: *Delegation of Controlled Acts* (For Decision)
Main Contacts:	Tanya Terzis, Manager, Policy Stephanie Sonawane, Policy Analyst
Attachments:	**Appendix A:** Draft *Delegation of Controlled Acts* policy **Appendix B**: Draft *Advice to the Profession*: *Delegation of Controlled Acts*
Question for Board:	Does the Board of Directors approve releasing the draft *Delegation of Controlled Acts* policy for public consultation?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- A draft *Delegation of Controlled Acts* policy (**Appendix A**) and associated *Advice to the Profession: Delegation of* Controlled Acts ("*Advice*") (**Appendix B**) have been developed. The Board is asked whether the draft policy can be released for public consultation.
- Safe and appropriate delegation enables effective interprofessional collaboration and helps ensure patient safety.

Current Status & Analysis

- The current *Delegation of Controlled Acts* policy[1] and *Advice* have been revised in response to initial feedback on the current policy[2] and input from the Policy Working Group.
- Key revisions to the policy are set out below:
    - The current policy requires that physicians only delegate when it is in the patient's best interest. The definition of "patient best interest" has been streamlined and now focuses on the most important criteria (i.e., the patient's health and safety will not be put at risk, and the quality of care won't be compromised).
    - The draft policy now states that physicians cannot leave delegates to manage their practice independently. This expectation was moved from the current *Advice* to give it more force.
    - Physicians are now required to be physically onsite to supervise delegates *unless* an exception applies, namely: (i) it has been deemed appropriate for the delegation to occur in the absence of a physician-patient relationship (as set out in the draft policy); (ii) another physician is onsite, or (iii) the physician determines the delegation is low risk.
    - In response to feedback that patients often do not know they are being treated by a delegate, the draft policy now requires that consent discussions include informing patients that aspects of their care will be provided by a delegate.
- The draft policy also maintains the targeted amendments made to the expectations related to delegating in the context of a physician-patient relationship.[3]
- The *Advice* has been streamlined and reformatted using concise subheadings and bullet points, replacing the previous FAQ-style layout. The *Advice* clarifies that clinical assessments can be virtual where it meets the standard of care, and provides guidance on offsite supervision, delegating to internationally trained physicians, and restrictions on the use of protected titles (e.g., "physician", "surgeon", "doctor").

[1] The *Delegation of Controlled Acts* policy was last reviewed in 2021.
[2] An initial consultation on the current policy received 161 responses. All of the written comments can be viewed on the consultation webpage, and an overview of the feedback was provided to the Board in the May 2025 Policy Report.
[3] The targeted amendments are reflected in the materials provided to the Board under agenda item# 8.

DELEGATION OF CONTROLLED ACTS

Policies of the College of Physicians and Surgeons of Ontario ("CPSO") set out expectations for the professional conduct of physicians practising in Ontario. Together with *Essentials of Medical Professionalism* and relevant legislation and case law, they will be used by CPSO and its Committees when considering physician practice or conduct.

Within policies, the terms 'must' and 'advised' are used to articulate CPSO's expectations. When 'advised' is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Definitions

Controlled Acts[1]**:** Controlled acts are specified in the *Regulated Health Professions Act, 1991.* These acts may only be performed by authorized regulated health professionals or through delegation under appropriate circumstances.

Delegation: Delegation is a mechanism that allows a regulated health professional (e.g., a physician) who is authorized to perform a controlled act to temporarily grant that authority to another individual (whether regulated or unregulated[2]) who is not legally authorized to perform the act independently. Delegation can occur under a direct order or a medical directive.

Delegation does **not** include[3]:

- Assignments of tasks that do not involve controlled acts (e.g., taking a patient's history, obtaining informed consent to treatment, taking vitals, etc.)[4]; or
- Controlled acts within another regulated health care professional's scope of practice. For example, the *Nursing Act, 1991*, lists specific controlled acts that nurses are authorized to perform (e.g., administering an injection), if ordered by a specified regulated health professional (e.g., physician). A nurse would require an initiating order to perform this procedure, but this would not be considered delegation because administering injections is within a nurse's scope of practice.[5]

[1] See Appendix A for a list of controlled acts defined under section 27 (2) of the *Regulated Health Professions Act*, *1991*, S.O. 1991, c. 18.
[2] For information on delegating to Internationally Trained Physicians (ITPs) see the *Advice to the Profession: Delegation of Controlled Acts*.
[3] Physicians who hold a degree in medicine and are continuing in postgraduate medical education (commonly referred to as "residents" or "fellows") do not require "delegation" to perform controlled acts.
[4] Physicians remain accountable for all the care provided on their behalf, including assignment of tasks. For additional information on assignment of tasks, see the *Advice to the Profession: Delegation of Controlled Acts*.
[5] In order to determine whether an act requires delegation, physicians need to be aware of the scope of practice of the individual who will perform the act and whether it includes the controlled act in question. Regulated health professions have their own professional statutes (e.g., the *Nursing Act, 1991*), that define their scopes of practice and the controlled acts they are authorized to perform. Physicians with additional questions can consult the CMPA.

- Controlled acts performed under one of the exceptional circumstances listed under the *Regulated Health Professions Act, 1991*.[6] For example, when providing first aid or temporary assistance in an emergency, or when training to become a member of a health profession and the act is within the scope of practice of that profession and is done under the supervision or direction of a member of the profession (e.g., medical students).

Direct Order: Direct orders are written or verbal instructions from a physician to another individual (regulated or unregulated) authorizing them to carry out a specific treatment, procedure, or intervention for a specific patient, at a specific time, generally after a physician-patient relationship has been established.

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

Policy

Delegation is intended to provide physicians with the ability to extend their capacity to serve patients by temporarily authorizing an individual to act on their behalf. Delegation is intended to be a physician extender, not a physician replacement. Physicians remain accountable and responsible for the patient care provided through delegation.

Delegation Fundamentals

Delegating in the patient's best interest

1. Physicians **must** only delegate controlled acts when doing so is in the best interest of the patient, including when the patient's:

    a. Health and/or safety will not be put at risk; and

    b. Quality of care will not be compromised by the delegation.

Delegating in the context of a physician–patient relationship

2. Physicians **must** only delegate in the context of an existing or anticipated physician-patient relationship. This means physicians **must** perform a clinical assessment[7] prior to delegating or, where this is not possible, within two business days of a new patient's first encounter with the delegate, except in the following circumstances:

    a. The provision of care by paramedics under the direct control of base hospital physicians or within community paramedicine programs;

[6] Section 29(1) of the *Regulated Health Professions Act, 1991* sets out exceptions which allow individuals who are not specifically authorized to perform controlled acts to do so in certain situations. For more information, see the *Advice to the Profession: Delegation of Controlled Acts*.

[7] The Ontario Medical Association (OMA) provides guidance on the OHIP provisions related to delegated services. The guidance sets out that physician services, such as assessments, counselling, therapy, consultations and diagnostic service interpretations must be personally rendered by the physician to be paid by OHIP. For more information, see the *Advice to the Profession: Delegation of Controlled Acts* and OMA's *Payments for Delegated Procedures Guide*.

b. The provision of care in remote and isolated regions of the province by registered nurses, registered practical nurses or physician assistants;

c. The provision of public health programs, such as vaccinations, or the delivery of urgent care during a public health emergency declared by a public health authority;

d. Postexposure prophylaxis or vaccination following potential exposure to a blood borne pathogen;

e. Care provided in a hospital (e.g., emergency departments) under medical directives or protocols; and

f. Lay person first responders performing controlled acts for the purposes of first aid in an emergency (e.g., lifeguards, ski patrol, etc.).

3. Where delegation is occurring on an ongoing basis, physicians **must** periodically re-assess[8] the patient to ensure that delegation continues to be in the patient's best interest (e.g., when there is a change in the patient's clinical status or treatment options).

Supervising and supporting delegates

4. Physicians **must not** leave a delegate to manage a practice or their patient population on their own and **must** provide appropriate supervision and support of delegates.

5. Physicians **must** be physically present onsite to supervise and support delegates, and ensure patient safety, unless:

    a. It has been deemed appropriate for the delegation to occur in the absence of a physician-patient relationship (see provision 2(a) to (f)),

    b. Another physician is onsite, or

    c. The physician determines that, based on a risk assessment, the risk associated with the delegation is low taking into account the following factors:

        i. The specific act being delegated (e.g., low risk of adverse outcomes);

        ii. The patient's specific circumstances (e.g., health status, specific health-care needs);

        iii. The setting where the act will be performed and the available resources and environmental supports in place; and

        iv. The education, training and experience of the delegate.

6. Where the delegating physician is not onsite, they **must** be available to provide appropriate consultation and assistance (e.g., in person within short notice, or by telephone).

7. Physicians **must** be satisfied that the individuals to whom they are delegating:

    a. Understand the extent of their responsibilities; and

    b. Know when and who to ask for assistance, if necessary.

When not to Delegate

[8] In some circumstances, a re-assessment might take the form of a chart review or consultation with the delegate rather than an in-person re-assessment.

8. Physicians **must not** delegate where the primary reasons for delegating are monetary or physician convenience.

9. Physicians **must not** delegate the performance of a controlled act to:

    a. A health professional whose certificate of registration is revoked or suspended at the time of the delegation; or

    b. Individuals who have claimed to be or have posed as a physician.[9]

10. Physicians **must not** delegate the controlled act of psychotherapy.[10]

What to Delegate

11. Physicians **must** only delegate the performance of controlled acts that they can personally perform competently (i.e., acts within their scope of practice).[11]

How to Delegate

Use of direct orders and medical directives

12. Physicians **must** delegate either through the use of a direct order or a medical directive that is clear, complete, appropriate, and includes sufficient detail to facilitate safe and appropriate implementation (see the *Documentation* section of this policy for more information).

Identification of roles

13. Physicians **must** ensure that the individuals to whom they are delegating accurately identify themselves and their role in providing care to patients and that patients with questions about the delegate's role are provided with an explanation.

14. Physicians **must** ensure that patients are informed of who the delegating physician is and that they can make a request to see the physician if they wish to.

Ensure consent to treatment is obtained

15. Physicians **must** ensure informed consent to treatment is obtained and documented, in accordance with the *Health Care Consent Act, 1996* and CPSO's *Consent to Treatment* policy.[12]

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[9] For a list of individuals identified as "unregistered practitioners" by CPSO see CPSO's website.

[10] This does not prohibit health care professionals who are independently authorized to perform the controlled act of psychotherapy from doing so, including nurses of all classes, psychologists, occupational therapists, social workers, and registered psychotherapists.

[11] O. Reg. 865/93, *Registration*, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30, s. 2(5) requires physicians to only practise in the areas of medicine in which they are trained and experienced. For more information see the *Advice to the Profession: Delegation of Controlled Acts*.

[12] Patients need to be informed about the delegate who will be performing the treatment, including their role and/or credentials. Delegates who are obtaining consent need to have the ability to answer questions and provide information that a reasonable person would want to know about the material risks and benefits of the proposed procedure, treatment or intervention. Physicians are ultimately responsible for ensuring the patient has provided informed consent. See the *Health Care Consent Act, 1996* and CPSO's *Consent to Treatment* policy for more information.

a. Where the delegation takes place pursuant to a medical directive, physicians **must** ensure the medical directive includes obtaining appropriate patient consent to treatment.

16. Physicians **must** ensure consent discussions include informing the patient that aspects of their care will be provided by a delegate.

Quality Assurance

Identifying and mitigating risks

17. Prior to delegating, physicians **must** identify significant or common risks associated with the delegation and mitigate them such that patient safety is at no greater risk than had the physicians performed the delegated act themselves.

    a. Physicians **must** only delegate controlled acts if the necessary resources and environmental supports are in place to ensure safe and effective delegation.

Evaluating delegates and establishing competence

18. Physicians **must** be satisfied that individuals to whom they delegate have the knowledge, skill, and judgment to perform the delegated acts competently and safely. Prior to delegating, physicians **must**:

    a. Review the individual's training and credentials, unless the physician is not involved in the hiring process and it is reasonable to assume that the hiring institution has ensured that its employees have the requisite knowledge, skill, and judgment[13]; and

    b. Observe the individual performing the act, where necessary (e.g., where the risk is such that observation is necessary to ensure patient safety).

Ensuring delegates can accept the delegation

19. Physicians **must** only delegate to individuals who are able to accept the delegation.[14] In particular, physicians **must not:**

    a. Delegate to an individual if they become aware the individual is not permitted to accept the delegation; or

    b. Compel an individual to perform a controlled act they have declined to perform.

Managing adverse events

20. Physicians **must**:

[13] In some cases, the physician may not personally know the individual to whom they are delegating. For example, medical directors at base hospitals delegating to paramedics, or in hospital settings, where the hospital employs the delegates (nurses, respiratory therapists, etc.) and the medical staff is not involved in the hiring process. For additional guidance about ensuring competence when a physician has not personally employed a delegate, see the *Advice to the Profession: Delegation of Controlled Acts*.

[14] In addition to the limitations set out in the *Regulated Health Professions Act, 1991*, some regulatory colleges in Ontario place limits on the types of acts that their members may be authorized to carry out through delegation. The delegate is responsible for informing the delegating physician of any regulations, policies, and/or guidelines of their regulatory body that would prevent them from accepting the delegation.

a. Have protocols in place to appropriately manage any adverse events that occur;
b. Be immediately available to provide assistance in managing any adverse events, if necessary;
c. Be satisfied that the delegate is capable of managing any adverse events themselves, if necessary; and
d. Have a communication plan in place to keep informed of any adverse events that take place and any actions taken by the delegate to manage them.

Ongoing monitoring and evaluation

21. Physicians **must** have a reliable and ongoing monitoring and evaluation system for both the delegate(s) and the delegation process itself.[15] At minimum, physicians **must** review patient medical records to ensure the care provided through delegation is appropriate and meets the standard of practice.

Documentation

Medical Directives

22. Physicians **must** ensure the following information is included in the medical directive[16]:

a. The name and a description of the procedure, treatment, or intervention being ordered, with sufficient detail to ensure that the individual implementing the directive can do so safely and appropriately;[17];
b. An itemized and detailed list of the specific clinical conditions that the patient must meet before the directive can be implemented;
c. An itemized and detailed list of any situational circumstances that must exist before the directive can be implemented;
d. A comprehensive list of contraindications to implementation of the directive;
e. Identification of the individuals authorized to implement the directive;[18]
f. The name and signature of the physician(s) authorizing and responsible for the directive and the date it becomes effective; and
g. A list of the administrative approvals that were provided to the directive, including the dates and each committee (if any).

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

[15] For more information, see the *Advice to the Profession: Delegation of Controlled Acts*.
[16] See templates developed by the Health Profession Regulators of Ontario (HPRO) in 2006.
[17] The directive may call for the delegate to follow a protocol that describes the steps to be taken in delivering treatment if one has been developed by the physician or the institution.
[18] The individuals need not be named but may be described by qualification or position in the workplace.
[19] 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.

Medical Records

24. Physicians **must** ensure that:

    a. The care provided through delegation is documented in accordance with CPSO's *Medical Records Documentation* policy, including that each entry in the medical record is legible, identifiable and clearly conveys who made the entry and performed the act[20];

    b. It is clear who the authorizing physician(s) are (e.g., the name(s) of the authorizing physician(s) are captured in the medical record); and

    c. Verbal direct orders are documented in the patient's medical record by the recipient of the direct order and are reviewed or confirmed at the earliest opportunity by the delegating physician.[21]

Appendix A

Controlled Acts under the *Regulated Health Professions Act, 1991*

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
    i. beyond the external ear canal,
    ii. beyond the point in the nasal passages where they normally narrow,
    iii. beyond the larynx,
    iv. beyond the opening of the urethra,
    v. beyond the labia majora,
    vi. beyond the anal verge, or
    vii. into an artificial opening in the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under the *Regulated Health Professions Act, 1991*.
8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.

[20] Where medical directives are implemented, the name and number of the directive may be included in the medical record.
[21] Physicians practising in hospitals may be subject to additional requirements under the *Public Hospitals Act, 1990*.

10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or device used inside the mouth to prevent the teeth from abnormal functioning.[22]
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.
14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

[22] This is the only controlled act that physicians are not authorized to perform.

ADVICE TO THE PROFESSION: DELEGATION OF CONTROLLED ACTS

Advice to the Profession companion documents are intended to provide physicians with additional information and general advice in order to support their understanding and implementation of the expectations set out in policies. They may also identify some additional best practices regarding specific practice issues.

The *Delegation of Controlled Acts* policy sets out when and how physicians can delegate safely and appropriately to both regulated and unregulated individuals. This *Advice* is intended to help physicians interpret their obligations in the policy and provide guidance around how the policy expectations can be met.

Delegation Fundamentals

Controlled acts

- Controlled acts are defined in the *Regulated Health Professions Act, 1991* and are set out in the appendix of the policy. Physicians with questions about whether a procedure, treatment or intervention involves the performance of a controlled act can obtain a legal opinion.

Exception: emergencies

- The *Regulated Health Professions Act, 1991* sets out certain exceptions allowing individuals to perform controlled acts in some situations. One such exception is providing first aid or temporary assistance in an emergency. For example, if someone is experiencing anaphylaxis, a bystander is permitted to administer an epinephrine auto injector (e.g., EpiPen™), a controlled act that would otherwise require legal authority to perform.

Assignment of tasks that are not controlled acts

- Physicians remain accountable and responsible for all the care that is provided on their behalf, including tasks not involving controlled acts, such as, taking history, vitals etc., and for ensuring that those providing care can safely deliver all assigned components of care.

- The general principles set out in the policy (e.g., patient best interests) can similarly guide physician judgment when determining the appropriateness of assigning tasks to others.

Scope of practice

- Physicians are required by the policy to only delegate acts that are within the limits of their knowledge, skill and judgment and any terms, limits and conditions of their practice certificate. The delegate may be a regulated health practitioner or be an unregulated individual, including office staff.

- Physicians are not permitted to delegate acts that contravene their practice restrictions.

Establishing the physician-patient relationship

- Physicians are expected to clinically assess a patient prior to delegating controlled acts. If this is not possible, physicians are required to perform a clinical assessment within two business days of the new patient's first encounter with the delegate. It may be best practice to perform this initial clinical assessment during an office visit, but a virtual assessment may be adequate if it meets the standard of care.

Considering and Evaluating Delegates

Responsibilities when not involved in hiring

- If a physician is not involved in the hiring process (e.g., practising in institutional settings such as hospitals), it is reasonable for them to assume that the hiring institution has ensured that its employees have the requisite knowledge, skill, and judgment, unless there are reasonable grounds to believe otherwise.

- If a physician becomes aware that an individual to whom they are delegating 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.[1]

Delegating to Internationally Trained Physicians (Unregulated Individuals)

- Physicians working with Internationally Trained Physicians (ITPs) who are not licensed with CPSO cannot rely exclusively on credentials or licences obtained in other jurisdictions to ascertain whether an ITP has the requisite knowledge, skill, and judgment to safely perform a controlled act. Physicians need to be equally diligent in evaluating and establishing the ITP's competence to perform the controlled acts as they would for any other delegate.

- Physicians are required to ensure that ITPs working on their behalf accurately represent their title and role to patients.

- Individuals who are not licensed with CPSO cannot represent themselves as a physician. Titles such as "physician", "surgeon", "doctor" or any variation or abbreviation (e.g., "M.D.") are protected and required to be used in accordance with the law.[2]

Delegating to Physician Assistants (PAs)

- Please refer to the Physician Assistant section of our website to learn more about delegation to PAs.

Delegating in the Context of a Physician-Patient Relationship

Community paramedicine

- A community paramedic generally provides non-emergency, preventative, and primary health care services to people in their homes or community. Services provided by community paramedics are not regulated by the *Ambulance Act*. Where those services involve controlled acts, they are authorized via delegation by a physician or other health care professional.

- Physicians delegating in the context of community paramedicine are reminded of their obligations under the *Delegation of Controlled Acts* policy and that they are ultimately responsible for the care being provided on their behalf. The identity of the delegating physician, whether the delegation occurs via direct order or medical directive, needs to be clear in all instances.

- 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. They are also responsible for reviewing and signing the medical directive each time it is updated. Physicians will need to be reasonably available to support the community paramedic they are delegating to.

[1] Physicians may have additional reporting obligations if the individual is a regulated health professional. For more information see CPSO's *Reporting Requirements* policy.

[2] For more information, see the *Medicine Act, 1991* and the *Regulated Health Professions Act, 1991*.

Assessment of Risk

Risks involved in delegating

- Risks vary depending on the specific acts and the circumstances under which they are performed, and need to be considered prior to each instance of delegation and mitigated appropriately. Physicians can only delegate if the patient's health and/or safety will not be put at risk by the delegation.

- Physicians who require additional assistance determining the appropriateness of delegating in a specific circumstance can contact the CMPA or obtain independent legal advice.

Appropriate Supervision and Support

Onsite supervision: exceptions and considerations

- Physicians may not always need to be physically present onsite when delegating controlled acts – provided the physician has determined the associated risk is low, or another physician is onsite, or where it has been deemed appropriate for the delegation to occur in the absence of a physician-patient relationship (see provision 2(a) to (f) of the policy).

- The appropriate level of supervision in these instances is case specific. For example, in remote and isolated areas, where it may not be possible for supervising physicians to be physically present, alternative models of supervision, such as virtual support, may be appropriate.

- Similarly, in outpatient clinic settings where delegates are performing routine, low-risk acts (e.g., providing wound care, follow-up on test results etc.), the supervising physician may not need to be onsite at all times.

- Regardless of the practice setting, physicians need to carefully consider whether it is safe and appropriate to delegate while offsite and only do so where protocols are in place to ensure patient safety.

Quality Assurance

Monitoring and evaluating the delegation process

- Tracking or monitoring when medical directives are being implemented inappropriately or are resulting in unanticipated outcomes can help monitor the effectiveness of the delegation process.

- Reviewing medical directives periodically can also help identify outdated information and ensure that the directive aligns with current standards of practice, legal requirements, and regulatory expectations.

Delegating Prescribing

Prescribing

- Physicians can delegate prescribing, where appropriate. As with the delegation of all controlled acts, physicians need to consider whether it is in the patient's best interest to delegate prescribing, in the circumstances.

- Factors for consideration include:

    - the risk profile of the drug,
    - the patient's specific condition,

- whether the drug has been previously prescribed (repeats or renewals), and
- whether the prescription requires adjustment.

Medical directives to implement prescriptions

- Medical directives can be used to implement orders for prescriptions. Any prescriptions completed pursuant to a medical directive need to specifically identify the:
  - medical directive (name and number),
  - individual responsible for implementing the directive (name and signature), and
  - name and contact information of the prescribing physician, to clarify any questions.
- If a request is received, a copy of the medical directive can be forwarded to further demonstrate the integrity of the order.

Liability and Billing

Liability

- Physicians are accountable and responsible for the acts that they delegate. In particular, they are responsible for ensuring that the delegation is taking place safely, effectively, and in accordance with the policy expectations.
- Physicians with questions about liability or liability protection can consult the CMPA.

Billing requirements for delegated services

- Although CPSO's policy enables delegation in various scenarios, OHIP has specific billing requirements for services provided through delegation.
- The Ontario Medical Association (OMA) provides guidance on the OHIP provisions related to delegated services. The guidance sets out that physician services, such as assessments, counselling, therapy, consultations and diagnostic service interpretations must be personally rendered by the physician to be paid by OHIP.
- For more information, see the resources linked below:
  - *Payments for Delegated Procedures* (OMA)
  - *OHIP Schedule of Benefits* (Ministry of Health)
  - *OHIP Payment Requirements for Services Rendered Personally and Procedures Delegated by a Physician* (Ministry of Health)
- For questions and advice on such matters, contact OMA or the Provider Services Branch at OHIP.

Resources

- Emergency Department Medical Directives Implementation Kit (Ontario Hospital Association)
- Delegation Checklist (OMA)

Board Motion

Motion Title	Draft Policy for Public Consultation: *Delegation of Controlled Acts*
Date of Meeting	September 25, 2025

It is moved by_____, and seconded by_____, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario engage in the public consultation process in respect of the draft revised policy, "*Delegation of Controlled Acts*", (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 #1: Draft Policy for Public Consultation: *Maintaining Appropriate Boundaries* (For Decision)
Main Contacts:	Tanya Terzis, Manager, Policy Lynn Kirshin, Senior Policy Analyst Julianne Stevenson, Policy Analyst
Attachments:	**Appendix A:** Draft *Maintaining Appropriate Boundaries* policy **Appendix B:** Draft *Advice to the Profession: Maintaining Appropriate Boundaries*
Question for Board:	Does the Board of Directors approve releasing the draft *Maintaining Appropriate Boundaries* policy for public consultation?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- A newly-titled draft *Maintaining Appropriate Boundaries* policy (**Appendix A**) and associated *Advice to the Profession: Maintaining Appropriate Boundaries* ("*Advice*") (**Appendix B**) have been developed. The Board is asked whether the draft policy can be released for public consultation.
- Setting expectations for physicians to maintain appropriate boundaries with patients aligns with CPSO's public interest mandate.

Current Status & Analysis

- The current *Boundary Violations* policy[1] and *Advice* have been revised in response to initial feedback on the current policy[2] and direction from the Policy Working Group.
- Key revisions to the draft policy include:
    - expanding references to "examinations" to include "examinations, treatments, and procedures";
    - adding an expectation for physicians to obtain express consent before intimate examinations, to better align the policy with the updated *Consent to Treatment* policy, and expanding the expectation to also apply to intimate treatments and procedures;
    - expanding the requirement to offer the presence of a third party for intimate examinations to also apply to intimate treatments and procedures;
    - incorporating trauma-informed care principles into expectations regarding intimate and physical examinations, including requiring physicians to explain to patients that they can ask to stop an examination, treatment, or procedure at any time; and
    - streamlining the policy by removing the section on mandatory reporting.
- The draft *Advice* has been streamlined and reformatted using concise subheadings and bullet points, replacing the previous FAQ-style layout.
- The draft *Advice* has been updated to include expanded guidance on trauma-informed care, express consent, use of humour, non-sexual boundaries, navigating situations where patients are part of a physician's social network, and how physicians may prevent and respond to patient-initiated boundary crossings.

[1] The *Boundary Violations* policy was last reviewed in 2019.
[2] An initial consultation on the current policy received 84 responses. All of the written comments can be viewed on the consultation webpage, and an overview of the feedback was provided to the Board in the May 2025 Policy Report.

MAINTAINING APPROPRIATE BOUNDARIES

Policies of the College of Physicians and Surgeons of Ontario ("CPSO") set out expectations for the professional conduct of physicians practising in Ontario. Together with *Essentials of Medical Professionalism* and relevant legislation and case law, they will be used by CPSO and its Committees when considering physician practice or conduct.

Within policies, the terms 'must' and 'advised' are used to articulate CPSO's expectations. When 'advised' is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Definitions

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

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

Patient: In general, a factual inquiry must be made to determine whether a physician-patient relationship exists, and when it ends. Factors such as the length of the physician-patient relationship, the nature of the care provided, and the level of dependency involved will determine how long the relationship will continue.

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

- The physician charges or receives a payment for health-care services provided;
- The physician contributes to a health record or file for the person;
- The person has consented to a health-care service recommended by the physician; or
- The physician prescribes a drug for which a prescription is needed to the person.[1,2,3]

In addition, the physician-patient relationship continues for one year from the date on which the person ceased to be the physician's patient.[4]

Sexual Abuse: The legislation defines sexual abuse as follows:

- Sexual intercourse or other forms of physical sexual relations between a physician and their patient;
- Touching, of a sexual nature, of a patient by their physician; or
- Behaviour or remarks of a sexual nature by a physician towards their patient.[5,6]

Policy

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.[7]

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[8], 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, treatment, or procedure.[9]

   c. Inform patients that they can ask to stop an examination, treatment, or procedure 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.

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

Third Party Attendance at Intimate Examinations, Treatments, and Procedures

6. Regardless of the gender of the physician and/or the patient, physicians **must** give patients the option of having a third party present during an intimate examination, treatment, or procedure, including bringing their own third party if the physician does not have one.

7. If the patient wants a third party present during an intimate examination, treatment, or procedure and a third party is unavailable or there is no agreement on who the third party should be, physicians **must**:

   a. Where the care is not urgently needed, give patients the option to delay or reschedule the examination, treatment, or procedure, or be referred to another physician.

   b. Where the care is urgently needed, explain the risks of delaying the examination, treatment, or procedure.

8. Physicians also have the option to request the presence of a third party during an intimate examination, treatment, or procedure. If doing so, physicians **must** explain to the patient who the third party is. If the patient declines, physicians may delay or reschedule the intimate examination, treatment, or procedure.

Sexual Relations after the Physician-Patient Relationship has Ended

9. Under the legislation, engaging in any of the following within one year after the date upon which an individual ceased to be the physician's patient will constitute sexual abuse:
    a. Sexual relations with a patient, and/or
    b. Sexual behaviour or making remarks of a sexual nature towards their patient.[10]

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

10. Even after the one-year time period has passed, it may still be inappropriate and/or constitute professional misconduct for a physician to engage in sexual relations with a former patient.[11] Prior to engaging in sexual relations with a former patient, a physician **must** consider the following factors:
    a. The length and intensity of the former physician-patient relationship;
    b. The nature of the patient's clinical issue;
    c. The type of clinical care provided by the physician;
    d. The extent to which the patient has confided personal or private information to the physician; and
    e. The vulnerability the patient had in the physician-patient relationship.

Sexual Relations between Physicians and Persons Closely Associated with Patients[12]

11. It may be inappropriate for a physician to engage in sexual relations with a person closely associated with a patient. A physician may be found to have committed an act of professional misconduct if they do so.[13] Prior to engaging in sexual relations with a person closely associated with a patient, a physician **must** consider the following factors:
    a. The nature of the patient's clinical issue;
    b. The type of clinical care provided by the physician;
    c. The length and intensity of the physician-patient relationship;
    d. The degree to which the person associated with the patient depends on the physician for emotional support; and
    e. The degree to which the patient is reliant on the person closely associated with them.

Non-Sexual Boundaries

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

Endnotes

[1] O Reg 260/18 under the *Regulated Health Professions Act, 1991,* SO 1991, c 18 (*RHPA*).

[2] 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*.

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

[4] Section 1(6) of the *HPPC*, Schedule 2, to the *RHPA*.

[5] 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 *Health Professions Procedural Code* (*HPPC)*. It is an act of professional misconduct for a physician to sexually abuse a patient (Section 51(1), paragraph (b1) of the *HPPC)*.

[6] 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*.

[7] Such activity constitutes sexual abuse under the *HPPC*.

[8] Intimate examination includes breast, pelvic, genital, perineal, perianal and rectal examinations of patients.

[9] For all expectations related to consent to treatment, please see the *Consent to Treatment* policy and *Guide to the Health Care Consent Act*.

[10] Subsections 1(3) and (6) of the *HPPC*, Schedule 2 to the *RHPA*.

[11] 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.

[12] Persons may be considered closely associated with a patient if they are:

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

Examples of such individuals include but are not limited to, patients' spouses or partners, parents, guardians, substitute decision-makers and persons who hold powers of attorney for personal care.

[13] Allegations of professional misconduct could be made under the following grounds: 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*)*.

ADVICE TO THE PROFESSION: MAINTAINING APPROPRIATE BOUNDARIES

Advice to the Profession companion documents are intended to provide physicians with additional information and general advice in order to support their understanding and implementation of the expectations set out in policies. They may also identify some additional best practices regarding specific practice issues.

Context for Policy

- It is important for physicians to act in the patient's best interests and to take responsibility for establishing and maintaining boundaries within a physician-patient relationship.
- There is a power imbalance within the physician-patient relationship as a result of a number of factors:
  - A patient depends on the physician's knowledge and training to help them with their health issues.
  - A patient shares highly personal information with the physician that they rarely share with others.
  - The clinical situation often requires that the physician conduct physical examinations that are of a sensitive nature.
  - A patient's vulnerability is heightened when they are unwell, worried or undressed.
- If physicians do not maintain appropriate boundaries, individual patients may be harmed and the public's trust in the medical profession may be eroded.

Express Consent

- The policy requires physicians to obtain express consent prior to all intimate examinations, procedures or treatments. 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.")
- In some cases, it may be prudent for physicians to obtain express consent for physical examinations, procedures and treatments that may not typically be thought of as "intimate," recognizing patients' diverse lived experiences and perspectives (including different cultural viewpoints) on what may be "intimate" or "sensitive" (for example, any examination, treatment or procedure in which a patient must move or remove clothing).

Trauma-Informed Care

- Trauma-informed care is an approach that recognizes the high prevalence of trauma (including childhood abuse, sexual assault, and other adverse experiences) and its lasting impact on health. Its purpose is to foster patient autonomy by offering patients meaningful choice and control in clinical encounters, and by collaboratively engaging patients in their care.
- Using a trauma-informed approach helps ensure patients feel safe, respected and in control, and 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:
  - Explaining to patients what an intimate exam, procedure or treatment will involve before starting it;
  - If asking questions about sexual matters, explaining why they are being asked;
  - Letting patients know they can have a trusted third party in the room with them;

- Letting patients know they have the choice to accept, decline or re-schedule non-urgent care;
- Raising the head of an examination table so that physicians can make eye-contact with patients throughout an exam;
- Reminding patients they can stop the exam, procedure or treatment at any time;
- 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 or cervical cancer testing).

Use of Humour

- While some physicians may use humour or light-hearted banter to put patients at ease before, during and after intimate examinations, treatments and procedures, physicians will need to be aware that the use of humour carries a heightened risk of misinterpretation and/or potential for harm, regardless of the physician's intent.
- Patients, especially those with histories of trauma, may experience well-intentioned joking or small talk as flippant, dismissive or even threatening. Accordingly, physicians are advised to carefully consider the use of humour in the context of intimate examinations, treatments and procedures.

Non-Clinical Touch for Comforting Purposes

- Physicians may use non-clinical touch, such as a touch on the shoulder or a squeeze of the hand, to provide comfort or support to patients when appropriate. However, physicians will need to carefully consider the appropriateness of non-clinical touch on a case-by-case basis.
- 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.
- These considerations reflect principles of trauma-informed care and are essential to maintaining trust, professionalism and patient safety in all interactions.

Third Party Attendance

Informing Patients about Third Parties

- Where the physician is providing a third party, it will be helpful to patients for the physician to inform the patient in advance of who the third party will be, including whether the third party is a health professional or not (for example, a clinic receptionist) and the gender of the third party.

Unavailability of Third Parties

- When a patient books an appointment, it may be helpful to let them know that the physician is not able to offer a third party and that, if they would like to have a third party present, they are welcome to bring someone of their choosing (for example, a family member or friend).
- In limited clinical settings, an intimate examination may not always be foreseeable, and it may be more difficult to find an available third party. In these circumstances, where the patient does not have an available third party who has accompanied them, a physician could explain to the patient that a third party may be obtained but it could take some time for this to happen. If the examination is not urgent, the patient can then decide whether they want to wait until the third party can attend.

Offering Third Parties for Non-Intimate Examinations, Treatments, and Procedures

- Even in the context of examinations, treatments or procedures not typically considered "intimate," some patients may feel more comfortable with a third party present. It is important for physicians to be attentive to this and to consider offering the option of a third party, particularly in any examination, treatment or procedure where clothing needs to be moved or removed.

Privacy

- Physicians can show sensitivity and respect for patients' privacy by having an appropriate place for patients to undress and dress out of view of anyone, including the physician, and by ensuring patients are not required to remain undressed for any longer than necessary for the examination, treatment or procedure.
- While it is best practice for physicians to leave the room while patients undress and dress, in some circumstances it may be appropriate to draw a curtain between the physician and the patient. Merely turning around and facing away from a patient without a curtain is not acceptable.

Sexual Relationships with Former Patients

- The power imbalance in a physician-patient relationship can persist after a person ceases to be a physician's patient. Therefore, for the purposes of sexual abuse, the legislation treats the physician-patient relationship as continuing one year past the last physician-patient encounter.[1]
- Prior to engaging in sexual relations, physicians are advised to verify that they have not provided treatment to the individual within the prior year. Even after this time period has elapsed, sexual relations may be considered professional misconduct. In addition, 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. Depending on the nature and extent of the psychotherapeutic relationship, it may never be appropriate to have a sexual relationship with a former patient.
- A physician who is considering having sexual relations with a former patient will need to act cautiously and carefully consider the potentially complex issues relating to trust, power dynamics and any transference concerns. It is also important for a physician to explain to a former patient the dynamics of a physician-patient relationship and the boundaries applicable to that relationship.
- Where a physician is in doubt as to whether the physician-patient relationship has ended, they should refrain from any relationship with the patient until they seek advice (for example, from legal counsel).

Sexual Relationships with Persons Closely Associated with Patients

- Sexual relationships between a physician and a person closely associated with a patient can detract from the goal of acting in the patient's best interests. Such relationships have the potential to affect the physician's objectivity and the closely associated person's decisions with respect to the health care provided to the patient.

Consequences for Sexual Abuse of Patients

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

Differentiating between a boundary "crossing" and a boundary "violation"

- Boundary violations occur when a physician does not establish and/or maintain the limits of a professional relationship with a patient. Such violations are exploitative.
- Boundary crossings are different than violations in that they are minor deviations from traditional therapeutic activity that are non-exploitative and are often undertaken to enhance the clinical encounter. For example, accepting a small gift from a patient or holding of the hand of a grieving patient. While these actions may be well-intentioned, it is important for physicians to consider what these actions can mean to patients and their impact on the physician-patient relationship or on other patients in their practice. Repeated boundary crossings may often lead to a boundary violation.

Inappropriate Patient-Initiated Contact

- If a patient initiates inappropriate contact, (for example, repeated personal emails or text messages or physical contact, such as hugging) the physician will need to re-establish professional boundaries in a timely manner.
- There are many ways physicians can establish and re-establish appropriate parameters for patient contact:
    - From the outset of the physician-patient relationship, physicians will need to clarify appropriate communication methods and acceptable times for contact.
    - Use professional communication channels whenever possible, such as clinic phones or secure messaging systems, and avoid sharing personal contact details or interacting with patients via social media, except when necessary for patient care.[3]
    - Be attentive to early signs of boundary-crossing behavior, including unsolicited gifts or overly personal questions. Address these issues calmly and directly, reaffirming the need for a professional relationship.
    - If inappropriate contact occurs, respond clearly, document the interaction and your response in the patient's medical record and note any steps taken to resolve the issue.
- Should the behaviour persist despite clear boundaries and communication or where a patient's behaviour compromises the physician's personal safety, it may be necessary to end the physician-patient relationship, in accordance with CPSO's *Ending the Physician-Patient Relationship* policy.

Non-Sexual Boundaries

- Non-sexual boundary violations can occur when a physician has a social relationship and/or a financial/business relationship with a patient.
- It is important for physicians to be aware of the increased risk associated with managing a dual relationship with a patient, including the potential for compromised professional judgment and/or unreasonable patient expectations.

- The following activities have the potential to cause harm particularly when the physician uses the knowledge and trust gained from the physician-patient relationship:
    - Giving or receiving inappropriate or elaborate gifts;
    - Asking patients directly, or searching other sources, for private information about patients that has no relevance to the clinical issue;
    - Asking patients to join faith communities or personal causes;
    - Engaging in leisure activities with a patient;
    - Lending to/borrowing money from patients;
    - Entering into a business relationship with a patient;
    - Hiring a current patient as a member of staff; or
    - Soliciting patients to make donations to charities or political parties.

When patients are part of your social network

- CPSO does not prohibit physicians and patients from interacting within the same social network. In fact, we recognize that this is inevitable for some physicians. For example, in small communities and in religious, language and ethnic communities, physicians may be invited to, or engaged in, social events and activities with patients.
- We understand that these issues can be challenging for physicians; however, physicians need to manage the increased risks associated with having a dual relationship with a patient and re-establish boundaries, as necessary. For example, if a patient asks for medical advice in a social setting, it is best practice to defer the conversation to a scheduled office visit.
- When assessing whether a particular interaction or relationship might lead to or be considered a boundary violation, physicians should consider factors such as:
    - The nature of the physician-patient relationship, including the type of care the physician provides;
    - The vulnerability of the patient;
    - How their words or actions may be interpreted by patients; and
    - The context and purpose of the interaction.
- Incidental contact at public community events may be expected and entirely appropriate. However, proactively engaging in social activities with patients (such as inviting them to private gatherings or meeting for coffee) should be approached with caution.
- CPSO's *Treatment of Self, Family Members, and Others Close to You* policy also contains important information with respect to this issue.

Resources

Maintaining Appropriate Boundaries

- CMPA Good Practice Guide: Respecting Boundaries

Trauma-Informed Care

- Canadian Family Physician - Trauma-informed care: Better care for everyone
- Canadian Medical Association Journal (CMAJ) - The trauma-informed genital and gynecological examination
- Society of Obstetricians and Gynecologists of Canada (SOGC) -Trauma and Violence-Informed Care

Endnotes

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

[2] *Regulated Health Professions Act,* 1991, SO 1991, c 18, Schedule 2, *Health Professions Procedural Code,* s 51(5).

[3] For more information regarding expectations for physicians' use of social media, see CPSO's *Social Media* policy.

Board Motion

Motion Title	Draft Policy for Public Consultation: *Maintaining Appropriate Boundaries*
Date of Meeting	September 25, 2025

It is moved by_____, and seconded by_____, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario engage in the public consultation process in respect of the draft revised policy "*Maintaining Appropriate Boundaries*", formerly titled "*Boundary Violations*", (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*.

SEPTEMBER 2025

Title:	Step #2: Small Group Discussion: *Closing a Medical Practice* Draft Policy (For Discussion)
Main Contacts:	Tanya Terzis, Manager, Policy Lynn Kirshin, Senior Policy Analyst Mike Fontaine, Senior Policy Analyst
Attachment:	**Appendix A:** Consultation Feedback: Closing a Medical Practice
Question for Board:	Does the Board of Directors have any feedback on the draft policy?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- A draft Closing a Medical Practice policy and companion document, *Advice to the Profession: Closing a Medical Practice* *("Advice")*, were released for public consultation following the May 2025 Board meeting.
- The Board will be provided with an overview of the feedback received during the consultation and will have an opportunity to discuss the draft policy at the Board meeting.

Current Status & Analysis

- The current *Closing a Medical Practice* policy and *Advice* were revised in response to preliminary consultation feedback and direction from the Policy Working Group. Key revisions included:
    - Removing the current expectation related to facilitating access to ongoing care to address concerns raised about the physician shortage. The draft policy requires physicians to make reasonable efforts to minimize disruptions to continuity of care for patients (**Provision 1**).
    - The current expectation that physicians proactively plan for unexpected closures has been removed from the policy and has been reframed as a best practice in the *Advice***.**
    - Physicians' obligations with respect to providing prescription renewals and following up on outstanding tests have been clarified, as concerns were raised that the existing obligations were overly vague (**Provisions 4 to 6**).
    - In response to concerns that the current policy does not address unexpected practice closures, the draft policy includes an explicit exception for unexpected closures stating that, where physicians are suddenly and unexpectedly required to close their practice, physicians are required to comply with the policy to the best of their ability and as soon as it is practical to do so (**Provision 11**).
    - The draft now clearly sets out specific expectations for physicians whose certificates of practice have been suspended or revoked (**Provision 12**).
- The *Advice* document provides guidance related to physicians who maintain their certificate of registration when closing their practice, as well as prescriptions refills and follow-up on outstanding test results.
- Consultation feedback on the draft policy and *Advice* was mostly positive, but there were concerns raised by some stakeholders. An overview of the feedback is provided in **Appendix A** and will be shared during the Board meeting.
- Small group discussions will take place at the Board meeting. The Board's feedback will be considered by the Policy Working Group and will inform future revisions to the drafts. The Board will be asked to discuss the following questions at the meeting:
    1. Are the expectations clear and reasonable? Are there any gaps or anything we should reconsider?
    2. Does this policy serve the public interest?
    3. Does this policy guide physicians in delivering quality care?
    4. Is the policy aligned with right-touch regulation?

CONSULTATION FEEDBACK: CLOSING A MEDICAL PRACTICE

- The consultation received 30 total responses.[1] Written responses can be viewed on the consultation page.
- Respondents were generally supportive of the draft policy, and most agreed that the policy and *Advice* were clear, comprehensive, and reasonable.
- Overall, respondents agreed that minimizing disruptions to continuity of care following a practice closure is more reasonable than arranging for ongoing care for patients following a practice closure. However, OMA felt that the policy should include more direction on supporting patients in finding new care providers.
- Most respondents agreed with the draft expectations around notifying patients (and others, where needed) of planned practice closures, though some suggested that three months' notice of a practice closure may not be sufficient for patients to find a physician to take over their care.
- Respondents were more divided on physicians' responsibilities for managing prescriptions following a practice closure. Many agreed that physicians should not be responsible for finding another physician to assume responsibility for a patient's prescriptions; however, some also suggested that leaving patients without a provider to refill or monitor their prescriptions could result in significant risks for these patients.
- Respondents were also split on physicians' responsibilities to arrange for tracking and follow-up on test results expected after a practice closure. Some feedback, including from OMA, suggested that the policy specify a timeframe for when physicians would be responsible for prescription renewals and test follow-up.
- Most respondents agreed that the draft expectations around medical records were reasonable, but some did acknowledge the challenges of storing records following retirement. Some respondents including OMA and OTLA, suggested that the policy include more specific expectations on medical record retention.
- Respondents were split on whether the provision related to unexpected closures was reasonable. Many indicated that the policy expectations may be difficult to fulfill in some cases (e.g., physician death), even when a physician has a designate in place. Some respondents, including OMA and OTLA, suggested that the policy should require physicians to proactively plan for unexpected closures, rather than setting it out as a best practice in the *Advice*.

[1] Responses were received from 21 physicians, 3 members of the public, 1 other health-care provider, 1 prefer not to say, and 4 organizations, including the Ontario Medical Association (OMA), the Professional Association of Residents of Ontario (PARO), the Canadian Medical Protective Association (CMPA), and the Ontario Trial Lawyers Association (OTLA).

Title:	Setting Policy Expectations for Physician Assistants (For Decision)
Main Contacts:	Anil Chopra, Associate Registrar Tanya Terzis, Manager, Policy
Attachments:	**Appendix A:** Revised policy text box **Appendix B**: Draft *Physician Assistants* policy
Questions for Board:	1. Does the Board of Directors approve the revised policy text box? 2. Does the Board of Directors approve releasing the draft *Physician Assistants* policy for public consultation?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- As Physician Assistants ("PAs") are now regulated by CPSO, the following approach is being proposed to set and communicate their professional obligations:
    - updating the introductory text box above each policy (**Appendix A**), and
    - developing a specific policy for PAs (**Appendix B**).
- The Board is asked whether it approves the revised policy text box and whether the draft *Physician Assistants* policy can be released for public consultation.
- Clarifying which policy expectations apply to PAs will ensure that they meet the required standard of care and will help promote patient safety.

Current Status & Analysis

- The *Health Professions Procedural Code* requires that CPSO establish and maintain standards of professional ethics for its registrants. Currently, however, CPSO only provides FAQs that advise PAs to familiarize themselves with CPSO policies and comply with them, where applicable.
- Accordingly, a comprehensive review of CPSO's policies was undertaken to determine the best approach for setting policy expectations for PAs.
- The following approach is proposed: 1) making immediate updates to the text box which appears at the top of every policy and describes the role of policies generally, and 2) creating one PA-specific policy that identifies the key policies and expectations that apply to them.

1) Updating the Policy Text Box

- The first stage of the proposed approach involves explicitly naming PAs in the text box which describes the role and function of policies (see **Appendix A**).
- These immediate updates to the text box will help emphasize that the professional obligations set out in CPSO policies are broadly applicable to both physicians and PAs and could be used as a starting point for articulating that both physicians and PAs are expected to comply with CPSO policies.

2) PA-specific Policy

- With a view to the long-term regulation of PAs, a PA-specific policy has been developed which explicitly identifies the existing CPSO policies PAs must comply with.
- The intention of this *Physician Assistants* policy is to set out the key professional obligations that are relevant to PAs (e.g., expectations pertaining to boundaries, social media, and professional behaviour).
- In keeping with the principles of right-touch regulation, this policy also addresses expectations related to other relevant or high-risk issues such as prescribing drugs. It does not, however, capture obligations or tasks that PAs are unable to perform (such as delegation or Medical Assistance in Dying) or that, while not prohibited for PAs, are primarily the responsibility of physicians (e.g., accepting new patients, closing a medical practice).

Next Steps

- Subject to the Board's approval, the proposed updates to the policy text box will be posted on CPSO's website and the *Physician Assistants* policy will be released for a 30-day public consultation. This timeline will allow the final policy to be in place by the end of 2025.

Revised Policy Text Box

Policies of the College of Physicians and Surgeons of Ontario (CPSO) set out expectations for the professional conduct of physicians **and physician assistants ("Registrants")** practising in Ontario. Together with the *Essentials of Medical Professionalism* and relevant legislation and case law, they will be used by CPSO and its Committees when considering **a Registrant's** practice or conduct.

Within policies, the terms 'must' and 'advised' are used to articulate CPSO's expectations. When 'advised' is used, it indicates that **Registrants** can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

PHYSICIAN ASSISTANTS

Policies of the College of Physicians and Surgeons of Ontario ("CPSO") set out expectations for the professional conduct of physicians and physician assistants ("Registrants") practising in Ontario. Together with *Essentials of Medical Professionalism* and relevant legislation and case law, they will be used by CPSO and its Committees when considering a Registrant's practice or conduct.

Within policies, the terms 'must' and 'advised' are used to articulate CPSO's expectations. When 'advised' is used, it indicates that Registrants can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Definitions

Professionalism: the words and actions that foster trust and respect with patients[1], colleagues, and the public.

Unprofessional behaviour: words, actions, or inactions that interfere with (or may interfere with) the delivery of quality care, public trust in the profession, the safety or perceived safety of others, or the ability to collaborate. Unprofessional behaviour may be demonstrated through a single act, a pattern of events, or a number of separate events.

Boundary: Defines the limit of a safe and effective professional relationship between a registrant and a patient. There are both sexual boundaries and non-sexual boundaries within a physician-patient relationship.

Conflict of interest: A conflict of interest is created any time a reasonable person could perceive that a registrant's judgments or decisions about a primary interest (e.g., the patient's best interests, unbiased medical research) are compromised by a secondary interest (e.g., direct financial gain, professional advancement). A conflict of interest can exist even if the registrant is confident that their professional judgment is not actually being influenced by the conflicting interest or relationship.

For the purposes of this policy, conflicts of interest also include those circumstances defined in Part IV (ss. 15-17) of Ontario Regulation 114/94 ("the General Regulation") under the *Medicine Act*, 1991.

Critical Test Result: Results of such a serious nature that immediate patient management decisions may be required.

Clinically Significant Test Result: A test result determined by a physician to be one which requires follow-up in a timely fashion, urgently if necessary. Physicians determine the clinical significance of a test result using their clinical judgment and knowledge of the patient's symptoms, previous test results, and/or diagnosis.

Virtual care: Any interaction between patients and/or members of their circle of care that occurs remotely[2], using any form of communication or information technology, including telephone, video conferencing, and digital messaging (e.g., secure messaging, emails, and text messaging) with the aim of facilitating or providing patient care.[3]

[1] The term "patient" is used to refer to patients and their loved ones, including but not limited to caregivers, family members, friends, and substitute decision-makers.
[2] Remotely means without physical contact and does not necessarily involve long distances. Patients, patient information and/or physicians may be separated by space (e.g. not in the same physical location) and/or time (e.g. not in real time).
[3] This definition was adapted from Shaw, J., Jamieson, T., Agarwal, P., Griffin, B., Wong, I., & Bhatia, R.S. (2018). Virtual care policy recommendation for patient-centred primary care: findings of a consensus policy dialogue using a nominal group technique. *Journal of Telemedicine and Telecare, 24*(9), 608-615.

Personal health information: any information relating to a person's health that identifies the person, including, for example, information about their physical or mental health, family health history, information relating to payments or eligibility for health care, and health card numbers.

Policy

1. Physician Assistants **must** meet their legal obligations under the *Regulated Health Professions Act, 1991, and the Medicine Act, 1991* and **must** ensure that they have the required knowledge, skills, and judgment to provide safe patient care under delegation.

Professionalism

2. Physician Assistants **must** meet the expectations for professionalism set out in CPSO's *Essentials of Medical Professionalism*, including:
    a. considering each patient's well-being and acting in their best interests; and
    b. working respectfully and collaboratively with other members of the health-care team, even when their personal beliefs and/or professional opinions differ.
3. Physician Assistants **must** comply with the expectations set out in the *Professional Behaviour* policy, and **must**:
    a. uphold the standards of medical professionalism and conduct themselves in a professional manner; and
    b. **not** engage in unprofessional behaviours, as set out in the policy.
4. Physician Assistants **must** comply with the expectations set out in the *Boundary Violations* policy, and **must**:
    a. establish and maintain appropriate boundaries with their patients;
    b. **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; and
    c. ensure appropriate procedures are followed before, during, and after physical and intimate examinations.
5. Physician Assistants **must** comply with the expectations set out in the *Social Media* policy, and **must**:
    a. consider the potential impact of their conduct on social media on the reputation of the profession and the public trust; and
    b. **not** engage in unprofessional behaviour while using social media.
6. Physician Assistants **must** only provide treatment to themselves, family members, or others close to them[4] in accordance with the expectations set out in the *Treatment of Self, Family Members, and Others Close to You* policy.
7. Physician Assistants **must** comply with the expectations set out in the *Human Rights in the Provision of Health Services* policy, and **must**:
    a. take reasonable steps to create and foster a safe, inclusive, and accessible environment in which the rights, autonomy, dignity, and diversity of all people are respected.

[4] "Others close to them" refers to individuals who have a close and/or personal relationship with the physician where the nature of the relationship could reasonably affect the physician's professional judgment.

8. Physician Assistants **must** comply with the expectations set out in the *Conflicts of Interest and Industry Relationships* policy, and **must**:
    a. maintain their clinical objectivity and professional independence in all interactions with industry and when making decisions regarding patient care; and
    b. meet their obligations regarding conflicts of interest in the General Regulation.
9. Physician Assistants **must** comply with the expectations set out in the *Advertising* policy, and **must**:
    a. only advertise in a manner which is dignified, accurate, and upholds the reputation of the profession; and
    b. **not** advertise in a manner which is false, misleading, or deceptive.

Clinical Care

10. Physician Assistants **must** comply with the expectations set out in the *Consent to Treatment* policy and the requirements in the *Health Care Consent Act*, and **must**:
    a. ensure that valid consent[5] has been obtained before treatment is provided.
11. Physician Assistants **must** comply with the expectations set out in the *Prescribing Drugs* policy, and **must**:
    a. only prescribe a drug if they have the knowledge, skill, and judgment to do so safely and effectively;[6] and
    b. **not** prescribe narcotics or controlled substances.[7]
12. Physician Assistants **must** comply with the expectations set out in the *Virtual Care* policy, and **must**:
    a. continue to meet the standard of care and the existing legal and professional obligations that apply to care that is provided in person, when providing virtual care.
13. Physician Assistants **must** comply with the expectations set out in the *Complementary and Alternative Medicine* policy, and **must**:
    a. conduct conventional clinical assessments of patients in accordance with the standard of practice; and
    b. practise in their patient's best interests and in a manner that is informed by evidence and scientific reasoning.
14. Physician Assistants **must** comply with the expectations set out in the *Infection Prevention and Control for Clinical Office Practice* policy, and **must**:
    a. undertake infection prevention and control practices, in line with the Provincial Infectious Diseases Advisory Committee's Infection Prevention and Control for Clinical Office Practice[8].
15. Physician Assistants **must** comply with the expectations set out in the *Medical Records Documentation* policy, and **must** ensure that:
    a. documentation in the medical record is legible, accurate, complete and comprehensive; and

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[5] The *Health Care Consent Act* sets out the elements that are required for obtaining valid consent, as well as guidance for emergencies where valid consent cannot be obtained. For further information, see the *Guide to the Health Care Consent Act* companion document.
[6] Sections 2(1)(c), 2(5), O. Reg. 865/93, Registration, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30; *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice* policy; CPSO's *Essentials of Medical Professionalism*.
[7] The *Controlled Drugs and Substances Act* sets out which practitioners are authorized to prescribe controlled drugs and substances. PAs are not authorized practitioners under the Act.
[8] Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection Prevention and Control for Clinical Office Practice. 1st Revision. Toronto, ON: Queen's Printer for Ontario; April 2015.

b. patient encounters are documented as soon as possible.

16. Physician Assistants **must** comply with the expectations set out in the *Managing Tests* policy, and **must**:

    a. appropriately track, communicate, and follow up on test results which are, or are likely to be, clinically significant and/or critical in nature.

17. Physician Assistants **must** comply with the expectations set out in the *Transitions in Care* policy, and **must**:

    a. keep patients informed about who has primary responsibility for managing their care and about their role on the patient's health-care team;

    b. ensure that patients have the information they need prior to being discharged from hospital to home.

18. Physician Assistants **must** comply with the expectations set out in the *Protecting Personal Health Information* policy, and **must**:

    a. only collect, access, use, or disclose a patient's personal health information:

        i. in situations where:

            1. the patient or Substitute Decision Maker has provided consent, and it is necessary for a lawful purpose;[9] or

            2. it is permitted or required by law without consent;[10] and

        ii. where they need the personal health information to carry out their duties.

19. Physician Assistants **must** comply with the expectations set out in the *Public Health Emergencies* policy, and **must:**

    a. be available to provide direct or indirect medical services during a public health emergency[11] in accordance with emergency management plans and the direction of their supervising physician(s).

Reports

20. Physician Assistants **must** comply with the expectations set out in the *Reporting Requirements* policy, and **must**:

    a. take appropriate and timely action when they have reasonable grounds to believe that another regulated health professional is incapacitated[12] or incompetent[13], and

    b. fulfil their legislative reporting requirements, which include those that are highlighted in CPSO's *Guide to Legal Reporting Requirements* document.

21. Physician Assistants **must** comply with the expectations set out in the *Disclosure of Harm* policy, and **must**:

    a. ensure that the Most Responsible Physician (MRP) is aware of harmful and no-harm incidents; and

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[9] Generally speaking, activities associated with the normal course of a physician's practice as they relate to the provision of health care will be for a "lawful purpose".

[10] These situations include specific permissions and requirements set out in *PHIPA* and other legislation, such as reporting requirements outlined in CPSO's *Guide to Legal Reporting Requirements*. See the *Advice to the Profession: Protecting Personal Health Information* document for further guidance.

[11] A "public health emergency" refers to a current or impending situation that constitutes a danger of major proportions with the potential to result in serious harm to the health of the public. They are usually caused by forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise. They are declared by government and public health authorities at the federal, provincial and municipal levels.

[12] "Incapacitated" means that a regulated health professional is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that their certificate of registration be subject to terms, conditions, or limitations, or that they no longer be permitted to practise.

[13] "Incompetent" means that a regulated health professional's care of a patient displayed a lack of knowledge, skill, or judgment of a nature or to an extent that demonstrates that they are unfit to continue to practise or that their practice should be restricted. See s. 52(1) of the *HPPC*.

b. ensure that harmful incidents[14] and no-harm incidents[15] are disclosed to patients.

[14] A “harmful incident” is an incident that has resulted in harm to the patient (also known as an “adverse event”).
[15] A “no-harm incident” is an incident with the potential for harm that reached the patient, but no discernible or clinically apparent harm has resulted.

Board Motion

Motion Title	Revised Policy Text Box for approval and Draft Policy for Public Consultation: *Physician Assistants*
Date of Meeting	September 25, 2025

It is moved by_____, and seconded by_____, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario:

1. approves the revised text box set out at the beginning of each CPSO policy, (a copy of which text box forms Appendix " " to the minutes of this meeting).

2. engage in the public consultation process in respect of the draft policy "*Physician Assistants*", (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*.

Board Motion

Motion Title	Motion to Go In-Camera
Date of Meeting	September 25, 2025

It is moved by_____, and seconded by_____, that:

The Board of Directors[1] 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.

[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*.