CPSO

Board of Directors Meeting

November 27, 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 November 27, 2025, in the CPSO Boardroom at 80 College Street, 3rd Floor, Toronto, Ontario. This is the Annual Organizational Meeting of the Board.

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 4:00 p.m. on November 24. Details on this process are available on CPSO's website.

The meeting will convene at 9:00 a.m. on Thursday, November 27, 2025.

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

November 3, 2025

Board of Directors – Board Meeting Agenda
Annual Organizational Meeting

November 27, 2025

Time	#	Topic and Objective(s)	Page No.
8:30 am (30 mins)	**BREAKFAST**		
9:00 am (10 mins)	**1**	**Call to Order and Welcoming Remarks** (S. Reid) *Discussion*	–
9:10 am (5 mins)	**2** 2.1 2.2 2.3 2.4	**Consent Agenda** (S. Reid) *Decision* Board meeting agenda Draft minutes from the Board meeting held on September 25, 2025 Committee Appointments and Re-appointments Committee Chair and Vice-Chair Appointment(s)	 3 - 4 5 - 14 15 16 - 17
9:15 am (5 mins)	**3** 3.1 3.2 3.3 3.4 3.5 3.6	**Items for Information:** *Information* Executive Committee Report Ontario Physicians and Surgeons Discipline Tribunal Report Medical Learners Reports 2025 Committee Annual Reports Update on Board Action Items 2026 Q4 Meeting Dates	 18 19 - 22 23 - 25 26 - 43 44 45
9:20 am (50 mins)	**4**	**CEO/Registrar's Report** (N. Whitmore) *Discussion*	Verbal Report
10:10 am (20 mins)	**5**	**Key Performance Indicators for 2026** (N. Whitmore) *Decision*	Presentation at time of meeting
10:30 am (20 mins)	**BREAK**		
10:50 am (15 mins)	**6**	**Board Chair's Report** (S. Reid) *Discussion*	Verbal Report
11:05 am (10 mins)	**7** 7.1	**Governance and Nominating Committee Report** (P. Safieh) *Decision* Committee Service Expectations for Board Directors	 46 - 47
11:15 am (5 mins)	**8**	**Governance and Nominating Committee Election for 2025/26** (S. Reid) *Decision*	48 - 50
11:20 am	*	**Motion to Go In-Camera** *Decision*	51
11:20 am (40 mins)	**9**	**In-Camera Items**	Materials provided under separate cover
12:00 pm (60 mins)	**LUNCH**		

Time	#	Topic and Objective(s)	Page No.
1:00 pm (10 mins)	**10**	**Step #3: Final Approval: Physician Assistants Policy** (A. Chopra) *Decision*	52- 57
1:10 pm (15 mins)	**11**	**Proposed By-law Amendments for Final Approval: Fees relating to the Retired Class of Registration** (S. Tulipano, M. Cooper) *Decision*	58 - 61
1:25 pm (10 mins)	**12**	**Approve Updates to Registration Policies Relating to the Provisional Class of Registration** (S. Tulipano) *Decision*	62 - 77
1:35 pm (20 mins)	**13**	**Certificate of Registration for Off-Cycle Residents** (S. Tulipano) *Decision*	78 - 80
1:55 pm (15 mins)	**14**	**Proposal to Rescind Statements: Interprofessional Collaboration and Female Genital Cutting (Mutilation)** (T. Terzis) *Decision*	81 - 85
2:10 pm (10 mins)	**15**	**Proposal to Rescind: Public Health Emergencies Policy** (T. Terzis) *Decision*	86 - 89
2:20 pm (40 mins)	**16**	**Step #2: Review Feedback and Discussion: Delegation of Controlled Acts** (T. Terzis) *Discussion*	90 - 103
3:00 pm (20 mins)	**BREAK**		
3:20 pm (40 mins)	**17**	**Step #2: Review Feedback and Discussion: Maintaining Appropriate Boundaries** (T. Terzis) *Discussion*	104 - 115
4:00 pm (30 mins)	**18**	**Approval of the recommended annual fee increase for Out of Hospital (OHP) facilities and Budget 2026** (N. Novak, S. Califaretti) *Decision*	116 - 118
4:30 pm (30 mins)	**19** 19.1 19.2 19.3 19.4	**Board Chair Items** (S. Reid) Outgoing Board Directors and Academic Directors Board Chair Address Welcome Incoming Board Directors Induction of New Board Chair	–
5:00 pm	**20**	**Close Meeting** (S. Reid)	–
5:00 pm	*	**Meeting Reflection Session** (S. Reid) *Discussion*	–

DRAFT PROCEEDINGS OF THE MEETING OF THE BOARD
September 25, 2025

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

Attendees:

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

Regrets:

Stephen Bird
Lucy Becker
Jose Cordeiro
Deborah Robertson

Guests:

Deanna Williams, Dundee Consulting Group
Harry Cayton, Governance Consultant

1. Call to Order and Welcoming Remarks

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

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

No conflicts of interest were noted for the meeting.

2. Consent Agenda

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

01-B-09-2025

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 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.

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 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).

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 Medical Learners Reports
3.4 Update on Board Action Items
3.5 2026 Q3 Meetings 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.

An update regarding the following departments and programs were provided:

- Registration and Membership Services – annual renewal was complete in August, with 41,000 registrants renewing their certificates. The number of Registrants who did not complete their renewal and were suspended remained unchanged from past years. The promotion of registration pathways for US physicians continues to gain traction through media pick-up, social media, and other platforms.
- Quality Improvement / Quality Assurance (QI/QA)– the final group of physicians are currently completing the QI program. Once complete, all physicians who have been in practice for more than 5 years will have been involved in QI. The Pilot of the QI 2.0 program has exceeded its goal of 600 physicians and received positive feedback from participants.

- Out of Hospital Premises Inspection Program (OHPIP) – 53 facilities are participating in the QI Pilot for Medical Directors, exceeding the target and it continues to receive positive feedback from participants. The Pilot with Accreditation Canada for routine facility inspections is currently on track for completion this year.
- Investigations and Resolutions – Complaints in 2025 have increased compared to 2024, however, the number of serious complaints has not increased, and much of the increase can be attributed to system challenges.
- Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) – the Health Professions Discipline Tribunal now has now expanded to included eight Ontario Health Colleges.
- Policy – An update on the policy review process was provided. It was noted that the AI Advice has been updated and now provides guidance beyond AI scribes and includes details on the use of AI in decision support, triage and intake.
- Governance – Approximately one third of Board Directors have completed Leadership Training and coaching with Deanna Williams, Governance Consultant. Similar training will be offered in 2026.
- Communications – Dialogue was released in June. Efforts to reorganize the articles continue with the goal of increasing readership. Dialogue continues to have a high open rate at 70%.
- Stakeholder Collaboration - An update was provided on stakeholder collaboration including the Medical Council of Canada's National Physician Registry initiative, of which CPSO is participating.

Updates were provided on CPSO operational and staff activities, including staff engagement results, recent conferences where CPSO leadership presented, and how AI is being utilized by CPSO.

5. Board Chair's Report

S. Reid, the Board Chair, presented her report to the Board, highlighting the completion of the Board Director Evaluation process. Feedback on the Evaluation was positive, and it was noted that the timing of the sessions was useful, with a desire to continue in 2026. Updates on the International Association of Medical Regulatory Authorities Conference and learnings were shared.

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 August 25, 2025 meeting. Learnings from the 2025 Election and Academic Appointments processes were discussed. The Board Inventory and Skills Gap analysis was reviewed, and the targeted skills for the 2026 Election and Academic Appointments were presented. Feedback on the language used in the Notice of Election to the profession was provided, and discussion ensued. It was noted that Physician Assistants are eligible to apply and vote in the 2026 election. The key dates for the 2026 Board Election were presented for approval.

02-B-09-2025 – For Approval: 2026 Board Election Date

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

6.1 Approval of the 2026 Board Election Date

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

CARRIED

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

S. Tulipano, Director, Registration and Membership Services, provided an overview of the consultation feedback received regarding the proposed regulatory amendments for two new classes of registration. The amendments have been circulated to other Canadian regulators, the profession and to the public. Feedback regarding the Provisional Class was supportive, as Ontario will now be in line with many other Canadian jurisdictions that already have this Class. There were 13 responses for the Retired Class, including feedback on the proposed fees; the feedback received did not impact the regulatory change.

03-B-09-2025 – For Approval: Regulatory Amendments: Provisional Class of Registration and Retired Class of Registration

The following motion was moved by J. Fisk seconded by A. Steen and carried, 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 "E" 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.

Record of each Director vote set out below on Board Motion: 03-B-09-2025 – Regulatory Amendments: Provisional Class of Registration and Retired Class of Registration:

Number	Director Name	Vote
1.	Andrea Steen	In favour
2.	Anne Walsh	In favour
3.	Anu Srivastava	In favour
4.	Baraa Achtar	In favour
5.	Camille Lemieux	In favour
6.	Carys Massarella	In favour

7.	Faiq Bilal	In favour
8.	Fred Sherman	In favour
9.	Glen Bandiera	In favour
10.	Ian Preyra	In favour
11.	Janet van Vlymen	In favour
12.	Joan Fisk	In favour
13.	Katina Tzanetos	In favour
14.	Linda Robbins	In favour
15.	Lionel Marks de Chabris	In favour
16.	Lydia Miljan	In favour
17.	Madhu Azad	In favour
18.	Marie-Pierre Carpentier	In favour
19.	Mitchell Whyne	In favour
20.	Murthy Ghandikota	In favour
21.	Patrick Safieh	In favour
22.	Paul Malette	In favour
23.	Rob Payne	In favour
24.	Robert Gratton	In favour
25.	Rupa Patel	In favour
26.	Sarah Reid	In favour
27.	Vincent Georgie	In favour
28.	Virginia Roth	In favour

CARRIED

8. Proposed Targeted Amendments for Final Approval: Delegation of Controlled Acts

A. Chopra, Associate Registrar, presented the targeted amendments to the "*Delegation of Controlled Acts*" policy, which is an off cycle change to address risks of delegation without appropriate physician involvement. Minor amendments were proposed in response to consultation feedback, including updates to the list of circumstances where delegation can occur in the absence of a physician-patient relationship. Further amendments to the policy were presented regarding the expectations for physicians to complete an assessment following delegation, the types of care that can be delegated, and the exceptions where delegation is not permitted. Discussion ensued.

04-B-09-2025 – For Approval: Revised Policy for Final Approval: Delegation of Controlled Acts

The following motion was moved by R. Patel, seconded by R. Payne and carried, 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 "F" to the minutes of this meeting)

CARRIED

9. Step #1: Draft Policy for Public Consultation: Delegation of Controlled Acts

T. Terzis, Manager, Policy, provided an overview of the draft policy for public consultation, *"Delegation of Controlled Acts"*. The policy is being reviewed in full, in addition to the targeted amendments approved by the Board at this meeting. The Board will be given the opportunity to review the feedback and consider the policy in further detail at the November Board meeting. Following questions and discussion regarding the proposed changes, the Board expressed its support for approving the release of the draft policy for public consultation.

05-B-09-2025 – Draft Policy for Consultation: Delegation of Controlled Acts

The following motion was moved by I. Preyra, seconded by L. Miljan 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, "*Delegation of Controlled Acts*," (a copy of which forms Appendix "G" to the minutes of this meeting).

CARRIED

10. Step #1: Draft Policy for Public Consultation: Maintaining Appropriate Boundaries

T. Terzis, Manager, Policy, provided an overview of the draft policy for public consultation, *"Maintaining Appropriate Boundaries"*, previously titled *"Boundary Violations*". The Board will be given the opportunity to review the feedback from the public consultation and discuss the policy in further detail at the November Board meeting. Following questions and discussion, the Board expressed its support for approving the release of the draft policy for public consultation.

06-B-09-2025 – Draft Policy for Consultation: Maintaining Appropriate Boundaries

The following motion was moved by C. Lemieux, seconded by M. Ghandikota and carried, 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 "H" to the minutes of this meeting).

CARRIED

Item 12: Setting Policy Expectations for Physician Assistants moved up to facilitate flow.

12. Setting Policy Expectations for Physician Assistants

A. Chopra, Associate Registrar, provided an overview of the proposed approach for outlining Physician Assistants' (PA) professional obligations given they began to be regulated by CPSO as of April 1, 2025. The two-step approach includes the addition of a text box to every current policy clarifying that CPSO policies apply to all Registrants, therefore to both Physicians and PAs. Secondly, a new draft Physician Assistant policy is being proposed for release for public consultation that summarizes key obligations for PAs from existing CPSO policies. Following

questions and discussion, the Board expressed its support for approving the policy text box and the release of the draft policy for public consultation.

07-B-09-2025 – For Approval: Revised Policy Text Box and Draft Policy for Public Consultation: Physician Assistants

The following motion was moved by P. Malette, seconded by G. Bandiera and carried, 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 "I" 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 "J" to the minutes of this meeting).

CARRIED

11. Step #2: Small Group Discussion: *Closing a Medical Practice* Draft Policy

T. Terzis, Manager, Policy, presented the draft *"Closing a Medical Practice"* policy" which had recently been released for public consultation. The feedback from the Board's small group discussion will be presented to the Policy Working Group, and a final draft of the policy will be submitted for approval at the November Board meeting. Discussion ensued.

13. Motion to go In-Camera

08-B-09-2025 – 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 an In-Camera session at 2:35 p.m. and returned to the open session at 3:50 p.m.

CARRIED

14. Close Meeting

S. Reid, Board Chair, closed the meeting at 3:50 p.m. The next Board meeting is scheduled for November 27, 2025.

Board Chair

Recording Secretary

NOVEMBER 2025

Title:	Committee Appointments and Re-appointments (For Decision)
Main Contact:	Cameo Allan, Director, Policy & Governance
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 the appointments and re-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 and Analysis

Committee Appointments

New Committee Member Appointments

- The members listed below are recommended for appointment for a term starting upon the close of the 2025 Annual Organizational Meeting (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	Physician Name	Specialty
Quality Assurance	Janet Hurst	Anesthesiology
	Eric Letovsky	Emergency Medicine

New Appointments for Current and Incoming Board Directors

- Physician and Public Board Directors have been canvassed to confirm their availability to serve on the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) and Fitness to Practise Committee.
- Julie Maggie and James Stewart are recommended for appointment for a term starting upon the close of the 2025 AOM until the close of the following AOM.

Committee Re-appointments

- The Committees listed below recommend appointing the listed members for a term starting upon the close of the 2025 AOM until the close of the following AOM. All members are eligible to serve an additional year without reaching their committee or overall term limit.

Committee	Member Names
Finance and Audit	Sarah Reid
Premises Inspection	Richard Bowry, Winnie Leung, Colin McCartney, Wusun Paek, Chris Perkes, Kashif Pirzada, Suraj Sharma, Catherine Smyth, Robert Smyth, Michael Wan

- The Inquiries, Complaints and Reports Committee is seeking an appointment of Diane Meschino for a four-month term, starting upon the close of the 2025 AOM until March 30, 2026.

NOVEMBER 2025

Title:	Committee Chair and Vice-Chair Appointment(s) (For Decision)
Main Contact:	Cameo Allan, Director, Policy & Governance
Question for Board:	Does the Board of Directors (the Board) wish to appoint the individual(s) 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 Premises Inspection Committee requires the appointment of a new Chair.
- The Governance Office canvassed Committee Support staff regarding leadership succession planning. Leadership candidates have confirmed their willingness to take on the proposed role.
- The Governance Office has verified that the candidate is eligible to serve the suggested term without reaching their committee, or overall, term limit.
- Suraj Sharma is recommended for a one-year appointment as Premises Inspection Committee Chair starting upon the close of the 2025 Annual Organization Meeting (AOM) until the close of the 2026 AOM.

Motion Title	Consent Agenda
Date of Meeting	November 27, 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 2.4 outlined in the consent agenda, which include in their entirety:

2.1 The Board meeting agenda for November 27, 2025;

2.2 The draft minutes from the Board meeting held on September 25, 2025;

2.3 Committee Appointments

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

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

- The Board of Directors[1] of the College of Physicians and Surgeons of Ontario appoints Diane Meschino to the Inquiries, Complaints and Reports for a 4-month term, commencing at the close of the 2025 AOM until March 30, 2026.

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/or Vice-Chairs, as noted below, to the following Committees, commencing at the close of the 2025 AOM and expiring at the close of the 2026 AOM:

Committee	Position	Name
Premises Inspection	Chair	Suraj Sharma

[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*.

NOVEMBER 2025

Title:	Executive Committee Report (For Information)
Main Contact:	Carolyn Silver, Chief Legal Officer

Purpose, Public Interest Mandate & Relevance to Strategic Plan

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

Executive Committee – November 2025

02-EX-November 2025 **Committee Appointments**

On a motion moved by L. Miljan, seconded by A. Steen and carried, that the Executive Committee appoints, on behalf of the Board, Paul Malette to the Ontario Physicians and Surgeons Discipline Tribunal and the Fitness to Practise Committee for a term effective November 7, 2025, and ending April 7, 2026.

02-EX-November 2025 **Committee Appointments**

On a motion moved by L. Miljan, seconded by A. Steen and carried, that the Executive Committee appoints, on behalf of the Board, Ray Trask to the Ontario Physicians and Surgeons Discipline Tribunal and the Fitness to Practise Committee for a term effective November 7, 2025, and ending at the close of the Annual Organizational Meeting of the Board in November 2026.

Contact: Sarah Reid, Board Chair
Carolyn Silver, Chief Legal Officer

Date: November 10, 2025

NOVEMBER 2025

Title:	Ontario Physicians and Surgeons Discipline Tribunal Report of Completed Cases | September 5, 2025 – November 10, 2025 (For Information)
Main Contact:	Dionne Woodward, Tribunal Counsel

Purpose

- This report summarizes reasons for decision released between September 5, 2025 – November 10, 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 and Analysis

In the period reported, the Tribunal released 4 reasons for decision:

- 1 set of reasons on finding
- 1 set of reasons on penalty
- 1 set of reasons on finding (liability) and penalty
- 1 set of reasons on a motion

Findings

Liability findings included:

- 1 finding of sexual abuse
- 1 finding of disgraceful, dishonourable or unprofessional conduct
- 1 finding of having been found guilty of an offence relevant to suitability to practise

Penalty

Penalty orders included:

- 2 suspensions
- 2 reprimands
- 2 imposition 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 $36,295.

TABLE 1: TRIBUNAL DECISIONS – FINDINGS (September 5, 2025 – November 10, 2025)

Citation and hyperlink to published reasons	Physician	Date of Reasons	Sexual Abuse	Contravened term, condition or limitation on certificate of registration	Disgraceful, Dishonourable or Unprofessional Conduct	Failed to maintain standard of practice	Other
2025 ONPSDT 27	D'Souza	September 25, 2025					- Found guilty of offence relevant to suitability to practise
2025 ONPSDT 25	Garcia Pan	September 17, 2025	X		X		

TABLE 2: TRIBUNAL DECISIONS – PENALTIES (September 5, 2025 – November 10, 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 28	Kilian	October 22, 2025	Suspension, reprimand, TCL	12 months	$36,295
2025 ONPSDT 27	D'Souza	September 25, 2025	Suspension, reprimand, TCL	12 months	$6000

TABLE 3: TRIBUNAL DECISIONS - MOTIONS AND CASE MANAGEMENT (September 5, 2025 – November 10, 2025)

Citation and hyperlink to published reasons	Physician(s)	Date of reasons	Motion/Case management outcome	Nature of motion/case management issue
2025 ONPSDT 26	Bensimon	September 17, 2025	The registrant's motion to produce the psychologist's clinical notes and records concerning the complainant's discussions about the allegations was dismissed.	The Tribunal dismissed the motion. Although there was a narrow issue of likely relevance, the probative value of the records was low, the privacy interests were very high, and production was not necessary in the interests of justice.

Ontario Medical Students' Association
CPSO Council Update
November 27th 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 meetings. As we continue into the 2025-2026 academic year, we are pleased to provide updates on some of our key initiatives.

1. **TMU Task Force – Supporting Student Governance at TMU:** With the inaugural class at TMU's School of Medicine beginning in 2025, TMU medical students have expressed strong interest in establishing a formal student council/medical society. In response, OMSA has approved the creation of a Task Force to Support the Development of TMU Medical Students' Society, aimed at providing guidance on governance structures, accountability, and sustainability. OMSA is working closely with the TMU Faculty and Learner Affairs Team and TMU students. We have already helped facilitate approval of their constitution, and election campaigns for their first student society are currently underway. This initiative ensures that TMU students have a clear, faculty-supported framework for representation, aligning with OMSA's strategic priorities around student leadership.
2. **Day of Action – 2026 Topic: ER Wait Times & Timely Access to Care:** OMSA has selected **"ER Wait Times & Timely Access to Care"** as the focus of our 2026 Day of Action (DoA), one of our flagship advocacy events where students meet with Members of Provincial Parliament at Queen's Park to raise awareness of key health issues. We are currently seeking venue support, sponsorship, or other financial contributions to help ensure the success of this event.
3. **OMA Queen's Park Day – Student Engagement:** In October, OMSA had strong student representation at the OMA Queen's Park Day, where students engaged directly with provincial policymakers.
4. **OSMERC – Building Momentum for Our First Event:** OMSA is building momentum toward OSMERC, taking place January 18, 2026. The call for abstracts is open, and our team is excited to engage the Ontario medical student community through this conference.
5. **Student Engagement & PR Initiatives:** We are actively connecting with student social media accounts and medical student influencers, generating strong engagement and enhancing communication, awareness, and advocacy across Ontario medical schools.

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 November 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.

Residency Match Governance

Recent changes have been made to the first iteration of the CaRMS Match in Ontario. Up until these changes, eligibility in the first iteration was limited to two groups – Canadian Medical Graduates, or CMGs, who have graduated from a Canadian Medical School, and Canadian International Medical Graduates, or C-IMGs, being graduates from approved medical schools outside of Canada. For both groups, applicants must be either Canadian citizens or permanent residents. With the changes brought in by the Ontario government this year, eligibility of C-IMGs will be limited to those applicants who have completed two years of high school in Ontario. While some provinces have similar criteria, this change is considerably more restrictive. The changes to the eligibility criteria introduce considerable uncertainty into the Match and may lead to unintended consequences for both our training system and patient care.

At PARO, we are committed to ensuring that residents experience optimal transitions, both into and out of residency training. These transitions are best supported when residents can make informed career choices and have equitable access to practice opportunities. This starts before residency training begins.

We are particularly concerned that the new criteria could disproportionately disadvantage equity-deserving groups. PARO has a strong and ongoing commitment to equity, diversity, and inclusion, and we fear that this policy risks reversing important progress made toward improving representation and access in medicine.

We will continue to monitor the situation and work to support an effective and equitable match system.

PARO Teaching to Teach Program
We continue to deliver Teaching to Teach workshops, via Zoom and in person, to training programs as part of their academic half day sessions. Since its launch in 2016, the workshop has been successfully delivered to over 1000 residents at 44 training programs across the province. An important requirement to ensure the success of the Teaching to Teach program is a comprehensive training component for resident facilitators. To-date, over 100 residents have been trained as facilitators and we are planning to host one more training session this academic year.

PARO Program Administrator (PA) and Program Director (PD) Information Sessions
PARO recognizes that we have a shared interest with Postgraduate Medical Education (PGME) in ensuring residents have optimal working and training conditions. To support this, we re-launched the PARO PA/PD sessions, specifically designed for Program Administrators and Program Directors. These sessions provide an overview of the PARO-OTH Collective Agreement, create an opportunity for discussion about how best to support residents, and think through how we might resolve some of the challenges PDs and PAs encounter in their roles. So far, we have presented the session at six out of the seven sites, including Ontario's newest medical school, Toronto Metropolitan University, (TMU), and have our last session planned at NOSMU later this winter.

PARO Leadership Program
PARO has been working closely with a consulting firm who specialize in Diversity, Equity and Inclusion to update our existing Leadership Program. The goal is to ensure that the content is relevant, inclusive, and responsive to the diverse experiences and needs of today's resident participants.

We hope that the refreshed content will help participants build their leadership toolkit and provide care in a way that is equitable, inclusive, and human-centered. In addition to refreshing the existing modules, we are excited to offer a bonus session on Understanding Systems of Oppression & Unconscious Bias in Healthcare for the first time at our upcoming November 20, 2025 session.

CPSO

Annual Committee Reports 2025

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Executive Committee
Annual Committee Report
2025

Committee Mandate

The mandate of the Executive Committee is set out in its Terms of Reference, available here: Executive Committee's Terms of Reference

Committee Members

For the current list of committee members, please see **Appendix A: Committee and Tribunal Membership**.

The Committee would like to thank Dr. Rob Gratton, whose term is ending in 2025. Dr. Gratton's valuable contributions and commitment have been greatly appreciated.

Key Accomplishments

The Executive Committee continues to monitor the key performance indicators (KPIs), as well as progress on the 2020-2027 Strategic Plan. The Committee reviewed and approved forwarding to the Board of Directors:

- Four Registration Policies or Directives
- Four By-law Amendments
- Two Regulatory Amendments
- Ten Policies (for approval to consult, to review consultation feedback or final approval)
- Five Governance items flowing from the Governance and Nominating Committee
- Three items flowing from the Finance and Audit Committee
- It also acted on behalf of the Board four times, twice related to Committee appointments and twice related to Registration policies.

Looking Ahead to 2026

The Executive Committee has a busy year ahead and will continue to review and forward to the Board of Directors policies, by-law amendments, regulatory amendments and items from both the Governance and Nominating Committee and Finance and Audit Committee for their consideration and approval.

Respectfully submitted,

Dr. Sarah Reid, Chair
Dr. Patrick Safieh, Vice-Chair

Finance and Audit Committee
Annual Committee Report
2025

Committee Mandate

The mandate of the Finance and Audit Committee (FAC) is set out in its Terms of Reference, available here: Finance and Audit Committee Terms of Reference.

Committee Members

For the current list of committee members, please see **Appendix A: Committee and Tribunal Membership.**

We extend our sincere appreciation to our outgoing members, Dr. Ian Preya, whose term is ending in December 2025, and Murthy Ghandikota, whose term is ending in April 2026. We thank them both for their dedication and meaningful contributions throughout their appointment.

Key Accomplishments

The FAC continues to review and report to the Board of Directors on the College's financial affairs and position.

The Committee reviewed and recommended to the Board the approval of the College's two main financial documents: the Audited Financial Statements for the fiscal year ending December 31, 2024, along with the Appointment of the Auditor for the 2025 fiscal year, and the College's 2026 budget.

February 4, 2025 (Orientation)

- The Committee received an FAC Orientation and supporting documents.
- The Committee received several recommendations from the College's external auditors, following interim audit work completed on the 2024 financial records. The recommendations made by the auditors to management are intended to strengthen internal controls and further mitigate the risk of fraud.
- National Bank representatives provided a review of the College's investments and an overview of the external financial market. FAC endorsed a recommendation to the Executive Committee to invest excess funds in long term investments which secure the College's reserve balances.
- The Committee reviewed the legacy defined benefit pension plan assets and approved a change to their terms of reference, moving oversight of the College's defined contribution pension plan to FAC to ensure consistency in the governance of both legacy plans.
- HIROC representatives provided an overview of the insurance environment and risk areas.

April 22, 2025 (Audit)

- The Committee reviewed and approved language reflecting changes to its Terms of Reference.
- FAC was presented with the draft 2024 audited financial statements and allocation of net assets; the Committee agreed with management's recommendation to allocate the 2024 net surplus of $9.2M to the Operating Reserve Fund and forwarded the 2024 draft audited financial statements to the Board for approval.
- The Committee reviewed the 2024 budget variance which reflected a surplus of $8.1M. The 2025 budget forecast was presented, which at the time indicated the College would be on budget for 2025 performance.
- The external auditors, Tinkham LLP presented the Audit Findings Report for the 2024 fiscal year; the auditors provided a clean audit opinion on the College's financial statements.

- The Committee recommended the appointment of Tinkham LLP as the auditor for the 2025 fiscal year to the Board.
- The Committee reviewed the 2026 budget timeline and approved budget preparation objectives.
- The Committee approved an additional allocation of funds to the College's defined benefit pension plan assets, resulting from a funding valuation prepared and presented by Mercer.
- The Committee approved recommended changes to the CPSO By-laws related to business and organizational matters which were forwarded to the Executive Committee and the Board for approval.

October 14, 2025 (Budget)

- The Committee approved changes to the asset mix funding the liability related to the legacy defined benefit pension plan along with changes to the associated Statement of Investment Policies and Procedures (SIPP) presented by Mercer.
- The Committee also approved a change to investment options available to participants of the legacy defined contribution pension plan and the annual governance review prepared by Mercer.
- Tinkham presented the 2025 Audit Planning and Engagement letters, outlining the scope and responsibilities for the upcoming audit. The Committee provided approval to the Controller to sign the engagement letters for the College's general purpose and summary financial statements audits.
- The Committee reviewed the College's 2025 budget variance forecast as of August 2025.
- FAC discussed education requirements and financial updates to be provided in 2026.
- The College's 2026 draft budget was presented to the Committee; FAC has recommended approval of the proposed 2026 budget to the Board.

Additional information about the Committee's activities can be found in CPSO's 2024 College Performance Measurement Framework Report.

2026 Budget

The College is accountable for its operating and capital spending and regularly demonstrates fiscal accountability, optimal resource use, and the delivery of effective and efficient programs through detailed reports to the Finance and Audit Committee and the Board. The transformation that the College embarked on several years ago has allowed the College to provide better service and support to all our stakeholders.

Management is pleased to deliver a budget for 2026 that includes revenues of $90.9M and expenses of $91.5M, resulting in a small projected deficit of $586K. There is no change to the independent practice membership fee of $1,725 in the 2026 budget.

The 2026 Budget includes a recommended increase in Out of Hospital Premise (OHP) fees to $7,500, effective February 1, 2026.

Looking Ahead to 2026

The FAC will continue to oversee the College's financial position and performance, to ensure the College has the financial resources required to meet its mandate. FAC will also continue to oversee the College's investment strategy and administration of the legacy defined contribution and defined benefit pension plans.

Finally, the Committee will continue to oversee the financial audit process and initial review of the College's audited financial statements prior to presentation to the Board for approval. These activities will allow the FAC to fulfill its mandate to protect the public. The FAC will continue to build on this year's successes and carry this momentum into 2026.

Respectfully submitted,

Rob Payne
Chair

Governance and Nominating Committee
Annual Committee Report
2025

Committee Mandate

The mandate of the Governance and Nominating Committee is set out in its Terms of Reference, available here: Governance and Nominating Committee's Terms of Reference.

Committee Members

For the current list of committee members, please see **Appendix A: Committee and Tribunal Membership**.

We extend our sincere appreciation to our outgoing members, Rob Payne, Lucy Becker and Ian Preyra, for their dedication and meaningful contributions throughout their appointment.

Key Accomplishments

2025 was a busy year for the Governance and Nominating Committee, it:

- Launched the first iteration of the Board of Directors Province Wide Election cycle and reviewed and selected candidates using a competency-based process for the election slate
- Completed a Plan-Do-Check-Act cycle to identify improvement opportunities for the 2026 Board of Directors Election cycle
- Screened, selected and recommended for appoint**ment** the Academic Directors for the 2025-2026 year
- Screened and recommended for appointment and election the 2025-2026 Executive Committee member representatives

Looking Ahead to 2026

In the coming year, the Governance and Nominating Committee will be focusing on the:

- Completion of the 2026 Election cycle (screening, putting forward the Slate of Nominees and completion of the election)
- Completion of the selection process for the 2026-2027 Academic Directors
- Completion of the screening and selection process for the 2026-2027 Executive Committee member representatives

Respectfully submitted,

Dr. Patrick Safieh, Chair

Inquiries, Complaints and Reports Committee
Annual Committee Report
2025

Committee Mandate

The mandate of the Inquiries, Complaints & Reports Committee is set out in its Terms of Reference, available here: Inquiries, Complaints and Reports Terms of Reference.

Committee Members 2024-2025

For the current list of committee members, please see **Appendix A: Committee and Tribunal Membership**.

We extend our sincere appreciation to our outgoing member, Dr. Gareth Seaward, for his dedication and meaningful contribution throughout his appointment.

Key Accomplishments

- Our ICRC Chair, Dr. Jane Lougheed, and our Vice Chair, Dr. Jude Obomighie, continued their focus this year, supporting the Committee in its decision-making through high-quality training and education. Having in place ongoing feedback routes, including debriefs after each panel meeting, email access to the Chair/Vice chair and regular post meeting feedback surveys, allows members to raise questions, share challenges and identify trends that may impact our work, and this is what helps to inform our approach to education and training.

- ICRC members received training at their business meeting on the following items noted below. These topics were based on trends and issues identified by the ICRC members, I&R leadership and staff.
    - Screening Role of ICRC
    - Administrative Law Principles
    - Weighing of Evidence
    - Grounds for referral to the Discipline Tribunal
    - Reasonable Prospect of a Finding
    - Credibility and Reliability
    - When an Independent Opinion is Required and the use of Expert Reports
    - ICRC Dispositions Short of the Discipline Tribunal – specifically the use of cautions and undertakings.

- Committee Education Sessions were also held this year to gain a cross functional understanding of CPSO Committee work and to review key principles of Right-Touch Regulation. These educational sessions also highlighted CPSO By-Laws and reviewed various types of Conflicts of Interest for Member-Specific Panels.

- ICRC members also continued to participate in Interactive Case Rounds sessions this year at our business meetings. The objectives included reinforcing the application of Right-Touch principles, understanding the standard of reasonableness, exploring the art of consensus building and allowing the members to reflect on the complexity of ICRC decision making. These Case Rounds sessions supported meaningful engagement amongst ICRC members.

- The Committee's Frequently Asked Questions (FAQ) Reference Tool, addressing commonly asked legal, operational and committee process questions, was continually updated throughout the year as new topics and issues arose in our panel meetings.

- As part of continuous improvements, a "New ICRC Panel Member Reference Guide" was created. The purpose was to have one easily accessible document with the necessary decision-making tools to allow members to easily refer to and apply Right-Touch principles during their preparation and deliberation at panel meetings.

- Onboarding, Orientation and Training of new ICRC members was prioritized and began earlier this year (in October) vs the new year (in January). Members were also assigned mentors early on and scheduled to observe panels before year end. The impact of this change will allow new members to become active participants on ICRC panels much earlier (in February) instead of only being ready by Spring (in April). On the recruitment of new members, the Committee looks for representation from various EDI groups to reflect on the diverse public that we serve.

- Finally, our ICRC leadership model was evaluated last year to ensure that it continued to meet the needs of the Committee and the College. In doing so, we aligned our model with that of other Committees across the College. The ICRC now has an ICRC Chair and a Vice Chair and no longer has Specialty Panel Chairs and Vice Chairs, ensuring instead that we train additional ICRC members to chair individual panels (to be referred to collectively as 'panel chairs'). This new model has proven to be quite successful in building leadership capacity amongst the committee.

Looking Ahead to 2026

- 2026 will focus on leadership training as well as further supporting ICRC decision-making, including the application of Right-Touch principles. EDI training for committee members, like we have done previously, should be continued. Moreover, the use of digital tools and resources to improve output, specifically, the use of AI for analytics, should be explored, bearing in mind the sensitivity of the data we deal with.

- Succession planning and recruitment of additional members to the Committee started this Fall as a priority in anticipation of several experienced ICRC members either resigning, approaching retirement or term completion. We will continuously review and reflect on the needs of the committee for the future to ensure that these needs are met as we move forward.

- Lastly, we will continue to identify additional ICRC members (as needed) with leadership skills and strengths to add to our pool of panel chairs and mentors for new members. We will also look to expand our pool of members for various types of panels such as settlement panels, caution panels and fast track panels as part of continuous improvements.

Respectfully submitted,

Dr. Jane Lougheed, Chair
Dr. Jude Obomighie, Vice Chair

Ontario Physicians and Surgeons Discipline Tribunal
Annual Report to the Board
2025

Tribunal Mandate

The Ontario Physicians and Surgeons Discipline Tribunal[1] is a neutral, independent, administrative tribunal that adjudicates allegations of professional misconduct or incompetence of Ontario physicians referred to it by the College of Physicians and Surgeons of Ontario's Inquiries, Complaints and Reports Committee (ICRC). The Tribunal also hears applications brought by former members of the College for reinstatement of their certificate of registration.

The Tribunal is governed by the Health Professions Procedural Code (the Code) and other applicable law, including administrative law. The Tribunal is made up of physicians, non-physician members of the public and experienced adjudicators. The Tribunal manages cases from the point of ICRC referral or a member's reinstatement application forward. This involves conducting pre-hearing conferences, considering motions, holding hearings in a trial-like process on merits and penalty, then releasing orders and reasons for decisions.

For more information, please visit the Tribunal's website: https://hpdt.ca/opsdt

Tribunal Members

For the current list of Tribunal members, please see **Appendix A: Committee and Tribunal Membership**.

We extend our sincere appreciation to our outgoing members, Ms. Lucy Becker, Mr. Stephen Bird, Mr. Jose Cordeiro, Mr. Markus de Domenico, Dr. Allan Kaplan, Dr. Veronica Mohr, Ms. Shayne Kert, Dr. Ian Preyra, and Dr. Janet van Vlymen, for their dedication and meaningful contributions throughout their appointment.

Tribunal Modernization

The OPSDT was established in September 2021 as the identity of the CPSO's Discipline Committee. This name change, facilitated through an amendment to CPSO's General By-law, was part of a broader initiative to modernize and strengthen the discipline process and to more clearly define the Tribunal as independent of the CPSO.

In establishing a distinct identity, the Tribunal introduced new branding, including its own logo, website and mission and values statements. The CPSO Board appointed a full-time independent Tribunal Chair, with expertise in tribunal leadership and transformation, to lead both Tribunal operations and adjudication. Further, five experienced adjudicators with strong hearing management and mediation skills were appointed to the Tribunal following a competitive, merit-based recruitment process. The experienced adjudicators chair hearing panels, conduct pre-hearing conferences and express the panel's views by preparing the first draft of written reasons for decision.

[1] Ontario Physicians and Surgeons Discipline Tribunal is the College of Physicians and Surgeons of Ontario's Discipline Committee established under the Health Professions Procedural Code.

Health Professions Discipline Tribunals

The Health Professions Discipline Tribunals (HPDT) is a collaboration between the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) and the Colleges of Audiologists and Speech-Language Pathologists, Massage Therapists, Chiropodists, Occupational Therapists and Registered Psychotherapists. The Colleges of Dietitians, Midwives and Physiotherapists have received Board approval to join the HPDT and will be formally onboarding in 2026.

The HPDT colleges have adopted the OPSDT model, cross appointing the OPSDT chair and experienced adjudicators, while also sharing resources and aligning processes. The HPDT has strengthened the OPSDT's independence, streamlined processes, and reduced costs through shared resources, training, and aligned procedures. These efficiencies support consistent, high-quality adjudication while reinforcing transparency and public confidence.

Key Accomplishments

- **Expanded HPDT:** The HPDT successfully transitioned beyond the pilot phase, with all inaugural colleges continuing and additional regulators joining. As of January 1, 2026, the collaboration will include nine colleges, including the OPSDT.
- **Strengthened Alignment and Shared Processes:** All participating tribunals now operate under common Rules of Procedure and administrative processes, advancing CPSO's strategic priority of system collaboration through shared cross-college discipline processes.
- **Enhanced Access and Transparency:** The new HPDT website (www.hpdt.ca) features a unified hearing calendar, centralized public-hearing links, and shared resources for all participating tribunals. It also includes a comprehensive *Guide for Self-Represented Registrants*, designed to help individuals navigate the hearing process with greater confidence and understanding.
- **Continued Timeliness in Decision Release:** The Tribunal continued to deliver its reasons ahead of the 84-day benchmark, with 90% of written reasons within an average of 32 days. This sustained record of timely decisions reflects a commitment to continuous improvement and public accountability.
- **Expanded Community of Learning:** The 2025 HPDT Annual Conference*, Reflect, Exchange, Grow: Building Excellence in Health Discipline*, brought together over 120 participants, including 92 adjudicators from the OPSDT and other participating colleges, for training, case discussions, and a hearing simulation. The event fostered cross-college learning and exchange, strengthening adjudicative competencies and reinforcing a shared commitment to interprofessional collaboration and the exchange of best practices.

Looking Ahead to 2026

- **Joint Orientation for New Adjudicators:** In early 2026, a cross-college orientation program will be hosted for new tribunal members, including OPSDT adjudicators.
- **Refinement of Rules of Procedure:** Minor updates are planned to incorporate key learnings in the three years since the Tribunal implemented its new Rules of Procedure.
- **HPDT Annual Report:** The first HPDT Annual Report will be published to enhance transparency and increase public awareness of tribunal activities and outcomes.

Respectfully submitted,

David Wright, Chair

Patient Relations Committee
Annual Committee Report
2025

Committee Mandate

The mandate of the Patient Relations Committee is set out in its Terms of Reference, available here: Patient Relations Committee Terms of Reference.

Committee Members

For the current list of committee members, please see **Appendix A: Committee and Tribunal Membership**.

Key Accomplishments

- The Patient Relations Committee focused primarily on reviewing funding for therapy/counselling applications and requests for specific types of therapy from eligible applicants. To improve efficiencies at the Committee level, updates were made to the consent agenda format and materials.
- The Committee received education on navigating trauma and effective approaches to sexual abuse treatment, in order to support decision-making related to specific therapy requests.
- Orientation materials were revised to reflect new processes, and a new PRC member was onboarded.
- The Committee engaged in the policy review process by discussing and providing feedback on the draft *Maintaining Appropriate Boundaries* policy and *Advice to the Profession: Maintaining Appropriate Boundaries* documents.

Looking Ahead to 2026

- The Patient Relations Committee will continue to look for ways to improve efficiencies at meetings and will consider ways to improve the funding for therapy and counselling processes for applicants.

Respectfully submitted,

Nadia Bello, Chair

Premises Inspection Committee
Annual Committee Report
2025

Committee Mandate

The mandate of the Premises Inspection Committee (PIC) is set out in its Terms of Reference, available here: Premises Inspection Committee Terms of Reference.

Committee Members

For the current list of committee members, please see **Appendix A: Committee and Tribunal Membership**.

We extend our sincere appreciation to our outgoing member, Dr. Olubimpe Ayeni, for her dedication and meaningful contributions throughout her appointment.

The committee would also like to extend their appreciation to Dr. Haemi Lee, for her consistent engagement and contributions to the important work of the PIC throughout the 2025 year.

Key Accomplishments

In line with principles of meaningful engagement and continuous improvement, the PIC has implemented significant program improvements over the past year:

- Piloting the QI for Out-of-Hospital Premises (OHP) Medical Directors requirement – resulting in the successful engagement of OHP Medical Directors of 42 OHPs
- Enhanced engagement of OHP Medical Directors regarding OHP status, opportunities, and challenges in OHP standard adherence – resulting in a high volume of positive feedback from OHP Medical Directors.
- Augmented OHP-level data review – driving timely discussion around emerging trends within the OHP space

Looking Ahead to 2026

The PIC looks forward to continued process improvement and OHP engagement in 2026 via:

- The transition from a 5-year inspection cycle to a 4-year routine inspection cycle
- Implementation of the QI for OHP Medical Directors Program, with the target of engaging 70 OHPs.
- Streamlined OHP Annual Renewal cycle to ensure connectivity with OHPs in the first quarter of each year towards improving oversight efficiency and efficacy.

Respectfully submitted,

Dr. Patrick Davison, Chair
Dr. Haemi Lee, Vice-Chair

Quality Assurance Committee
Annual Committee Report
2025

Committee Mandate

The mandate of the Quality Assurance Committee (QAC) is set out in its Terms of Reference, available here: Quality Assurance Committee Terms of Reference.

Committee Members

For the current list of committee members, please see **Appendix A: Committee and Tribunal Membership**.

Key Accomplishments

As CPSO closes its first 5-year Quality Programs cycle, the QAC has continued to drive significant improvements in Committee efficiency and registrant engagement:

- On-going uptake of the QI Enhanced Program option, with over 400 physicians successfully completing the program option since implementation in 2022.
- Reduction of time-to-committee disposition, with subject physicians receiving committee outcomes within 20 days of their peer assessment.
- Continued enhancement of QA Peer Assessor report quality and standardization, supported by 100% of all QA Peer Assessors receiving direct feedback from the QAC in 2025.

Looking Ahead to 2026

In line with right-touch regulation principles, the QAC looks forward to the first year of CPSO's second 5-year cycle via:

- Continued process-improvements to maintain QI Enhanced case disposition consistency
- Streamlined Peer Assessment case processing to ensure the gains achieved over the past 3 years are maintained, given the increased case volumes presented during the start of the 2026-2030 Quality Cycle.

Respectfully submitted,

Dr. Ashraf Sefin, Chair
Dr. Tina Tao, Vice Chair

Registration Committee
Annual Committee Report
2025

Committee Mandate

The mandate of the Registration Committee is set out in its Terms of Reference, available here: Registration Committee Terms of Reference.

Committee Members

For the current list of committee members, please see **Appendix A: Committee and Tribunal Membership**.

We extend our sincere appreciation to our outgoing member, Dr. Judith Plante, for her dedication and meaningful contributions throughout her appointment.

Key Accomplishments

- In 2025, the Registration Committee advanced its commitment to reducing barriers for qualified candidates by maintaining flexible pathways to registration—upholding rigorous standards while enabling licensure for those outside traditional requirements. This effort resulted in over 1,000 physicians being licensed with alternative qualifications under routes for US and internationally trained physicians (ITPs).
- In February 2025, the Board approved the Restricted Certificate of Registration for RCPSC Practice Eligibility Route (PER) policy which permits granting of a supervised license to ITPs while they obtained certification with the Royal College of Physicians and Surgeons of Canada (RCPSC) via the Practice Eligibility Route. This pathway has provided a route to licensure for specialist physicians in Ontario who previously did not have a path for independent practice.
- The regulation of Physician Assistants came into effect on April 1, 2025. Since that time, the Committee has considered several applications for registration for physician assistants for reasons outlined in Section 2 of the Ontario Regulation 865/93: Registration. The College's regulation of physician assistants supports the expanded healthcare model in Ontario and ensures qualified registrants provide safe and trusted care to members of the public.
- In 2025, the Registration Committee also forwarded a new route to registration to the Board for approval and circulation:
    - The new *Off-Cycle Residents Policy* will be presented to the Board in November 2025. The purpose of the policy is to ensure that postgraduate trainees who have completed core-training and passed RCPSC exams but pending certification are able to continue practicing in Ontario and provide much-needed care while waiting for their subspecialty training appointment to commence.
- The Registration Committee supported the creation of two new regulatory classes, Retired and Provisional, anticipated to come in effect for 2026, that are currently pending final approval by Government. The amendments will make licensure more transparent by labeling certificates with standard terms, conditions and limitations imposed by way of a registration pathway or policy as 'provisional', and reserving 'restricted' certificate for practice or conduct-related terms. The Provisional

Class will also offer physicians practicing in Ontario for five years under a scope-limited certificate a path to an independent practice certificate. The Retired class will permit registrants who have retired from practice a mechanism to maintain membership with the College for a reduced fee and without additional requirements (CPD) to remain on the Register. The individuals will have terms, conditions and limitations imposed to reflect their non practicing status in the retired class.

- The Registration Committee continues to collaborate with external stakeholders to identify alternative ways to evaluate the competence and performance of physicians. The Committee continues to have a significant impact by creating new routes to licensure and aligning their work with the CPSO's Strategic Plan by reducing barriers for physicians coming to Ontario.

Looking Ahead to 2026

- At the November business meeting, the Registration Committee reflected on the breadth and scope of their work in 2025. Committee members noted an increase in the number of applications requiring review and attributed the increase in workload to the expansion of registration policies.
- To date, the Committee has considered over 1200 applications and are projected to hit over 1500 by the end of 2025, a figure that has increased annually since 2023 due in part to the continued removal of barriers and acceptance of alternate qualifications.
- With a mind to enhanced efficiency and to address the sustained increase in applications, the Committee considered new Directives which enable staff the authority to issue licenses under certain policies, where all conditions are satisfied, without requiring referral to the Registration Committee. It is anticipated that with the new Directives coming into effect in 2026, there will be a 30% reduction in applications referred to the Registration Committee.

In accordance with the College's Strategic Priorities and its core mandate, the Registration Committee remains committed to reducing barriers to registration for qualified individuals by facilitating the development of new registration policies that are fair and objective, while maintaining the registration standard in Ontario.

Respectfully submitted,

Dr. Edith Linkenheil, MD, FRCSC, Chair
Dr. Bruce Fage, MD, FRCPC, Vice-Chair

APPENDIX A

Committee and Tribunal Membership
2024 — 2025

Executive Committee

Dr. Sarah Reid — Chair
Dr. Patrick Safieh — Vice Chair
Ms. Joan Fisk
Dr. Rob Gratton
Dr. Lydia Miljan, PhD
Dr. Andrea Steen

Finance and Audit Committee

Mr. Rob Payne — Chair
Dr. Glen Bandiera
Mr. Murthy Ghandikota
Dr. Ian Preyra
Dr. Sarah Reid

Governance and Nominating Committee

Dr. Patrick Safieh – Chair
Dr. Madhu Azad
Ms. Lucy Becker
Mr. Rob Payne
Dr. Ian Preyra

Inquiries, Complaints and Reports Committee

Board Directors
Dr. Faiq Bilal, PhD
Ms. Joan Fisk
Dr. Lydia Miljan, PhD
Mr. Fred Sherman
Dr. Anne Walsh

Non-Board Members
Dr. Jane Lougheed — Chair
Dr. Jude Obomighie — Vice Chair
Dr. Kashif Ahmed
Dr. Olufemi Ajani
Dr. Trevor Bardell
Dr. Mary Bell – Term ended February 2025
Dr. Thomas Bertoia
Dr. Mark Broussenko
Dr. Paula Cleiman
Dr. Amie Cullimore
Dr. Thomas Faulds
Dr. Christopher Hillis

Dr. Asif Kazmi
Dr. Lara Kent
Dr. Susan Lieff
Dr. Diane Meschino
Dr. Paul Miron
Dr. Richa Mittal
Dr. Wayne Nates
Dr. Anna Rozenberg
Dr. Karen Saperson
Dr. Gareth Seaward
Dr. Dori Seccareccia
Dr. Kuppuswami Shivakumar
Dr. Andrew Stratford
Dr. David Tam
Dr. Shaul Tarek
Dr. Michael Wan
Dr. Brian Watada

The Ontario Physicians and Surgeons Discipline Tribunal

Mr. David Wright — Chair
Dr. Joanne Nicholson — Vice Chair
Mr. Raj Anand
Dr. Madhu Azad
Dr. Heather-Ann Badalato
Dr. Glen Bandiera
Ms. Lucy Becker
Mr. Stephen Bird
Dr. Marie-Pierre Carpentier
Mr. Jose Cordeiro
Dr. Vincent Georgie, PhD
Dr. Catherine Grenier
Dr. Stephen Hucker
Ms. Shayne Kert
Dr. Roy Kirkpatrick
Dr. Camille Lemieux
Ms. Sherry Liang
Ms. Sophie Martel
Dr. Carys Massarella
Dr. Veronica Mohr
Dr. Rupa Patel
Mr. Rob Payne
Dr. Ian Preyra
Ms. Linda Robbins
Dr. Deborah Robertson
Dr. Virginia Roth
Ms. Jennifer Scott
Ms. Jay Sengupta
Dr. Katina Tzanetos
Dr. Janet van Vlymen
Dr. Susanna Yanivker

Patient Relations Committee

Ms. Nadia Bello — Chair
Dr. Rajiv Bhatla
Dr. Carol King
Ms. Sharon Rogers
Dr. Heather Sylvester
Dr. Angela Wang

Premise Inspection Committee

Dr. Patrick Davison — Chair
Dr. Hae Mi Lee — Vice Chair
Dr. Olubimpe Ayeni – Resigned effective August 2025
Dr. Richard Bowry
Dr. Winnie Leung
Dr. Colin McCartney
Dr. Wusun Paek
Dr. Chris Perkes
Dr. Kashif Pirzada
Dr. Suraj Sharma
Dr. Catherine Smyth
Dr. Robert Smyth
Dr. Michael Wan

Quality Assurance Committee

Dr. Ashraf Sefin – Chair
Dr. Tina Tao – Vice Chair
Dr. Mohammad Keshoofy
Dr. Charles Knapp
Dr. Ken Lee
Dr. Gina Neto
Dr. Astrid Sjodin

Registration Committee

Board Directors
Dr. Faiq Bilal, PhD
Mr. Murthy Ghandikota
Mr. Paul Malette

Non-Board Members
Dr. Edith Linkenheil — Chair
Dr. Bruce Fage — Vice Chair
Dr. Diane Hawthorne
Dr. Anjali Kundi
Dr. Judith Plante
Dr. Sachdeep Rehsia
Dr. Kim Turner

Board of Directors Briefing Note

NOVEMBER 2025

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

Purpose, Public Interest Mandate & Relevance to Strategic Plan

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

Current Status and Analysis

- The Board held a meeting on September 25, 2025. The motions carried can be found in the links below, and the implementation status of the decisions is outlined in the Status column.

Reference	Motions Carried	Status
01-B-09-2025	**Consent Agenda** The following Consent Agenda items were approved by the Board of Directors: 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** **2.4 Committee Chair and Vice-Chair Appointments** **2.5 Code of Conduct, Declaration of Adherence and Board Policy Revisions**	Complete
02-B-09-2025	**For Approval: 2026 Board Election Date**	Complete
03-B-09-2025	**For Approval: Regulatory Amendments: Provisional Class of Registration and Retired Class of Registration**	Complete
04-B-09-2025	**For Approval: Revised Policy: Delegation of Controlled Acts**	Complete
05-B-09-2025	**Draft Policy for Public Consultation: Delegation of Controlled Acts**	Out for consultation
06-B-09-2025	**Draft Policy for Public Consultation: Maintaining Appropriate Boundaries**	Out for consultation
07-B-09-2025	**For Approval: Revised Policy Text Box and** **Draft Policy for Public Consultation: Physician Assistants**	Complete
08-B-09-2025	**Motion to go In-Camera**	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 *Regulated Health Professions Act*) and the *Medicine Act*.

Title:	2026 Q4 Meeting Dates (Information)
Main Contacts:	Cameo Allan, Director, Policy & Governance Christina Huang, Board Liaison, Policy & Governance

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board of Directors is provided with CPSO meeting dates for Q4 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 of Directors.

- Below are the 2026 Q4 meeting dates:

October 2026

M	T	W	T	F
			1	2
5	6	7	8	9
12 Thanksgiving	13 EC-V	14	15	16
19 GNC-V	20 FAC-V	21	22	23
26	27	28	29	30

November 2026

M	T	W	T	F
2	3 EC	4	5	6
9	10	11 Rem Day	12	13
16	17	18	19	20
23	24	25	U.S. Thxgv 26 BOD	27 BOD
30				

December 2026

M	T	W	T	F
	1	2	3	4
7	8 GNC	9	10	11
14	15	16	17	18
21	22	23	24	25 Christmas Day
28	29 College closed	30	31	

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

NOVEMBER 2025

Title:	Committee Service for Board Directors (For Decision)
Main Contacts:	Cameo Allan, Director, Policy & Governance Christina Huang, Board Liaison, Policy & Governance
Question for Board:	Does the Board of Directors approve that the Committee Service Expectations for Board Directors, outlined in the briefing note, be attached to the Letter of Commitment?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- A need for further clarity regarding expectations for Director commitments was highlighted during the CPSO Board of Director (Board) Individual Director Evaluations, particularly in relation to committee work.

- Clearly defined expectations help ensure the recruitment of Directors who have the necessary availability to ensure CPSO is able to carry out its regulatory responsibilities.

Current Status & Analysis

- CPSO Board Directors are expected to demonstrate active engagement by attending all scheduled Board meetings (four times a year) and by preparing in advance. This includes reviewing meeting materials and contributing thoughtfully to discussions. In addition:

    - **Physician Directors** are expected to have availability to serve on the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT). Once this minimum commitment has been met, and where capacity allows, the Physician Director may also apply to serve on the Governance and Nominating Committee (GNC) or the Executive Committee as a member representative or in a Board Leadership role. Physician Directors may also be appointed, as required, to the Finance and Audit Committee or the Policy Working Group.

    - **Public Directors** are expected to have availability to serve on at least one Operational Committee, namely the Inquiries, Complaints and Reports Committee (ICRC) or the OPSDT and the Registration Committee. Once this minimum commitment has been met, and where capacity permits, Public Directors may also apply to serve on the GNC or the Executive Committee as a member representative or in a Board Leadership role. As required, Public Directors may also be appointed to the Finance and Audit Committee, or the Policy Working Group.

- The ability of CPSO to fulfill its public interest mandate relies on Board Directors meeting the minimum commitments outlined above. For OPSDT, the commitment for both Physician and Public Directors is 20 or more days per year, with roughly the same number of days required for preparation.

- For Public Directors specifically, the time commitment for the ICRC is approximately one panel per week (scheduled for one to two hours), plus five to seven hours of preparation per panel. For the Registration Committee, the commitment is about one panel per month (scheduled for one to four hours), with approximately two times that amount for preparation. All committees include onboarding and training, which amount to up to 20 hours as a one-time requirement.

- Once approved, these expectations will be added to the Letter of Commitment that is signed annually by Board Directors. In addition, the expectations will be integrated in the communications for election, appointments and shared with the Public Appointments Secretariat to support in communicating expectations for new Public appointments.

Motion Title	Committee Service Expectations for Board Directors
Date of Meeting	November 27, 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 Committee Service Expectations for Board Directors (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*.

NOVEMBER 2025

Title:	Governance and Nominating Committee Election for 2025/26 (For Decision)
Main Contacts:	Cameo Allan, Director, Policy & Governance Christina Huang, Board Liaison, Policy & Governance
Attachment:	**Appendix A:** 2025-2026 GNC Nomination Form(s)
Question for Board:	The CPSO Board of Directors (Board) is asked to elect a Public Director to the 2025/26 Governance and Nominating Committee (GNC).

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The CPSO Board of Directors (Board) is asked to elect a Public Director to the 2025/26 Governance and Nominating Committee (GNC), as prescribed in the CPSO By-laws section 9.4.3.
- Appropriate governance of committees of the Board aligns with CPSO's public interest mandate.

Current Status & Analysis

- As per the CPSO By-laws section 9.4.1, the GNC is composed of the Board Vice-Chair (who is Chair of GNC), two Registrant Directors and two Public Directors (where these Directors are not members of the Executive Committee).
- At the May 2025 Board meeting, an election was held to elect the 2025/26 GNC membership, where Lucy Becker was elected as a Public Director.
- In October 2025, L. Becker shared that she would not be seeking re-appointment to the Board and therefore will not be a member of GNC for 2025/26.
- As a result, a secondary GNC election is needed to fill the Public Director vacancy and ensure the 2025/26 GNC is constituted in accordance with CPSO By-laws.
- On November 4, 2025, the Registrar invited Public Directors to submit an expression of interest by November 12 to be considered for the position.
- It is CPSO convention that nominations must be made in advance of the Board meeting and will not be accepted from the floor.
- The Governance Office received one expression of interest from Fred Sherman (**Appendix A**).
    - Given there is one candidate for the position, they are acclaimed, and an election will not need to take place.
    - The candidate will be given an opportunity to address the Board for two minutes about their candidacy for the position.

Governance and Nominating Committee Elections

Nomination Statement & Form: Mr. Fred Sherman

Fred Sherman, Public Director

Nominated For:

Member, Governance and Nominating Committee

Appointed Board of Director Terms:

2021 - 2022
2022 - 2025
2025 - 2028

CPSO Involvement:

Policy Working Group	2021 - Present
Inquiries, Complaints and Reports Committee	2021 - Present

Nomination Statement:

For four years and counting, it remains an honour to serve as an Ontario public member supporting the CPSO mission of Trusted Doctors Providing Great Care. It is with a breadth of public affairs and governance proficiencies, coupled with invaluable CPSO insights gained through my on-going work on both the Inquiries, Complaints and Reports (ICR) Committee, and the Policy Working Group that I put my name forward as a Public Director candidate for the Governance and Nominating Committee (GNC).

My earliest foray into corporate governance and healthcare extend decades back to my time managing a multi-million-dollar health plan for 10,000 student beneficiaries, while concurrently serving on five university governance boards. These skills have been further honed in various roles including my continued service as a Director of the Province of Ontario's Ottawa Convention Centre where I also chair the Finance and Audit Committee.

All told, my insights and valued relationships formed over the years doing College work including regulatory governance modernization, make me a credible candidate. As a person of colour, I also understand the significance of what my lived experience brings.

If elected, I will serve with distinction, integrity and collegiality.

Motion Title	2025-26 Governance and Nominating Committee (GNC) Election
Date of Meeting	November 27, 2025

It is moved by_____, and seconded by_____, that:

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

Fred Sherman (Public Director),

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

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

Motion Title	Motion to Go In-Camera
Date of Meeting	November 27, 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*.

NOVEMBER 2025

Title:	Step #3: Final Approval: *Physician Assistants* Policy (For Decision)
Main Contacts:	Anil Chopra, Associate Registrar Tanya Terzis, Manager, Policy & Governance Stephanie Sonawane, Policy & Governance Analyst
Attachment:	**Appendix A:** Revised draft policy: *Physician Assistants*
Question for Board:	Does the Board of Directors approve the new *Physician Assistants* policy as a policy of CPSO?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The draft *Physician Assistants* policy was released for external consultation following the September 2025 Board meeting. The Board of Directors ("Board") is provided with an overview of the consultation feedback and the key updates made to the draft and is asked whether it approves the revised draft *Physician Assistants* policy (**Appendix A**) as a policy of CPSO.
- Clarifying the policy expectations applicable to physician assistants (PAs) will help ensure they are aware of their professional obligations and help promote patient safety.

Current Status & Analysis

- The consultation received 55 responses[1]. Most respondents agreed that the draft policy captures the expectations most relevant to a PA's practice and helps PAs understand which CPSO policies apply to them.
    - CAPA expressed support for the draft policy noting that it reflected the shared responsibilities of physicians and PAs in maintaining high standards of professionalism.
- A few respondents emphasized the need for guidance tailored to PAs and requested more detail on topics such as delegation, supervision, implementation of medical directives, medical assistance in dying (MAID), and clarity on whether PAs can provide narcotics under direct or verbal orders.
    - Some of these topics are already addressed in the current Frequently Asked Questions (FAQs) for PAs, while others will be considered for a future *Advice to the Profession* document.
- In response to feedback, the following key changes have been made:
    - The definition of "clinically significant test result" has been revised to reflect that PAs also review test results and determine whether follow-up is required.
    - References to the existing Frequently Asked Questions (FAQs) for PAs which provide guidance on topics such as sub-delegation, implementation of orders, training students, prescribing, etc., have been incorporated into the draft for better visibility.
    - The draft policy has been updated to clarify that PAs must practise under delegation in accordance with applicable regulations and CPSO's *Delegation of Controlled Acts* policy.
- Reference to the *Public Health Emergencies* policy has been removed in response to a proposal to rescind the policy.
- The new policy is intended to serve as a starting point and outline the existing general professional expectations PAs must meet. As such, no further revisions have been made, as much of the remaining feedback focused on specific questions which are generally beyond the scope of CPSO policies and can be better addressed in an *Advice to the Profession* document.

[1] 13 responses, including feedback from the Canadian Association of Physician Assistants (CAPA) and Professional Association of Residents of Ontario (PARO) were received through the online discussion page and can be viewed here. 42 responses were received via the online survey.

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 which requires follow-up in a timely fashion, urgently if necessary.

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** comply with the *Regulated Health Professions Act, 1991,* and the *Medicine Act, 1991,* and **must** practise under delegation in accordance with applicable regulations[4] and CPSO's *Delegation of Controlled Acts* policy[5].

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[6] 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] Applicable regulations include regulations under the *Medicine Act, 1991*.
[5] Please also see the Frequently Asked Questions regarding *Delegation to Physician Assistants* for additional information on sub-delegation, orders to other regulated health care professionals, supervision, and prescribing.
[6] "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[7] 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;[8] and
    b. **not** prescribe narcotics or controlled substances.[9]
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[10].
15. Physician Assistants **must** comply with the expectations set out in the *Medical Records Documentation* policy, and **must** ensure that:

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[7] 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.
[8] 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*.
[9] 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.
[10] 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.

a. documentation in the medical record is legible, accurate, complete and comprehensive; and

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;[11] or

2. it is permitted or required by law without consent;[12] and

ii. where they need the personal health information to carry out their duties.

Reports

19. 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[13] or incompetent[14], and

b. fulfil their legislative reporting requirements, which include those that are highlighted in CPSO's *Guide to Legal Reporting Requirements* document.

20. 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

b. ensure that harmful incidents[15] and no-harm incidents[16] are disclosed to patients.

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[11] 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".

[12] 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.

[13] "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.

[14] "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*.

[15] A "harmful incident" is an incident that has resulted in harm to the patient (also known as an "adverse event").

[16] 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.

Motion Title	New Policy: *Physician Assistants*
Date of Meeting	November 27, 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 new policy, "*Physician Assistants*", 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*.

NOVEMBER 2025

Title:	Proposed By-law Amendments for Final Approval: Fees relating to the Retired Class of Registration (For Decision)
Main Contacts:	Samantha Tulipano, Director, Registration and Membership Carolyn, Silver, Chief Legal Officer Marcia Cooper, Senior Corporate Counsel and Privacy Officer
Attachments:	**Appendix A:** Proposed By-law Amendments for Final Approval: Fees relating to the Retired Class of Registration
Question for Board:	Does the Board approve the proposed By-law amendments?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- Proposed By-law amendments to set the fees for the proposed Retired Class Certificate of Registration are being brought back after circulation for approval by the Board.
- The proposed By-law amendments will facilitate and support the establishment of the proposed Retired Class certificate of registration.

Current Status & Analysis

- At the May 2025 Board meeting, the Board approved circulation of proposed By-law amendments to establish the fees applicable to the Retired Class of registration, as follows:
    - It is proposed that there be no application fee for physicians applying for the Retired Class.
    - The annual fee is proposed to be 50% of the standard annual fee for certificates of registration (i.e., 50% of $1725 = $862.50).
- Feedback was received about the fees for the proposed Retired Class certificate as part of the consultation for the regulatory amendments creating the Retired Class. This feedback was presented to the Board at the September 2025 meeting.
- The proposed fee for the Retired Class is aligned with the fee for physicians who are on parental leave. As with physicians on parental leave, there will continue to be some regulatory costs associated with physicians in the Retired Class. In addition, the financial impact of the Retired Class is not yet known as it will depend on the number of physicians who move to this class once it is available. CPSO intends to revisit the fee for the Retired Class after implementation and cost analyses have been conducted.
- While the Board approved the regulatory amendments for the Retired Class certificate of registration at the September 2025 meeting, at the time of writing this Briefing Note, government approval of the regulatory amendments is pending. Accordingly, the enactment of the proposed By-law amendments will be conditional on approval of the regulatory amendments by the government. The By-law amendments, if approved by the Board, will become effective on the date the regulatory amendments for the Retired Class certificate become effective, which is expected to be January 1, 2026.

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

17.1 Application Fees

17.1.1 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. The application fees are as follows: …

18.1 Annual Fees

… 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; ~~and~~

(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

~~(d)~~(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).

Motion Title	By-law Amendments: Fees relating to the Retired Class of Registration
Date of Meeting	November 27, 2025

It is moved by_____, and seconded by_____, 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, to be effective on the date the pending amendments to Ontario Regulation 865/93 that create the Retired Class of registration come into effect:

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

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

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

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

   (a) $1,725 for a holder of a certificate of registration other than a certificate of registration authorizing postgraduate education, a certificate of registration authorizing supervised practice of a short duration, a certificate of registration authorizing temporary independent practice, a certificate of registration in the retired class, or a certificate of registration authorizing practice as a physician assistant;

   (b) for a holder of a certificate of registration authorizing postgraduate education applying to renew the holder's certificate of registration, 20% of the annual fee set out in Section 18.1.2(a);

   (c) for a holder of a certificate of registration authorizing practice as a physician assistant or a certificate of registration authorizing practice in emergency circumstances for physician assistants, $425;

   (d) despite Sections 18.1.2(a), (b) and (c), where the holder of a certificate of registration will be taking parental leave for a period of four months or longer

[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*.

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).

Title:	Approve Updates to Registration Policies relating to the Provisional Class of Registration (For Decision)
Main Contact:	Samantha Tulipano, Director, Registration and Membership
Attachments:	**Appendix A:** Restricted Certificate of Registration for Exam Eligible Candidates **Appendix B**: Alternative Pathways to Registration for Physicians Trained in the United States **Appendix C**: Recognition of Certification Without Examination issued by CFPC **Appendix D**: Recognition of RCPSC Subspecialist Affiliate Status **Appendix E**: Practice Ready Assessment Program **Appendix F**: Restricted Certificate of Registration for RCPSC Practice Eligibility Route **Appendix G**: Academic Registration **Appendix H**: Postgraduate Education Term for Clinical Fellows **Appendix I:** Residents Working Additional Hours for Pay
Question for Board:	Does the Board of Directors (Board) approve the revised registration policies to issue provisional certificates of registration under Ontario Regulation 865/93?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The Board is asked whether the proposed policy updates—identifying registration policies that currently result in restricted certificates, can be revised to reflect the issuance of a provisional certificate of registration under Ontario Regulation 865/93.
- This amendment sets the framework for future independent practice eligibility and enhances transparency and clarity in registration status.

Current Status & Analysis

- In September 2025, the Board approved proposed amendments to the Ontario Regulation 865/93: Registration, to establish a Provisional Class of Registration. The proposed amendments were submitted to the Minister of Health for review and to the Lieutenant Governor in Council for approval.
- Once the regulatory amendments come into force, physicians applying under registration policies will be issued a provisional certificate of registration.
- The following registration policies currently resulting in restricted certificates are proposed for revision to reflect the issuance of a provisional certificate of registration:
    - Restricted Certificate of Registration for Exam Eligible Candidates
    - Alternative Pathways to Registration for Physicians Trained in the United States
    - Recognition of Certification without Examination Issued by the CFPC
    - Recognition of RCPSC Subspecialist Affiliate Status
    - Practice Ready Assessment Program (PRA)
    - Restricted Certificate of Registration for RCPSC Practice Eligibility Route (PER)
    - Academic Registration Policy
    - Postgraduate Education Term for Clinical Fellows
    - Residents Working Additional Hours for Pay
- The proposed changes apply to all previous iterations of these policy titles, including legacy versions and renamed frameworks that resulted in restricted certificates under the same eligibility criteria.
- Each policy will be revised to state that approval results in the issuance of a provisional certificate.

PROVISIONAL CERTIFICATE OF REGISTRATION FOR EXAM ELIGIBLE CANDIDATES

CPSO can issue a time-limited, provisional certificate of registration to physicians. This certificate is for those who are missing Medical Council of Canada Qualifying Examination (MCCQE) Parts 1 and 2/LMCC, and/or Royal College of Physicians and Surgeons of Canada (RCPSC) or College of Family Physicians of Canada (CFPC) certification, but are officially eligible to take these exams. You may be issued a provisional certificate if you have provided proof that you:

1. have completed the certification exam of the RCPSC or the CFPC, but you have not yet completed parts 1 and 2/obtained the LMCC of the MCCQE, or
2. are currently eligible *without pre-condition* to take the RCPSC or CFPC certification exam. You may or may not have yet completed Parts 1 & 2/obtained the LMCC of the MCCQE.

If you have obtained RCPSC Eligibility through Practice Eligibility Route (PER), please refer to the Provisional Certificate of Registration for RCPSC Practice Eligibility Route policy.

If you have obtained RCPSC Eligibility through Subspecialty Examination Affiliate Program (SEAP), please refer to the Recognition of RCPSC Subspecialist Affiliate Status policy.

This provisional certificate is subject to the following conditions:

1. You must practice with a supervisor until you have completed all outstanding exams.
2. Your provisional certificate will expire within a reasonable number of years, not to exceed three years from the date it is issued, if:
    a. you do not successfully complete all outstanding MCC examinations/obtain the LMCC; and
    b. you do not receive certification by exam by either the RCPSC or by the CFPC.

Only in exceptional circumstances will we consider candidates for a renewal of their provisional certificate of registration after the expiration date.

ALTERNATIVE PATHWAYS TO REGISTRATION FOR PHYSICIANS TRAINED IN THE UNITED STATES

CPSO offers three alternative pathways for physicians trained in the United States (U.S.) looking to gain licensure in the province of Ontario but who are applying outside of our regular registration requirements.

Pathway A

This pathway is for physicians who are certified by a U.S. Specialty Board.

If you gain licensure under this pathway, you will be issued a provisional certificate of registration to practice independently limited to your scope of practice.

We may issue you a certificate if you have:

- One of the following degrees:
    - an acceptable medical degree as defined in Ontario Regulation 865/93 under the *Medicine Act, 1991*; **or**
    - a "doctor of osteopathy" degree granted by an osteopathic medical school in the U.S. that was accredited by the American Osteopathic Association (AOA) at the time it granted you your degree;
- successfully completed a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME);
- been certified by
    - A specialty member board of the American Board of Medical Specialties (ABMS); **or**
    - A specialty certifying board of the American Osteopathic Association (AOA);
- successfully completed the U.S. Medical Licensing Examination or successfully completed an acceptable qualifying exam; and
- an independent or full licence to practise without restrictions in the U.S. or are eligible to apply for such a licence.

Physicians who are issued a provisional certificate of registration under this pathway may apply for an independent practice certificate of registration after five years of continuous practice in Ontario provided they are otherwise fully qualified for an independent practice certificate.

Pathway B

This pathway is for physicians who are missing RCPSC or CFPC certification and do not currently hold a certificate in a Canadian jurisdiction while having five or more continuous years of practice in Canada or the U.S.

If you gain licensure under this pathway, you will undergo an assessment after completing a minimum of one year of supervised practice in Ontario. Upon satisfactory completion of the assessment, you will be issued a provisional certificate of registration to practice independently limited to your scope of practice.

Your initial certificate automatically expires 18 months from the date of issuance, but the Registration Committee may renew it with or without terms, conditions and limitations.

CPSO may issue you a certificate if you have a medical degree from a medical school in Canada accredited by the Council on Accreditation of Canadian Medical Schools, or an acceptable international medical degree. To qualify, you must have:

- successfully completed a Canadian residency program or acceptable pre-1993 training;
- successfully completed the Medical Council of Canada Qualifying Examinations or an acceptable qualifying exam; and
- practised for five or more continuous years in Canada or the U.S. while holding an independent or full license or certificate of registration without restrictions but do not currently hold a certificate in a Canadian jurisdiction.

Pathway C

This pathway is for physicians who are missing U.S. Specialty Board certification but are eligible to take the board examinations.

If you gain licensure under this pathway, you will be issued a time-limited, provisional certificate of registration to practice under supervision. Your initial certificate automatically expires within three years from the date of issuance.

We may issue you a certificate if you have:

- One of the following degrees:
    - an acceptable medical degree as defined in Ontario Regulation 865/93 under the *Medicine Act, 1991*; **or**
    - a “doctor of osteopathy” degree granted by an osteopathic medical school in the US that was accredited by the American Osteopathic Association (AOA) at the time it granted you your degree;
- successfully completed a residency program accredited by the ACGME in the last five years;
- been deemed officially eligible to take the certification examination of
    - A specialty member board of the American Board of Medical Specialties (ABMS); **or**
    - A specialty certifying board of the American Osteopathic Association (AOA); and
- successfully completed the U.S. Medical Licensing Examination or successfully completed an acceptable qualifying exam.

This provisional certificate is subject to the following conditions:

1. You must practice with a supervisor.
2. Your provisional certificate will expire the earlier of:
    a. three years from the date it is issued, if you do not successfully complete all outstanding examinations of a U.S. Specialty Board;
    b. when you have been certified by a US Specialty Board; or
    c. when you are no longer eligible to write a US Specialty Board certification examination.

Only in exceptional circumstances will we consider candidates for a renewal of their provisional certificate of registration after the expiration date.

Once candidates have been certified by a U.S. Specialty Board, they will be eligible for a provisional certificate of registration under Pathway A.

RECOGNITION OF CERTIFICATION WITHOUT EXAMINATION ISSUED BY CFPC

There are two scenarios in which CPSO will recognize your certification in lieu of a CFPC examination and issue you a certificate of registration:

1. You may be issued a **provisional certificate** of registration to practice independently limited to your scope of practice if you have a medical degree from an acceptable medical school and have:
    - Successfully obtained certification without examination by the CFPC.
2. You may be issued an **independent practice certificate** of registration if you have a medical degree from an acceptable medical school and have:
    - Successfully obtained certification without examination by the CFPC; and
    - Successfully completed Part 1 of the Medical Council of Canada Qualifying Examination and obtained the LMCC.

RECOGNITION OF RCPSC SUBSPECIALIST AFFILIATE STATUS

The Royal College of Physicians and Surgeons of Canada (RCPSC) can grant Subspecialist Affiliate status to internationally trained subspecialists who are not certified in their primary specialty.

CPSO may issue you a provisional certificate of registration to practise independently in your subspecialty if you have:

- A medical degree from an acceptable medical school;
- Successfully completed postgraduate training in the subspecialty in which your Subspecialist Affiliate attestation was granted;
- Obtained the LMCC or completed an acceptable qualifying examination; and
- Obtained Subspecialist Affiliate status from RCPSC.

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

PRACTICE READY ASSESSMENT PROGRAM

Touchstone Institute

Touchstone Institute is the administrator of the Practice Ready Assessment Program (Practice Ready Ontario — PRO). For information on PRO, including eligibility and applying, please visit the Touchstone Institute website.

The National Assessment Collaboration (NAC) has created a pan-Canadian model with a set of common standards, tools, and materials for practice ready assessment (PRA) programs.

Practice Ready Ontario (PRO) is a PRA program available to internationally trained family physicians with the aim of obtaining an independent practice certificate in Ontario. This program aligns with the NAC standards.

The PRA program provides successful candidates with the opportunity to work under supervision and be assessed for clinical competence over a period of 12 weeks. Candidates who successfully complete the assessment will be required to complete a three-year Return of Service (ROS) agreement with the Ministry of Health (MOH) to practise in a community in Ontario as identified by the MOH.

Eligibility and Applicant Screening

Touchstone Institute is responsible for the candidate screening and selection process for PRO. Along with meeting the eligibility criteria, applicants must achieve a passing grade on the Therapeutics Decision-Making (TDM) exam and be assessed through an interview in order to be selected for the program.

Clinical Field Assessment (CFA)

If you have been accepted into the PRA program by Touchstone, you may be issued a provisional certificate during the 12-week assessment period, subject to terms, conditions and limitations, including the following:

1. You may practise only in the PRA program and to the extent required to complete PRA program;
2. You must practise under supervision by a member of the College designated by the director of PRA program at a level of supervision determined by the director;

3. You may not be the Most Responsible Physician (MRP); and
4. You may not charge a fee for medical services.

Your provisional certificate will expire the earlier of either:

1. 12 weeks from the date it is issued; or
2. When you are no longer enrolled in the program.

Supervised Practice

If you have successfully completed the CFA and meet the non-exemptible requirements set out in *Section 2(1) of Ontario Regulation 865/93*, you may be issued a provisional certificate limited to your scope of practice, to fulfil your ROS commitment, subject to terms, conditions and limitations, including the following:

1. You may practise family medicine only in accordance with your ROS agreement;
2. You will work under supervision in the community specified in your ROS agreement.

Your provisional certificate will automatically expire three years from the date it is issued.

Independent Practice

If you successfully obtain College of Family Physicians of Canada (CFPC) certification during the supervised practice period, you may apply to the College to remove the requirement to work under supervision while completing your ROS commitment.

Upon the completion of your ROS commitment and successfully obtaining CFPC certification, if you are otherwise qualified for an independent practice certificate of registration and satisfy the non-exemptible requirements set out in *Section 2(1) of Ontario Regulation 865/93*, you may apply for an independent practice certificate of registration.

PROVISIONAL CERTIFICATE OF REGISTRATION FOR RCPSC PRACTICE ELIGIBILITY ROUTE

The Royal College of Physicians and Surgeons of Canada's (RCPSC) Practice Eligibility Route (PER) offers physicians trained outside Canada, the United States, and RCPSC-approved jurisdictions a pathway to RCPSC certification.

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

1. a medical degree from an acceptable medical school;
2. obtained the Licentiate of the Medical Council of Canada (LMCC) or successfully completed an acceptable qualifying examination;
3. had your training evaluated and accepted by the RCPSC; and
4. successfully completed the RCPSC specialty examination via the RCPSC Practice Eligibility Route.

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

This provisional certificate is subject to the following conditions:

1. You must practice with a supervisor until you have received certification from the RCPSC.
2. Your provisional certificate will expire the earlier of:
    a. three years from the date it is issued; or
    b. when you have received certification from the RCPSC.

Once you have received certification from the RCPSC through the Practice Eligibility Route, you may be eligible for an independent practice certificate provided you meet all other requirements for registration.

ACADEMIC REGISTRATION

Find guidance for applicants who do not meet the requirements for a regular academic practice certificate.

This policy is for applicants recruited by an Ontario medical school for an academic position, but who do not meet the usual requirements for an academic practice certificate. (The usual requirements include certification by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.) **This policy applies for positions of assistant, associate or full professor**.

Requirements

You may be issued a certificate of registration authorizing academic practice if:

1. you have a degree in medicine as defined in Ontario Regulation 865/93 under the *Medicine Act, 1991*;
2. you:
    i. hold specialist certification by the Royal College of Physicians and Surgeons of Canada ("RCPSC") or the College of Family Physicians of Canada ("CFPC"), **or**
    ii. hold specialist certification by a board in the United States of America that is a regular member of a board of the American Board of Medical Specialties, **or**
    iii. are recognized as a specialist in the jurisdiction where you practise medicine by an organization outside of North America that recognizes medical specialties, and the organization which recognized you as a medical specialist did so using standards that are substantially similar to the standards of the RCPSC or the CFPC;
3. you have been offered a full time clinical academic appointment to the faculty of an accredited medical school in Ontario at the rank of assistant, associate or full professor; and
4. you are recognized in the same discipline you are being recruited for appointment in Ontario.

There are additional requirements for assistant professors:

1. A written job description stating that you will be involved in clinical practice, teaching, research, administration, or clinical development and evaluation or some combination of these; and
2. An agreement from the medical school to assess your clinical and academic performance and to submit annual reports in a form that is satisfactory to the CPSO.

Terms, conditions and limitations

1. The following terms, conditions and limitations will be attached to a certificate of registration authorizing academic practice for all professors: You may practise medicine only in a setting that is approved by the Chair of the department in which you hold an academic appointment at the rank of assistant, associate, or full professor, and in accordance with the requirements of your academic appointment.
2. The certificate automatically expires when you no longer hold the academic appointment.

In addition, for assistant professors:

1. The certificate of registration automatically expires seven years from the date of issuance, or when you no longer hold the academic appointment at the rank of assistant professor.
2. The certificate of registration automatically expires, but may be renewed by the Registration Committee, with or without terms, conditions and limitations, if the Registration Committee:
    i. receives a report indicating that your clinical performance, knowledge, skill, judgment, professional conduct, or academic progress is unsatisfactory, or
    ii. does not receive an annual report, or
    iii. receives a report that is unsatisfactory in form or content.

Application for a provisional certificate of registration

If you are registered under this policy, you may apply for a provisional certificate of registration to practise independently limited to your scope of practice if you:

1. Have practised in an academic setting and maintained an active clinical practice in Ontario for a minimum of five years; and
2. Provide evidence of satisfactory clinical performance, knowledge, skill, judgement, and professional conduct from the medical school where you hold your academic appointment.

Endnotes

Full Time Clinical Academic Appointment: an academic appointment that includes a combination of clinical and academic work. In this document, Full Time Clinical Academic Appointment does not require that the individual must practise a certain number of hours per week. The individual, however, must hold a full time clinical academic appointment and may only practise medicine in an academic setting, under the aegis of the academic head.

Academic Setting: a setting that has an infrastructure in place for reporting clinical and academic performance.

POSTGRADUATE EDUCATION TERM FOR CLINICAL FELLOWS

This policy applies to all Internationally Trained Physicians (ITPs) clinical fellows holding a postgraduate education certificate issued under section 12 of the registration regulations. Under the regulation, the certificate terminates after two years. However, this policy enables the College to renew the certificate for three additional years, without the need for the College's Registration Committee to approve the third, fourth or fifth year, provided the applicant continues to meet non-exemptible registration standards.

Under this policy, applicants may apply for an extension for a third, fourth and/or fifth year, but will require approval by the College.

The proposed third, fourth and/or fifth years must be in the same clinical fellowship program and enrollment must be continuous; the certificate automatically terminates at the end of the fifth year of the clinical fellowship.

RESIDENTS WORKING ADDITIONAL HOURS FOR PAY

The College's registration regulation sets out the requirements which must be met in order for an applicant to be issued a certificate of registration.

If an applicant does not meet the requirements set out in the regulation it may still be possible for an applicant to qualify pursuant to one of the exemption policies.

Please note if you currently hold a certificate of registration in any Canadian jurisdiction you may be eligible for registration in Ontario under new provisions of the *Health Professions Procedural Code* (the "Code"). Please refer to sections 22.15 to 22.23 of the Code. Please see Legislation and By-Laws for more details.

All applicants must be able to demonstrate that their past and present conduct indicates that they are mentally competent to practise medicine; will practise with decency, integrity and honesty and in accordance with the law; have sufficient knowledge, skill and judgment to engage in the kind of practice authorized by the certificate and can communicate effectively; and will display an appropriately professional attitude.

In addition to the registration regulation and policies, all applicants will also be subject to other CPSO policies and regulations which apply to current registrants. In particular, the Changing Scope of Practice and Re-entering Practice policies, and the regulation pertaining to the use of specialist titles may have relevance for new applicants. All applicants will also be subject to the College's expectations with respect to continuing professional development.

All applicants may choose to proceed through any other applicable registration policy. In such instances, the provisions in this policy will not apply.

This policy allows residents, in limited circumstances, to work for additional hours for pay outside of their training requirements.

*Associated fees have been waived under this policy.

Principles

- The College affirms that neither patient safety nor the well-being of residents be compromised for the purpose of meeting the administrative/staffing needs of hospitals or the personal financial concerns of residents.
- The College recognizes that Ontario residents are a valuable human resource for providing health care, whose full potential has not yet been realized.

- As residents progress through their education and training, the College accepts that they are able to practice medicine, within their area of training, in an increasingly independent manner.

Policy

A resident holding a postgraduate education certificate of registration may apply for a provisional certificate of registration under certain prescribed conditions.

To apply for a provisional certificate of registration to practice medicine outside of their training program, medical residents are required to:

- complete a minimum of one year of residency training;
- receive approval from the Dean of his/her medical school or his/her designate;
- arrange additional work only in existing rotations already successfully completed as a trainee;
- be in the same supervisory relationship with the Most Responsible Physician taking responsibility for the care of the patient; and
- ensure that the work for pay does not interfere with the work requirements of the residency program and that any additional hours worked not be done in a fashion which would contravene the collective agreement.

Motion Title	Revised Registration Policies to Convert Restricted Certificates to Provisional Certificates
Date of Meeting	November 27, 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 policies listed below, as policies of the College copies of which form Appendices “ ”, “ ”, “ ”, “ ”, “ ”, “ ”, “ ”, “ ”, “ ”, and “ ”, respectively, to the minutes of this meeting), to be effective on the date the pending amendments to Ontario Regulation 865/93 that create the Provisional class of registration come into effect:

- Provisional Certificate of Registration for Exam Eligible Candidates (formerly, Restricted Certificate of Registration for Exam Eligible Candidates)
- Alternative Pathways to Registration for Physicians Trained in the United States
- Recognition of Certification without Examination Issued by the CFPC
- Recognition of RCPSC Subspecialist Affiliate Status
- Practice Ready Assessment Program (PRA)
- Provisional Certificate of Registration for RCPSC Practice Eligibility Route (PER) (formerly, Restricted Certificate of Registration for RCPSC Practice Eligibility Route (PER))
- Academic Registration Policy
- Postgraduate Education Term for Clinical Fellows
- Residents Working Additional Hours for Pay

[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*.

NOVEMBER 2025

Title:	Certificate of Registration for Off-Cycle Residents (For Decision)
Main Contact:	Samantha Tulipano, Director, Registration and Membership
Attachment:	**Appendix A:** Draft *Certificate of Registration for Off-Cycle Residents* policy
Question for Board:	Does the Board of Directors (Board) approve the draft policy for circulation?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- A draft *Certificate of Registration for Off-Cycle Residents* policy (Appendix A) has been developed, and the Board of Directors is asked whether the draft can be approved for circulation. The draft policy allows residents who have passed the Royal College of Physicians and Surgeons of Canada's (RCPSC) certification examination but who have not met all the requirements for RCPSC certification to practise under supervision.

- Removing barriers to licensure and exploring new pathways to registration for qualified physicians aligns with CPSO's commitment to right-touch regulation.

Current Status & Analysis

- Medical residents play an important role in helping hospitals meet clinical demands and staffing needs. As such CPSO has policies, including the *Residents Working Additional Hours for Pay* ("*Moonlighting*") policy, which allow residents to practise medicine in Ontario subject to specific conditions.

- Due to recent shifts in certain residency programs from time-based education to competency-based education, many residents can now challenge RCPSC's certification exam earlier in their training and, therefore, complete their training early (i.e., "off-cycle"). Despite passing the RCPSC's exam, however, some of these "off-cycle residents" require additional advanced training (e.g., subspecialty training) before they can be certified by the RCPSC.

    - Typically, these advanced training programs start July 1 of each year, which means that residents who have passed the RCPSC exam "off-cycle" may wait several months for their training to begin.

    - Currently, there is no pathway to licensure for these residents given that they have passed RCPSC's certification exam and have obtained the LMCC but are not formally certified by the RCPSC. As these residents no longer hold an appointment at a medical school after passing the RCPSC's certification examination, they also cannot practise under the *Moonlighting* policy.

- The proposed *Certificate of Registration for Off-Cycle Residents* policy would allow residents who have completed RCPSC's certification examination but who have not met the full training requirements for certification to practise under supervision. Licensing these physicians will allow them to continue to provide patient care while they wait for their advanced training program to begin.

    - The certificate would expire the earlier of 12 months from issuance or the start of the resident's advanced training program.

    - Medical residents will still need to apply for the postgraduate education license to continue their training.

    - Should the Board approve the proposed policy amendment, the policy will be circulated for notice in accordance with Section 22.21 of the *Health Professions Procedural Code* (the "*Code*").

    - Additionally, pending direction from the Board, we will seek the Executive Committee's approval of the final policy (subject to feedback received) pursuant to its authority under Section 12 of the Code and Section 30 of the General By-Law.

CERTIFICATE OF REGISTRATION FOR OFF-CYCLE RESIDENTS

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

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

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

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

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

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

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

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

Motion Title	Draft Policy for Notice and Consultation: *Certificate of Registration for Off-Cycle Residents*
Date of Meeting	November 27, 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 notice and consultation process in accordance with Section 22.21 of the *Health Professions Procedural Code* in respect of the draft policy, "*Certificate of Registration for Off-Cycle Residents"* (a copy of which forms Appendix " " 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*.

NOVEMBER 2025

Title:	Proposal to Rescind Statements: *Interprofessional Collaboration* and *Female Genital Cutting (Mutilation)* (For Decision)
Main Contacts:	Tanya Terzis, Manager, Policy & Governance Rachel Bernstein, Senior Policy & Governance Analyst
Attachments:	**Appendix A:** *Interprofessional Collaboration* statement **Appendix B:** *Female Genital Cutting (Mutilation)* statement
Question for Board:	Does the Board of Directors approve rescinding the *Interprofessional Collaboration* and *Female Genital Cutting (Mutilation)* statements?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The *Interprofessional Collaboration* statement (**Appendix A**) and *Female Genital Cutting (Mutilation)* ("*FGC/M*") statement (**Appendix B**) are the only two statements on CPSO's website. The Board of Directors ("Board") is asked if it approves rescinding these statements.

- Rescinding the *Interprofessional Collaboration* and *FGC/M* statements is in keeping with CPSO's commitment to Right-Touch regulation and continued modernization. Streamlining CPSO's regulatory tools also better serves the public interest by ensuring guidance is clear and accessible.

Current Status & Analysis

- The *Interprofessional Collaboration* and *FGC/M* statements were both approved at the June 2021 Board meeting. At that time, a commitment was made to periodically review the statements for currency.

- In keeping with that commitment, the *Interprofessional Collaboration* and *FGC/M* statements have been evaluated, and it has been determined that both statements can be removed from CPSO's website. The expectations and core content contained within the statements are addressed in other existing sources, such as legislation and policy, and so reproducing the same guidance in standalone statements adds no additional regulatory value and could also be seen as duplicative.

    - The *Interprofessional Collaboration* statement reminds physicians that they have a responsibility to work effectively with all health-care professionals and highlights the importance of collaborative practice across disciplines. These expectations are now captured in other CPSO guidance documents, including *Essentials of Medical Professionalism* and the *Professional Behaviour* policy.

    - The *FGC/M* statement reminds physicians that performing, assisting in, or referring patients for FGC/M procedures is a criminal offence and constitutes professional misconduct. This guidance is clearly set out in law[1] and other resources[2].

- Further, as noted above, the *Interprofessional Collaboration* and *FGC/M* statements are the only statements featured on CPSO's website. Removing these statements and confining CPSO's guidance to policies, advice, and *Essentials of Medical Professionalism* means expectations will be set out in a few core regulatory tools that are clearly defined and easy to navigate. This streamlined approach will minimize confusion and support the public interest by making CPSO's guidance more accessible and straightforward. It also supports modernization and reflects CPSO's commitment to Right-Touch regulation.

[1] See, for example, the *Criminal Code*, R.S.C., 1985, c. C-46.
[2] See, for example, the Society of Obstetricians and Gynaecologists of Canada's Clinical Practice Guideline on Female Genital Cutting, and the interagency statement on Eliminating Female Genital Mutilation.

INTERPROFESSIONAL COLLABORATION: WORKING TOGETHER TO PROVIDE QUALITY CARE

The College of Physicians and Surgeons of Ontario (CPSO) is committed to supporting and promoting interprofessional collaboration to improve both the quality of and access to health care in Ontario.

Interprofessional collaboration means approaching patient care from a multidisciplinary, team-based perspective, rather than through exclusive domains of practice. At its core, interprofessional collaboration involves recognizing and valuing the individual roles and contributions of all health-care professionals and fostering relationships that are built on trust and mutual respect. Among other things, working collaboratively involves communicating and exchanging information effectively; encouraging openness and transparency; working together to solve complex problems; developing guidelines and policies that are reflective of each professional's scope of practice; cultivating positive relationships at the institutional level; and sharing decision-making, where appropriate and in the patient's best interest.

Working in collaboration maximizes and utilizes the skills of each contributing health-care professional, which leads to a stronger and more connected health-care system that reduces inefficiencies, increases access to care, and ultimately improves patient outcomes.[1]

CPSO strongly believes that physicians deliver the highest quality of care when working effectively with health-care professionals from different disciplines, including those they work with most, such as midwives, pharmacists, and nurses of all classes. Physicians have a responsibility to collaborate with all health-care professionals, and CPSO is committed to serving the public interest by working with other regulators to support and promote these relationships.

Endnotes

[1.] WHO, HRH, HPN. Framework for Action on Interprofessional Education & Collaborative Practice. Geneva: WHO 2010. Available at: https://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf;jsessionid=631ABD47231CEF32BE7441F096D62BB8?sequence=1 Accessed December 8, 2020.

FEMALE GENITAL CUTTING (MUTILATION)

Female genital cutting/mutilation (FGC/M) is internationally recognized as a harmful practice that results in the violation of human rights.[1] FGC/M refers to procedures that involve the infibulation, excision or mutilation, in whole or in part, of the labia majora, labia minora or clitoris.[2]

Performing, assisting in or referring patients for FGC/M procedures is illegal in Canada, as the *Criminal Code* identifies FGC/M as aggravated assault. It is also a criminal act to remove a child under the age of 18 from Canada to perform FGC/M on them.[3] Performing or contemplating performing FGC/M on anyone under the age of 18 raises child protection concerns, and physicians have a legal obligation to notify child protection authorities if they have reasonable grounds to believe that any child under the age of 18 has undergone, or is at risk of undergoing, an FGC/M procedure, regardless of where the procedure has been or may be undertaken.[4] Physicians who have reasonable grounds to believe that another physician is performing FGC/M procedures must also report this information to the College of Physicians and Surgeons of Ontario (CPSO).[5]

Many international, national, and regional bodies, including the Ontario Human Rights Commission, the World Medical Association and The Society of Obstetricians and Gynaecologists of Canada (SOGC), have released statements opposing the practice and participation of physicians in FGC/M.

CPSO strongly condemns the practice of FGC/M and recognizes it as a form of gender-based violence that violates physical integrity and psychological well-being. Physicians will be subject to disciplinary measures if they perform, assist in or refer patients for FGC/M procedures.[6]

Physicians play an important role in opposing and denouncing the practice of FGC/M. Physicians can support patients by educating themselves on how to properly manage possible complications related to FGC/M, and by providing culturally sensitive counseling to families about the dangers of the practice.

Physicians who encounter patients who have undergone FGC/M can obtain guidance from sources such as the SOGC's comprehensive Clinical Practice Guideline (the Guideline).[7] Among other things, the Guideline provides direction on legal issues related to the practice, as well as guidance for the management of obstetrical and gynaecological complications related to FGC/M. Physicians can also consult the interagency statement, *Eliminating Female Genital Mutilation*, to strengthen their knowledge and understanding of the practice of FGC/M.[8]

Endnotes

1. OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO. Eliminating female genital mutilation: an interagency statement. Geneva: WHO 2008: 22–7. Available at: https://apps.who.int/iris/bitstream/handle/10665/43839/9789241596442_eng.pdf?sequence=1 Accessed December 13, 2019 (hereinafter, Interagency Statement).

2. Except where performed for the benefit of the physical health of the person or for the purpose of the person having normal reproductive function, sexual appearance or function, or the person is at least 18 years of age and there is no resulting bodily harm. See s. 268(3) of the *Criminal Code*, R.S.C., 1985, c. C-46 (hereinafter, *Criminal Code*).

3. See ss. 268(3), 21-22 and 273.3(1) of the *Criminal Code*.

[4.] See s. 125(1) of the *Child, Youth and Family Services Act, 2017*, S.O. 2017, c. 14, Sched. 1 and s. 273.3(1) of the *Criminal Code*, as well as the College's *Reporting Requirements policy*.

[5.] See the *Reporting Requirements* policy.

[6.] Among other things, under to the *Medicine Act, 1991*, it is an act of professional misconduct for a physician to contravene a federal law (e.g., the *Criminal Code*) if the purpose of the law is to protect public health, or the contravention is relevant to the member's suitability to practise medicine. Furthermore, according to s. 51(1)(a) of the *Health Professions Procedural Code*, which is Schedule 2 to the *Regulated Health Professions Act*, 1991, S.O. 1991, c.18, a panel shall find that a member has committed an act of professional misconduct if the member has been found guilty of an offence that is relevant to the member's suitability to practice, such as the FGC/M-related provisions of the *Criminal Code*.

[7.] For more information, please see the SOGC's Clinical Practice Guideline: Female Genital Cutting.

[8.] Interagency Statement.

Motion Title	Rescission of Statements: *Interprofessional Collaboration* and *Female Genital Cutting (Mutilation)*
Date of Meeting	November 27, 2025

It is moved by_____, and seconded by_____, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario rescinds the statements "*Interprofessional Collaboration*" and "*Female Genital Cutting (Mutilation)*" (copies of which form Appendix " " and " ", respectively, 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:	Proposal to Rescind: *Public Health Emergencies* Policy (For Decision)
Main Contacts:	Tanya Terzis, Manager, Policy & Governance Laura Rinke-Vanderwoude, Policy & Governance Analyst
Attachments:	**Appendix A**: *Public Health Emergencies* Policy
Question for Board:	Does the Board wish to rescind the *Public Health Emergencies* policy?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The *Public Health Emergencies* policy (**Appendix A**) was identified as a candidate for rescission. The Board is provided with a proposal to rescind the policy and is asked whether the policy should be rescinded.
- Ensuring that policies are continually assessed for appropriateness and relevancy aligns with Right-Touch regulation.

Current Status & Analysis

Background

- The *Public Health Emergencies* policy is currently under review. It was first approved in 2009 and last reviewed in 2018.
- The policy contains three distinct groups of provisions:
    - Provisions 1-5 require physicians to provide physician services during public health emergencies directly or indirectly, with an exception for physicians whose health or the health of their loved ones may be impacted.
    - Provisions 6-8 set out one requirement that physicians make reasonable efforts to access relevant information and stay informed. This section also contains two outdated "advised" provisions regarding preparing for public health emergencies.
    - Provisions 9-11 enable practising outside of one's scope of practice during public health emergencies in specific circumstances. This is the most-used section of the policy.
- Following initial feedback[1] on the current policy and discussion with the Policy Working Group in September 2025, the policy was identified as a candidate for rescission.

Rationale for Recission

- The policy is almost never used in the complaints process or in discipline proceedings.
- Only two other Canadian medical regulators have a public health emergencies standard.[2] The College of Physicians and Surgeons of Alberta recently rescinded their standard due to the political climate in the province. No other health profession regulators in Ontario have a policy similar to CPSO's.
- During its initial meeting, the Policy Working Group directed revisions to the policy that would effectively render it more like advice.
    - In particular, the Policy Working Group recognized the need for more exceptions to the requirement that physicians provide direct and indirect services during public health emergencies. This change would substantially dilute the policy's core expectation, making it difficult to justify maintaining it as a standalone policy.
- As most of the information in the *Advice* is very broad in nature, a standalone *Advice* document is also not necessary. As COVID-19 illustrated, issue-specific guidance is more helpful to registrants and the public and enables us to respond to evolving situations in real-time.

[1] Initial feedback on the current policy was gathered from May to August 2025 with only 16 responses.

[2] The College of Physicians and Surgeons of Saskatchewan (CPSS)'s *Guideline: Physicians and Public Health Emergencies*, explicitly based on CPSO's policy. The College of Physicians and Surgeons of Manitoba (CPSM)'s *Standard of Practice: Duty to Assist in an Emergency* is similar to CPSO's in that it typically requires a physician to provide services, but does not permit practising out of scope.

PUBLIC HEALTH EMERGENCIES

Approved by Council: September 2009
Reviewed and Updated: February 2018, May 2019

Companion Resource: Advice to the Profession

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

Public Health Emergency: 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.[1] They are declared by government and public health authorities at the federal, provincial and municipal levels.[2]

Policy

Providing Physician Services

1. In fulfilling their individual commitment to patients, professional commitment to colleagues, and collective commitment to the public, physicians **must** be available to provide physician services during public health emergencies. Physician services include:
    - providing direct medical care to people in need, and
    - performing administrative or other indirect activities that support the response effort.[3]
2. When deciding what role to take during public health emergencies, physicians **must** do so in accordance with the values, principles, and duties of medical professionalism.
3. Physicians providing direct medical care to people in need **must** do so in accordance with relevant legislation and emergency management plans.
4. Physicians **must** document these patient encounters to the best of their ability given the circumstances.
5. There may be reasons related to the physicians' own health, that of family members or others close to them[4] which may place limits on the physicians' ability to provide direct medical care to people in need during a public health emergency. In those instances,

physicians who have a personal health and/or ability limitation **must** engage in indirect activities that support the response effort during public health emergencies.[5]

Planning, Preparation, and Staying Informed

6. Physicians are **advised** to prepare for the occurrence of public health emergencies by, for example, participating in simulation exercises and other emergency planning and preparation activities, and taking advantage of training offered to them for tasks which they may be required to perform during public health emergency.
7. Physicians are **advised** to be proactive and inform themselves of the information available which will assist them in being prepared for a public health emergency.[6]
8. During public health emergencies, physicians **must** make reasonable efforts to access relevant information and stay informed.[7]

Practicing Outside of Scope of Practice

9. During public health emergencies, it may be necessary for physicians to temporarily practice outside their scope, but physicians **must** only do so if:
    a. the medical care needed is urgent,
    b. a more skilled physician is not available, and,
    c. not providing medical care may result in greater risk or harm to the patient or public than providing it.
10. To ensure competence while temporarily practising outside of one's scope of practice, physicians **must** exercise their professional judgement and work with their health care colleagues to determine what appropriate medical care they can provide to persons in need of care, in accordance with relevant legislation and emergency management plans.
11. Once the public health emergency is over, physicians **must not** practise outside of their scope, unless they elect to change their scope of practice in accordance with College policy.[8]

Endnotes

1. Emergency Management and Civil Protection Act, R.S.O. 1990, Chapter E.9
2. See for example: Public Health in Canada (https://www.canada.ca/en/public-health/corporate/mandate/about-agency/federal-strategy.html)
3. See the *Advice to the Profession: Public Health Emergencies* for further guidance.
4. As defined in the College's *Physician Treatment of Self, Family Members and Others Close to Them* policy.
5. See the *Advice to the Profession: Public Health Emergencies* for further guidance.
6. Including legislation, emergency management plans developed by federal, provincial and municipal governments, directives from public health agencies, and advice provided by the CMPA.
7. Governments and public health authorities are responsible for ensuring that physicians receive timely, accurate and complete information both prior to and during public health emergencies.
8. In non-emergency situations, there are clear expectations for physicians around scope of practice. A physician must practice only in the areas of medicine in which the physician is educated and experienced and must comply with the College's *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice* policy when changing their scope of practice.

Motion Title	Rescission of Policy: *Public Health Emergencies*
Date of Meeting	November 27, 2025

It is moved by_____, and seconded by_____, that:

The Board of Directors[1] of the College of Physicians and Surgeons of Ontario rescinds the College policy "*Public Health Emergencies"* (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 #2: Review Feedback and Discussion: *Delegation of Controlled Acts* (For Discussion)
Main Contacts:	Tanya Terzis, Manager, Policy & Governance Stephanie Sonawane, Policy & Governance Analyst Rachel Bernstein, Senior Policy & Governance 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 have any feedback on the draft policy?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The draft *Delegation of Controlled Acts* ("*Delegation*") policy (**Appendix A**) and *Advice to the Profession: Delegation of Controlled Acts* ("*Advice*") (**Appendix B**) were released for public consultation following the Board of Directors' ("Board") meeting in September 2025.
- The Board will be provided with an overview of the consultation feedback and will have an opportunity to discuss the draft policy at the Board meeting.

Current Status & Analysis

Key updates

- The current *Delegation* policy and *Advice* were revised in response to initial feedback and direction from the Policy Working Group.
- Key revisions to the policy include:
    - streamlining the definition of "patient best interest" to focus 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).
    - explicitly prohibiting physicians from leaving delegates to manage their practice independently.
    - requiring physicians to be physically onsite to supervise delegates, unless an exception applies (e.g., when another physician is on site, or the risk is low).
    - requiring consent discussions to include informing patients that aspects of their care will be provided by a delegate.
- The draft policy maintains the targeted amendments approved by the Board in September 2025 with respect to delegating in the context of a physician-patient relationship (e.g., requiring physicians to clinically assess new patients prior to delegating or, where that is not possible, within two business days of a new patient's first encounter with the delegate).
- The draft *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").

Consultation feedback

- Although the consultation remains open until November 24[1], early feedback indicates that most respondents agree:
    - the draft policy is clear, comprehensive and reasonable.

[1] As of November 6, 2025, the consultation has received 19 survey responses and 13 written comments. The written comments can be viewed on the consultation page.

  - it is important for physicians to clinically assess new patients, though some respondents expressed that requiring an assessment to be performed within two business days may lack flexibility.
  - it is important for physicians to be physically onsite to supervise delegates, although there were a few concerns that the proposed supervision requirement would affect access to care.
- An overview of any additional feedback received during the consultation will be shared during the Board meeting.

Next steps

- 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. What is the problem this policy is trying to solve, and is it an appropriate problem for CPSO to be addressing?
  2. Does this policy align with Right-Touch regulation?
  3. How does this policy serve the public interest?

DELEGATION OF CONTROLLED ACTS

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

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 and physician assistants ("Registrants") 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)

NOVEMBER 2025

Title:	Step #2: Review Feedback and Discussion: *Maintaining Appropriate Boundaries* Draft Policy (For Discussion)
Main Contacts:	Tanya Terzis, Manager, Policy & Governance Lynn Kirshin, Senior Policy & Governance Analyst Julianne Stevenson, Policy & Governance 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 have any feedback on the draft policy?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- The draft *Maintaining Appropriate Boundaries* policy (**Appendix A**) and *Advice to the Profession: Maintaining Appropriate Boundaries* (*"Advice"*) (**Appendix B**), were released for public consultation following the Board of Directors' (Board) meeting in September 2025.
- The Board will be provided with an overview of the consultation feedback and will have an opportunity to discuss the draft policy at the Board meeting.

Current Status & Analysis

Key updates

- The current *Boundary Violations* policy and *Advice* were revised in response to initial feedback and direction from the Policy Working Group.
- Key revisions in 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 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 updated to include expanded guidance on trauma-informed care, express consent, humour, non-sexual boundaries, and preventing and responding to patient-initiated boundary crossings.

Consultation feedback

- Although the consultation remains open until closes on November 24[1], early feedback indicates that most respondents agree:
    - the draft policy is clear, comprehensive and reasonable.
    - with the increased emphasis on trauma-informed care.
    - that expectations related to intimate examinations should also apply to intimate procedures and treatments.

[1] As of November 10, 2025, the consultation has received 21 survey responses and 10 written comments. The written comments can be viewed on the consultation page.

- There were some concerns/questions raised in the feedback, including questions about uninitiated patient contact and non-sexual boundaries (e.g., accepting gifts).
- An overview of any additional feedback received during the consultation will be shared during the Board meeting.

Next steps

- 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. What is the problem this policy is trying to solve, and is it an appropriate problem for CPSO to be addressing?
    2. Does this policy align with Right-Touch regulation?
    3. How does this policy serve the public interest?

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[1]

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;

[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*.

- 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.

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[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*.

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;

[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.

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.

[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 and physician assistants ("Registrants") 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

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

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

[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.

- 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

Title:	Approval of the recommended annual fee increase for Out of Hospital (OHP) facilities and Budget 2026 (For Decision)
Main Contacts:	Rob Payne, Chair, Finance and Audit Committee Nathalie Novak, Chief Operating Officer Sandra Califaretti, CPA, CA, Corporate Controller
Questions for Board:	1. Does the Board of Directors approve a fee increase for Out of Hospital Premise (OHP) facilities to $7,500, effective February 1, 2026? 2. Does the Board approve the Operating Budget 2026 as presented? 3. Does the Board approve the Capital Budget 2026 as presented?

Purpose, Public Interest Mandate & Relevance to Strategic Plan

- On October 14, 2025, the College of Physicians and Surgeons of Ontario (CPSO) presented the draft 2026 operating and capital budgets (Budget 2026) to the Finance and Audit Committee (FAC).
- In that presentation, the College recommended a fee increase for Out of Hospital (OHP) facilities to $7,500, effective February 1, 2026; this increase will bring the OHP program back into cost recovery after several years of financial deficits.
- FAC is recommending that Budget 2026, as presented, be submitted to the Board for approval at its November meeting.
- FAC is also requesting that the Board approve the fee increase for OHP facilities to $7,500, effective February 1, 2026.

Current Status & Analysis

- The 2026 operating budget outlines planned revenues from the College's regulatory activities and cost recovery initiatives, including a recommended fee increase specific to OHP facilities required for program full cost recovery, along with planned expenses incurred to execute those activities, and meet Board approved key performance indicators. The 2026 capital budget includes the estimated cost of capitalized projects that support the College's infrastructure requirements.
- Budget 2026 achieved the following:
    - No increase to annual physician membership fees (the same fee has been charged since 2018).
    - A 3% cost of living increase to staff salaries and per diem amounts, which recognizes continued inflation pressure and fluctuations.
    - A 4.3% increase to direct staffing costs (salaries, benefits, and pension), meeting a 4% increase objective.
    - A small reduction in staff complement from 389 position in 2025 to 382 positions in 2026, achieving an overall 10% decrease in staff positions since 2018.
    - Full cost recovery of the OHP program and right-sizing and stabilization of other budget amounts.
    - Continued focus on infrastructure state of good repair and technology enhancements.
- Operating Budget 2026 is summarized as follows:
    - Revenues planned at $90.9 million, a 1.9% increase over the 2025 budget.
        - Budget 2026 includes a $600 thousand reduction from the estimated impact of the retirement class license and $2.6 million in estimated revenues related to the OHP program after the recommended fee increase.
        - The fee currently charged to OHP facilities has been reevaluated.

        - The fee captures only OHP Medical Directors, includes their assessment, and is bundled with the annual renewal fee. Out of equity considerations, this cost is not disbursed across the broader membership.
    - There are currently three fee levels: Level 1 - $3,895, Level 2 - $4,175, and Level 3 - $4,490. The level varies depending on the complexity of procedures performed at the OHP.
        - Approximately 80% of the facilities fall into Level 2.
    - To maintain the program on a cost recovery basis, there will be a recommended increase in the annual fee to $7,500 across all OHP levels, effective February 1, 2026.
  - Expenses planned at $91.5 million, a 1.4% increase over the 2025 budget.
    - Budget 2026 includes $2.59 million in planned expenses related to the OHP program
    - Direct staffing costs and per diem amounts include a recommended cost of living (COLA) increase of 3%, effective January 1, 2026.
  - The overall planned deficit of $586 thousand causes no significant impact to the College's healthy financial position; the College remains fiscally sustainable given healthy cash/reserve balances.
- Capital Budget 2026 consists of $1.6M in planned expenditures focused on building improvements and technology advancements that continue to support building infrastructure state of good repair, in addition to technology advances in the AI space.
- The Board will receive a presentation with full details and is asked to approve the OHP fee increase incorporated into these budgets, as presented.

Board Motion

Motion Title	For Approval: 2026 Operating Budget, 2026 Capital Budget and OHP Fee Increase
Date of Meeting	November 27, 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 following budgets authorizing expenditures for the benefit of the College during the year 2026, and the fee increase set out below:

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

[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*.