



Board of Directors Meeting

Annual Financial Meeting

May 30 and 31, 2024



NOTICE OF BOARD OF DIRECTORS MEETING

A meeting of the Board of Directors of the College of Physicians and Surgeons of Ontario (CPSO) will take place in person on May 30 and 31, 2024, in the CPSO Boardroom at 80 College Street, 3rd Floor, Toronto, Ontario. This is the Annual Financial 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 4:30 p.m. on May 27th. Details on this process are available on the [CPSO's website](#).

The meeting will convene at 9:00 a.m. on Thursday, May 30, 2024, and at 11:40 a.m. on May 31, 2024.

Nancy Whitmore, MD, FRCSC, MBA
Registrar and Chief Executive Officer

May 9, 2024

Board Meeting Agenda

Annual Financial Meeting

May 30 and 31, 2024



THURSDAY, MAY 30, 2024

Item	Time	Topic and Objective(s)	Purpose	Page No.
1	9:00 am (10 mins)	Call to Order and Welcoming Remarks (I. Preyra) <ul style="list-style-type: none"> Note regrets and declare any conflicts of interest 	Discussion	N/A
2	9:10 am (5 mins)	Consent Agenda (I. Preyra) <ul style="list-style-type: none"> 2.1 Approve Board meeting agenda 2.2 Approve the draft minutes from the Special Board meeting held February 16, 2024 and the draft minutes from Board meeting held on February 29 and March 1, 2024 2.3 Committee Re-appointment 	Approval (with motion)	7-19 20-21
3	9:15 am (5 mins)	Items for information: <ul style="list-style-type: none"> 3.1 Executive Committee Report 3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases 3.3 Government Relations Report 3.4 Policy Report 3.5 Medical Learners Report 3.6 Update on Board Action Items 3.7 2025 Q1 meeting dates 	Information	22 23-26 27 28-30 31-33 34-38 39
4	9:20 am (60 mins)	CEO/Registrar's Report (N. Whitmore)	Discussion	N/A
5	10:20 am (20 mins)	Board Chair's Report (I. Preyra)	Discussion	N/A
*	10:40 am (20 mins)	NUTRITION BREAK		
6	11:00 am (20 mins)	Strategic Plan (N. Novak, N. Whitmore) <ul style="list-style-type: none"> The Board is asked to consider approving the two-year extension of the strategic plan 	Decision (with Motion)	40-42
7	11:20 am (40 mins)	Governance Committee Report (R. Gratton) <ul style="list-style-type: none"> 7.1 Board Elections Update 7.2 Executive Committee Elections 	Information Decision (with Motion)	43 44-52
*	12:00 pm	Motion to move in-camera	Decision (with motion)	53

Item	Time	Topic and Objective(s)	Purpose	Page No.
*	12:00 pm (60 mins)	LUNCH		
8	1:00 pm (20 mins)	In-Camera Session		Materials provided under separate cover
9	1:20 pm (20 mins)	Finance and Audit Committee Update (S. Califaretti, T. Bertoia)	Information	54-80
		9.1 Audited Financial Statements for the 2023 Year (L. Ferguson, S. Califaretti)		
		9.2 For Approval: Audited Financial Statements for the fiscal year ended December 31, 2023	Decision (with motion)	
		9.3 Audit Findings Report (M. Rooke – Tinkham LLP)	Information	
		9.4 For Approval: Appointment of the Auditor for 2024 fiscal year (S. Califaretti, T. Bertoia)	Decision (with motion)	
10	1:40 pm (5 mins)	Register By-law Amendments – Post Graduate Training Information (C. Silver, M. Cooper) <ul style="list-style-type: none"> The Board is asked to consider approving the Register By-law Amendments relating to post-graduate training information 	Decision (with motion)	81-83
11	1:45 pm (5 mins)	Register and Member Information By-laws: Setting Effective Date (C. Silver and M. Cooper) <ul style="list-style-type: none"> The Board is asked to consider approving the proposal for making the Register and Member Information By-laws effective once the Public Register is launched 	Decision (with motion)	84-85
12	1:50 pm (10 mins)	CPSO By-laws: Setting Effective Dates (C. Silver, M. Cooper) <ul style="list-style-type: none"> The Board is asked to consider setting effective dates for pending CPSO By-law provisions and putting into effect the Academic Directors provisions 	Decision (with motion)	86-88
13	2:00 pm (20 mins)	Board Letter of Commitment (C. Allan) <ul style="list-style-type: none"> The Board is asked to consider approving the Board Letter of Commitment. 	Decision (with motion)	89-91
14	2:20 pm (20 mins)	Board Profile (Guest: D. Williams) <ul style="list-style-type: none"> The Board is asked to consider approving the Board Profile 	Decision (with motion)	92-98

Item	Time	Topic and Objective(s)	Purpose	Page No.
*	2:40 pm (20 mins)	NUTRITION BREAK		
15	3:00 pm (30 mins)	Board Self-Assessment (Guest: D. Williams) <ul style="list-style-type: none"> • Discussion on Self-Assessment pilot feedback • The Board is asked to consider approving the Board Self-Assessment 	Decision (with motion)	99-103
16	3:30 pm (20 mins)	Final Competencies for Board Leadership and Committee Positions (Guest: D. Williams) <ul style="list-style-type: none"> • The Board is asked to approve the competencies for the Board Chair, the Board Vice-Chair, Executive Committee members, Governance and Nominating Committee members and Finance and Audit Committee members 	Decision (with motion)	104-108
17	3:50 pm (30 mins)	Draft Policy for Consultation: Reporting Requirements (T. Terzis) <ul style="list-style-type: none"> • The Board is asked to consider approving the revised draft policy for consultation 	Decision (with motion)	109-131
18	4:20 pm	Adjournment Day 1 (I. Preyra)	N/A	N/A

Item	Time	Topic and Objective(s)	Purpose	Page No.
19	11:40 am (5 mins)	Call to Order (I. Preyra) <ul style="list-style-type: none"> Note regrets and declare any conflicts of interest 	Discussion	N/A
20	11:45 am (15 mins)	BOARD AWARD PRESENTATION (L. Becker) <ul style="list-style-type: none"> Celebrate the achievements of Dr. Birubi Biman, Thunder Bay 		
*	12:00 pm (60 mins)	LUNCH		
21	1:00 pm (20 mins)	Alternative Pathways to Registration for Physicians Trained in the United States and Specialist Recognition Criteria in Ontario Policies (S. Tulipano) <ul style="list-style-type: none"> The Board is asked to consider approving the changes to the existing Alternative Pathways to Registration for Physicians Trained in the United States, including Pathway A and Pathway C and Specialist Recognition Criteria in Ontario policies 	Decision (with motion)	132-141
22	1:20 pm (20 mins)	Acceptable Qualifying Examinations Policy (S. Tulipano) <ul style="list-style-type: none"> The Board is asked to consider approving the changes to the existing Acceptable Qualifying Examinations policy 	Decision (with motion)	142-144
23	1:40 pm	Close Meeting - Day 2 (I. Preyra) <ul style="list-style-type: none"> Reminder that the next meeting is scheduled on September 6, 2024 	N/A	N/A
*	1:40 pm	Meeting Reflection Session (I. Preyra) <ul style="list-style-type: none"> Share observations about the effectiveness of the meeting and engagement of Board Directors 	Discussion	N/A

**DRAFT PROCEEDINGS OF THE SPECIAL
MEETING OF THE BOARD OF DIRECTORS
February 16, 2024 @12:30 pm**



Attendees:

Dr. Baraa Achtar
Dr. Madhu Azad
Ms. Lucy Becker
Dr. Faiq Bilal (Ph.D.)
Mr. Stephen Bird
Mr. Jose Cordeiro
Ms. Joan Fisk
Mr. Murthy Ghandikota
Dr. Robert Gratton
Dr. Roy Kirkpatrick
Mr. Paul Malette
Dr. Lionel Marks de Chabris

Dr. Lydia Miljan (Ph.D.)
Dr. Rupa Patel
Mr. Rob Payne
Dr. Judith Plante
Dr. Ian Preyra (Chair)
Dr. Deborah Robertson
Mr. Fred Sherman
Dr. Andrea Steen
Dr. Janet van Vlymen
Dr. Anne Walsh
Ms. Shannon Weber

Non-Voting Academic Representatives Present:

Dr. Karen Saperson
Dr. Katina Tzanetos

Staff in Attendance:

Ms. Cameo Allan
Ms. Adrianna Bogris
Ms. Marcia Cooper
Ms. Nathalie Novak
Ms. Carolyn Silver
Ms. Heather Webb
Dr. Nancy Whitmore
Ms. Elisabeth Widner

Regrets:

Dr. Glen Bandiera
Dr. Marie-Pierre Carpentier
Mr. Markus de Domenico
Mr. Shahab Khan
Dr. Camille Lemieux
Dr. P. Andrea Lum
Dr. Carys Massarella
Mr. Peter Pielsticker
Dr. Sarah Reid (Vice-Chair)
Ms. Linda Robbins
Dr. Patrick Safieh

1. Call to Order and Introductory Remarks

I. Preyra, Board Chair, called the Special Board meeting to order at 12:30 pm.

The Board Chair delivered the land acknowledgment as a demonstration of recognition and respect for the Indigenous peoples of Canada.

Regrets were noted. There were no conflicts of interest declared.

2. Executive Committee Report to the Board

The Executive Committee Report, as set out in Appendix “A,” was provided to the Board.

3. Proposed Amendments to O. Reg. 114/94, Part XI: the Out of Hospital Premises Regulation

H. Webb, Senior Government Relations Program Lead, provided an overview of the proposed amendments to O. Reg. 114/94, Part XI: the Out of Hospital Premises Regulation that will remove certain procedures from the CPSO’s Out of Hospital Premises Inspection Program (OHPIP).

The Board was asked to approve the amendment to the OHPIP Regulation and to exempt the regulatory amendment from the requirement to circulate, pending approval from the Minister of Health.

01-B-02-2024 – Proposed Amendments to O. Reg. 114/94, Part XI: the Out of Hospital Premises Regulation

On a motion moved by L. Marks de Chabris, seconded by J. Fisk and carried, that the Board of Directors of the College of Physicians and Surgeons of Ontario approves:

1. making an amendment to Part XI of Ontario Regulation 114/94: General regarding the Out-of-Hospital Premises Program (a copy of which amendment forms Appendix “B” to the minutes of this meeting) and submitting it to the Ontario Minister of Health for review and to the Lieutenant Governor in Council for approval; and
2. exempting the regulatory amendment from the requirement under subsection 95(1.4) of the Health Professions Procedural Code to circulate it to the profession, if such exemption is approved by the Minister.

Record of each Board vote set out below on Board Motion: 01-B-02-2024 – Proposed Amendments to O. Reg. 114/94, Part XI: the Out of Hospital Regulation:

Number	Name	Vote
1.	Baraa Achar	In favour
2.	Madhu Azad	In favour
3.	Lucy Becker	In favour
4.	Faiq Bilal	In favour
5.	Stephen Bird	In favour
6.	Jose Cordeiro	In favour
7.	Joan Fisk	In favour
8.	Murthy Ghandikota	In favour
9.	Roy Kirkpatrick	In favour
10.	Paul Malette	In favour
11.	Lionel Marks de Chabris	In favour
12.	Lydia Miljan	In favour
13.	Rupa Patel	In favour
14.	Rob Payne	In favour
15.	Judith Plante	In favour
16.	Ian Preyra	In favour
17.	Deborah Robertson	In favour
18.	Fred Sherman	In favour
19.	Andrea Steen	In favour
20.	Janet van Vlymen	In favour
21.	Anne Walsh	In favour
22.	Shannon Weber	In favour

CARRIED

4. Close Meeting

I. Preyra, Board Chair, closed the meeting at 12:48 pm. The Board was reminded that the next Board meeting is scheduled for February 29 / March 1, 2024.

Board Chair

Recording Secretary

Location: Board Chamber, 80 College Street, Toronto, Ontario

Attendees:

Dr. Baraa Achar	Dr. Lionel Marks de Chabris
Dr. Madhu Azad	Dr. Lydia Miljan (Ph.D.)
Ms. Lucy Becker	Mr. Rob Payne
Dr. Faiq Bilal (Ph.D.)	Mr. Peter Pielsticker
Mr. Stephen Bird	Dr. Judith Plante
Dr. Marie-Pierre Carpentier	Dr. Ian Preyra (Board Chair)
Mr. Jose Cordeiro	Dr. Sarah Reid (Board Vice-Chair)
Mr. Markus de Domenico	Ms. Linda Robbins
Ms. Joan Fisk	Dr. Deborah Robertson
Mr. Murthy Ghandikota	Dr. Patrick Safieh
Dr. Robert Gratton	Mr. Fred Sherman
Dr. Roy Kirkpatrick	Dr. Andrea Steen
Dr. Camille Lemieux	Dr. Janet van Vlymen
Mr. Paul Malette	Dr. Anne Walsh

Non-Voting Academic Representatives on the Board Present:

Dr. Katina Tzanetos
Dr. P. Andrea Lum
Dr. Karen Saperson

Regrets:

Dr. Glen Bandiera
Mr. Shahab Khan
Dr. Carys Massarella
Dr. Rupa Patel
Ms. Shannon Weber
Dr. Mitchell Whyne

Guest:

Ms. Deanna Williams

1. Call to Order and Welcoming Remarks

I. Preyra, Board Chair, called the meeting to order at 1:00 pm. The Board Chair welcomed Directors and staff to the Board of Directors meeting and acknowledged members of the public in attendance.

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

The Board Chair welcomed the new Public Director, S. Bird, to his first Board meeting. Meeting regrets were noted.

2. Consent Agenda

I. Preyra provided an overview of the items listed on the Consent Agenda for approval.

01-B-02-2024 – Consent Agenda

The following motion was moved by L. Miljan, seconded by J. van Vlymen and carried, that:

The Board of Directors 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 February 29 and March 1, 2024;

2.2 The minutes from the meeting of Council held December 7 and 8, 2023;

2.3 Register By-laws: Putting subset of provisions into effect as set out below:

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

1. puts into force, effective March 1, 2024, the provisions in By-law No. 158 (Register and Member Information By-laws) relating to the following content on the CPSO public register:
 - Hospital privileges and notices regarding hospital privileges (Sections 2(1)10 and 11 of By-law No. 158);
 - QAC SCERPS¹ (revocation of Sections 49(1) 25.1, 25.3 and 25.3 of the General By-law);
 - Applications for reinstatement of registration (Sections 2(1)23 and 24 of By-law No. 158);
 - Applications to vary, suspend or cancel an order of the OPSDT Order (Section 2(1)25 of By-law No. 158); and
 - Charges in other jurisdictions (Section 2(1)26 of By-law No. 158); and

¹ Specified Continuing Education or Remediation Program

2. permits and directs CPSO legal counsel to make the necessary or appropriate changes to the General By-law and to By-law 158 that do not change the intent of the General By-law or By-law No. 158 to effect the foregoing, and such changes shall have full force and effect without the need to have a further motion by the Board approving them.

2.4 Committee Appointment

The Board of Directors of the College of Physicians and Surgeons of Ontario appoints Mr. Markus de Domenico to the Registration Committee, the Fitness to Practise Committee (FTP), and the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) for a term effective February 29, 2024 and expiring at the close of the Annual Organizational Meeting of the Board of Directors in 2026.

CARRIED

3. For Information

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

- 3.1 Executive Committee Report – report provided at the February 16th Special Board Meeting
- 3.2 Ontario Physicians and Surgeons Discipline Tribunal Cases
- 3.3 Government Relations Report
- 3.4 Policy Report
- 3.5 Medical Learners Report – Ontario Medical Students Association (OMSA) and Professional Association of Residents of Ontario (PARO)
- 3.6 Update on Board Action Items
- 3.7 2023 College Performance Measurement Framework

4. Chief Executive Officer / Registrar's Report

N. Whitmore, Chief Executive Officer and Registrar, presented her report to the Board. She provided an overview of the 2023 Key Performance Indicators noting that all targets have been met. She also provided an update on the 2024 key performance indicators, targets, and metrics.

An overview of the following departments and programs was provided:

- Registration and Membership Services;
- Quality Improvement Programs;
- Out of Hospital Premises Inspection Program;
- Integrated Community Health Services Centres (ICHSCs);
- Patient & Public Help Centre;
- Legal;
- Ontario Physicians and Surgeons Discipline Tribunal (OPSDT);
- Policy/Government Relations.

5. Board Chair Report and Emerging Issues

I. Preyra, Board Chair, presented his report to the Board focusing on governance and functioning of the Board.

6. Governance and Nominating Committee Report

R. Gratton, Chair of Governance and Nominating Committee (GNC), provided an update from the January 16, 2024 GNC meeting.

7. Register By-laws: Post Graduate Training Information

C. Silver, Chief Legal Officer, and M. Cooper, Senior Corporate Counsel and Privacy Officer, provided an overview of the proposed Register By-law amendments. The proposed amendments provide for posting Ontario post-graduate training information on the public register. It was noted that the amendments require circulation to the profession before final approval.

02-B-02-2024 – For Circulation: Register and Member Information By-laws Amendments re Post-Graduate Training Information

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

The Board of Directors of the College of Physicians and Surgeons of Ontario proposes to amend By-law No. 158 (Register and Member Information By-laws) as set out below, after circulation to stakeholders:

1. Section 2(1) of By-law No. 158 is amended by adding the following paragraph:

31. A description of the postgraduate training in Ontario for each member who holds a certificate of registration authorizing postgraduate education.

CARRIED

8. By-law Amendment regarding Governance and Nominating Committee (GNC) elections and amendments for clarification

C. Silver, Chief Legal Officer, and M. Cooper, Senior Corporate Counsel and Privacy Officer, provided an overview of the by-law amendment regarding the Governance and Nominating Committee elections and amendments for clarification. It was noted that the amendments made to the by-laws were in response to feedback about how nominees for the GNC election would be determined, and the proposed by-law revisions reflect that there will be open elections for the GNC positions. The proposed By-law changes are not required to be circulated to the profession before approval.

03-B-02-2024 – By-law Amendments regarding Governance and Nominating Committee elections and amendments for clarification

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

The Board of Directors of the College of Physicians and Surgeons of Ontario revokes By-law No. 168 (the CSPO By-laws) and substitutes it with the revised By-law No. 168 set out in Appendix “A” to this motion.

CARRIED

9. Draft Board Profile

D. Williams, Governance consultant, provided an overview of the draft Board Profile, which includes desired behavioural competencies, unique skills and experience and professional and practice experience. The Board discussed the draft Board Profile.

04-B-02-2024 – Draft Board Profile

The following motion was moved by R. Payne, seconded by J. Plante and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the draft Board Profile as the basis for developing the final 2024 Board Profile (a copy of which forms Appendix “B” to the minutes of this meeting).

CARRIED

10. Changes to Registration Policy Directives

S. Tulipano, Director, Registration and Membership Services, provided an overview of the changes to the proposed Directives to the Registrar with respect to the “Acceptable Qualifying Examinations” and “CFPC Without Examination” Policies. It was noted that this change enables staff to issue licenses if the applicant meets the set out requirements without the further step of requiring Registration Committee approval.

05-B-02-2024 – New Registration Policy Directives for Final Approval – “Acceptable Qualifying Directive” and “CFPC Without Examination Directive”

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

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the new registration policy directives, “*Acceptable Qualifying Examination Directive*” and “*CFPC Without Examination Directive*”, as directives of the College (copies of which form Appendix “C” and Appendix “D” to the minutes of this meeting).

CARRIED

11. Discontinue print version of *Dialogue*

A. Chopra, Associate Registrar, provided an overview of discontinuing the publication of *Dialogue* in print format. The benefits and risks of discontinuing the publication in print format were shared with the Board. Following discussion, the Board expressed support for discontinuing the print version of *Dialogue* and discussed other opportunities for sharing e-*Dialogue*.

12. Options for renaming “Doctor Search”

N. Novak, Chief Operating Officer, provided an overview of upcoming work to modernize the public register. It was recommended to rename the existing “*Doctor Search*.” The Board was polled and the option to rename “Doctor Search” to “Physician Register” was selected.

06-B-02-2024 – Renaming “Doctor Search”

The following motion was moved by D. Robertson, seconded by J. Fisk and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario approves renaming the public register access mechanism on the College website, currently named “Doctor Search”, to “*Physician Register*” effective when the new public register access mechanism is launched on the College website.

CARRIED

13. Adjournment - Day 1

I. Preyra, Board Chair, adjourned day 1 of the Board Meeting at 4:15 pm.

Board Chair

Recording Secretary

DRAFT PROCEEDINGS OF THE MEETING OF THE CPSO BOARD OF DIRECTORS
March 1, 2024

Attendees:

Dr. Baraa Achar	Dr. Carys Massarella
Dr. Madhu Azad	Dr. Lydia Miljan (Ph.D.)
Ms. Lucy Becker	Mr. Rob Payne
Dr. Faiq Bilal (Ph.D.)	Mr. Peter Pielsticker
Mr. Stephen Bird	Dr. Judith Plante
Dr. Marie-Pierre Carpentier	Dr. Ian Preyra (Board Chair)
Mr. Jose Cordeiro	Dr. Sarah Reid (Board Vice-Chair)
Mr. Markus de Domenico	Ms. Linda Robbins
Ms. Joan Fisk	Dr. Deborah Robertson
Mr. Murthy Ghandikota	Dr. Patrick Safieh
Dr. Robert Gratton	Mr. Fred Sherman
Dr. Roy Kirkpatrick	Dr. Andrea Steen
Dr. Camille Lemieux	Dr. Janet van Vlymen
Mr. Paul Malette	Dr. Anne Walsh
Dr. Lionel Marks de Chabris	Ms. Shannon Weber

Non-Voting Academic Representatives on the Board Present:

Dr. Katina Tzanetos (*partial attendance*)
Dr. P. Andrea Lum
Dr. Karen Saperson

Regrets:

Dr. Glen Bandiera
Mr. Shahab Khan
Dr. Rupa Patel
Dr. Mitchell Whyne

Guest:

Ms. Deanna Williams

14. Call to Order

I. Preyra, Board Chair, called the meeting to order at 11:45 am. He welcomed everyone back to the Board meeting and noted regrets. It was noted that L. Marks de Chabris has declared a conflict of interest with respect to item 17: Revised draft Conflicts of Interest and Industry Relationships Policy for Final Approval and will be excused from the meeting for this item.

15. Board Award Presentation

J. van Vlymen, Director, presented the Board Award to Dr. Madura Sundareswaran of Peterborough. Dr. Sundareswaran was recognized as a leader on local and provincial health system issues.

16. New Draft Policy for Consultation: Infection Prevention and Control for Clinical Office Practice

M. Azad, Director and Policy Working Group member, and C. Brown, Senior Policy Analyst, provided an overview of the new Infection Prevention and Control for Clinical Office Practice policy. The policy provides an overview of Infection Prevention and Control (IPAC) best practices and is based on Public Health Ontario's Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDAC-IPC). It was noted that the new IPAC for Clinical Office Practice aligns with the new Out-of-Hospital Premises Standards. The Board discussed the new policy and provided feedback which will be considered as part of the consultation process.

07-B-03-2024 – Draft Policy for Consultation – Infection Prevention and Control for Clinical Office Practice

The following motion was moved by S. Reid, seconded by F. Bilal and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario engage in the consultation process in respect of the draft policy, "Infection Prevention and Control for Clinical Office Practice," (a copy of which forms Appendix "E" to the minutes of this meeting).

CARRIED

L. Marks de Chabris departs the meeting due to a conflict of interest.

17. For Final Approval: Revised draft Conflicts of Interest and Industry Relationships Policy

K. Saperson, Academic Representative and Policy Working Group Chair, and H. Webb, Senior Government Relations Program Lead, provided an overview of the revised draft Conflicts of Interest and Industry Relationships policy.

08-B-03-2024 – Revised Policy for Final Approval – Conflicts of Interest and Industry Relationships

The following motion was moved by P. Safieh, seconded by M. Ghandikota and carried, that:

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the revised policy “*Conflicts of Interest and Industry Relationships*”, formerly titled “*Physicians’ Relationships with Industry: Practice, Education and Research*”, as a policy of the College (a copy of which forms Appendix “F” to the minutes of this meeting).

CARRIED

L. Marks de Chabris rejoined the meeting.

18. For Approval: Draft Board Self-Assessment

D. Williams, Governance Consultant, provided an overview of the draft Board Self-Assessment process. The Board discussed the rating scale and voted in favour of a four-point scale for Behavioural Competencies and a four-point scale for Unique Skills and Experience.

09-B-03-2024 – For Approval – Draft Board Self-Assessment

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

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the draft Board Self-Assessment as the basis for developing the final 2024 Board Self-Assessment (a copy of which forms Appendix “G” to the minutes of this meeting).

CARRIED

Motion to go in-camera

The following motion was moved by R. Kirkpatrick, seconded by J. Fisk and carried, that:

10-B-03-2024 – Motion to Go In-Camera

The Board of Directors² 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 clause(s) 7(2)(b), (d), and (e) 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,

² 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*.

(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; and

(e) instructions will be given to or opinions received from the solicitors for the College.

CARRIED

19. In-camera Session

The Board of the College of Physicians and Surgeons of Ontario entered into an in-camera session at 2:20 pm and returned to the open session at 3:00 pm to close the meeting.

20. Close Meeting - Day 2

I. Preyra, Board Chair, recognized P. Pielsticker's contributions to advancing the work of the Board and the Committees he served over the past nine years. P. Pielsticker's term will end March 31, 2024. He then closed the Board meeting at 3:00 pm. The next Board meeting is scheduled on May 30 and 31, 2024.

Board Chair

Recording Secretary

Title:	Committee Re-appointment (For Decision)
Main Contact:	Caitlin Ferguson, Governance Coordinator
Question for Board:	Does the Board wish to appoint the individual as laid out in this briefing note?

Purpose

- The Board of Directors is asked to re-appoint Dr. Catherine Smyth to the Premises Inspection Committee for a shortened term in order to correct a historical clerical error.

Current Status and Analysis

- Dr. Catherine Smyth was initially appointed to the Premises Inspection Committee (PIC) in September 2021, for a three-year term ending in September 2024.
- Section 7.6.2 of the CPSO By-Laws states that “the term of office of a committee member automatically expires at the third Annual Organizational Meeting (AOM) of the Board which occurs after the appointment or at such earlier time as the Board specifies in the appointment.”
- Following Dr. Smyth’s appointment in September 2021, AOMs occurred in December 2021, 2022, and 2023. Governance Staff noticed this error during succession planning conversations in Spring 2024 and determined that Dr. Smyth must be re-appointed in order to continue participating in Committee work.
- PIC Committee Support has contacted Dr. Smyth and confirmed her willingness to continue serving.
- The Governance Office is recommending a six-month re-appointment for Dr. Smyth, from the May 30, 2024 meeting of the Board of Directors until the AOM in November 2024, with the intention for a further re-appointment in November 2024 to align with all Committee re-appointments being brought to the September Board meeting.
- Dr. Smyth’s appointment from 2021 is the last ‘off-cycle’ appointment where the expiration date is not aligned with the AOM for that calendar year. Going forward, all committee appointments will end with the AOM, and this issue will not arise again.

Board Motion

Motion Title	For Approval - Consent Agenda
Date of Meeting	May 30, 2024

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

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

- 2.1 The Board meeting agenda for May 30 and 31, 2024;**
- 2.2 The draft minutes from the Special Board meeting held February 16, 2024 and the draft minutes from the Board meeting held on February 29 and March 1, 2024;**
- 2.3 Committee Re-Appointment**

The Board of Directors of the College of Physicians and Surgeons of Ontario re-appoints Dr. Catherine Smyth to the Premises Inspection Committee effective May 30, 2024, and expiring at the close of the Annual Organizational Meeting of the Board of Directors in November 2024.

MAY 2024

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

Purpose

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

Executive Committee – April 9, 2024

02-EX-April-2024 On a motion moved by S. Reid, seconded by P. Safieh and carried, that the Executive Committee approves on behalf of the Board the appointment of Mr. Stephen Bird to the Ontario Physicians and Surgeons Discipline Tribunal and the Fitness to Practise Committee for a term effective April 9, 2024, and ending with the Annual Organizational Meeting of the Board of Directors in December 2025.

Contact: Ian Preyra, Board Chair
 Carolyn Silver, Chief Legal Officer

Date: May 10, 2024

Title:	Ontario Physicians and Surgeons Discipline Tribunal Report of Completed Cases February 9, 2024 – May 10, 2024 (For Information)
Main Contact:	Dionne Woodward, Tribunal Counsel

Purpose

- This report summarizes reasons for decision released between February 9 and May 10, 2024 by the Ontario Physicians and Surgeons Discipline Tribunal. It includes reasons on discipline hearings (liability and/or penalty), costs hearings, motions and case management issues brought before the Tribunal.

Current Status and Analysis

In the period reported, the Tribunal released 10 reasons for decision:

- 7 reasons on findings (liability) and penalty
- 1 set of reasons on penalty only
- 2 reasons on motions

Findings

Liability findings included:

- 7 findings of disgraceful, dishonorable or unprofessional conduct
- 3 findings of failure to maintain the standard of practice of the profession
- 1 finding of failing to respond appropriately or within a reasonable time to a written inquiry from the College
- 2 findings of contravening term, condition or limitation on certificate of registration

Penalty

Penalty orders included:

- 8 reprimands
- 7 suspensions
- 1 revocation
- 6 impositions of terms, conditions or limitations on the physician's Certificate of Registration

Costs

The Tribunal imposed a costs order on the physician in all penalty reasons, the highest of which was \$177,920

TABLE 1: TRIBUNAL DECISIONS – FINDINGS (February 9, 2024 to May 10, 2024)

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
2024 ONPSDT 7	Mercado	Feb. 27, 2024			X		
2024 ONPSDT 8	Thomas	Feb. 27, 2024			X		
2024 ONPSDT 10	Bahrami	March 11, 2024			X	X	
2024 ONPSDT 11	Li	March 28, 2024		X	X	X	
2024 ONPSDT 12	Hwang	April 3, 2024		X	X		- Failing to respond appropriately or within a reasonable time to the College
2024 ONPSDT 13	Kozerawski	April 8, 2024			X	X	
2024 ONPSDT 16	Ladhani	April 29, 2024			X		

TABLE 2: TRIBUNAL DECISIONS – PENALTIES (February 9, 2024 to May 10, 2024)

Citation and hyperlink to published reasons	Physician	Date of reasons	Penalty (TCL = Terms, Conditions or Limitations)	Length of suspension in months	Costs
2024 ONPSDT 7	Mercado	Feb. 27, 2024	Reprimand, suspension	4 months	\$6000
2024 ONPSDT 8	Thomas	Feb. 27, 2024	Reprimand, TCL, suspension	5 months	\$6000
2024 ONPSDT 10	Bahrami	March 11, 2024	Reprimand, TCL, suspension	3 months	\$6000
2024 ONPSDT 11	Li	March 28, 2024	Reprimand, TCL, suspension	12 months	\$6000
2024 ONPSDT 12	Hwang	April 3, 2024	Reprimand, TCL, suspension, proof of compliance with College undertaking prior to return to practice	12 months	\$6000
2024 ONPSDT 13	Kozerawski	April 8, 2024	Reprimand, TCL, suspension	8 months	\$6000
2024 ONPSDT 15	McInnis	April 18, 2024	Reprimand, revocation, funding for therapy and counselling (\$35,880)		\$177,920
2024 ONPSDT 16	Ladhani	April 29, 2024	Reprimand, TCL, suspension	2 months	\$6,000

TABLE 3: TRIBUNAL DECISIONS - MOTIONS AND CASE MANAGEMENT (February 9, 2024 to May 10, 2024)

Citation and hyperlink to published reasons	Physician(s)	Date of reasons	Motion/Case management outcome	Nature of motion/case management issue
2024 ONPSDT 9	Tan	February 29, 2024	The physician’s motion to reopen 2021 case based on fresh evidence was dismissed.	<p>In 2021, the Tribunal found that the physician committed sexual abuse. The physician’s license was revoked.</p> <p>The physician asked the Tribunal to reopen the 2021 case based on fresh evidence. This motion was dismissed. The Tribunal does not have authority to review or reconsider a final decision, nor can it reverse a prior finding.</p>
2024 ONPSDT 14	Kustka	April 9, 2024	The Tribunal dismissed the patients’ request to participate in the physician’s motion to dismiss the allegations against her, in order to assert their privacy rights.	Motion dismissed in light of Divisional Court and Court of Appeal decisions that patients do not have a reasonable expectation of privacy in their medical records in relation to the College, thus precluding the arguments the patients wished the make.

Title:	Government Relations Report (For Information)
Main Contact:	Heather Webb, Senior Government Relations Program Lead

Legislative Update

- The Legislature has been sitting since February 20 and is scheduled to recess on June 13.
 - On May 6, Bill 190, the [Working for Workers Five Act, 2024](#) was introduced. It will, among other things, prohibit employers from requiring a sick note from a qualified health practitioner.
- Recently, the dominant health care issue for government has been the negotiation of the Physician Services Agreement with the Ontario Medical Association. The government's [position](#) in these negotiations – that recruitment and retention of physicians in Ontario is “not a major concern” – has attracted considerable attention and criticism. (This argument is consistent with government's [internal position](#) that there is no overall shortage of physicians in the province, although appropriate distribution is an issue, both in terms of specialty mix and geographic location.)
- Two by-elections were held on May 2, in Lambton-Kent-Middlesex and Milton, with PC party candidates holding on to both ridings.

Current Status and Analysis

- **NP funding:** Fee-for-service clinics run by nurse practitioners (NPs) continue to pop up throughout the province, as both provincial and federal governments consider how to respond to complaints that they are inconsistent with the spirit of the *Canada Health Act*. NPs in these clinics charge patients for services that, were they provided by a physician, would be insured services under OHIP.
 - The Ontario government has [asked](#) the federal government to “instruct” the provinces to add NPs to provincial health insurance programs as part of a “national solution” to the issue. The federal government has [committed](#) to issuing an “interpretation letter” on the issue “soon”.
 - In the meantime, provincial Health Minister Sylvia Jones has asked Ministry staff for options on how to bring NPs into the publicly funded system.
- **Regulatory Registry postings and changes:** The [College of Nurses of Ontario](#) is consulting on a renewed proposal to amend education registration requirements, so that the relevant nursing degree (for RNs) or nursing diploma (for RPNs) can be approved or recognized from “any jurisdiction”.
 - The [Ministry of Long-Term Care](#) is consulting on regulatory changes that will formalize on a long-term basis the role of “resident support personnel” in long-term care homes.
 - The [College of Midwives of Ontario](#) is consulting on scope of practice changes to expand the list of tests they can requisition, as well as point-of-care testing.
 - [A new regulation](#) also expands the list of drugs and substances that midwives can independently prescribe and administer, including hormonal contraceptives, expanded analgesia, additional antibiotics, and routine vaccines that clients receive during pregnancy.
- **Physician Assistant (PA) regulation:** The anticipated timelines for PA regulation implementation appear to have shifted beyond 2024. While internal operational work continues, it is not clear at this time when the regulations will receive Cabinet approval. Staff continue to work with the Ministry to determine next steps. The Board will receive a further update at the May meeting.
- **Public member update:** With the appointment of a new public member at the end of March, CPSO is sitting with 14 public members on the Board.

Title:	Policy Report (For Information)
Main Contact:	Tanya Terzis, Manager, Policy
Attachment:	Appendix A: Policy Status Report

Purpose

- An update on recent policy-related activities is provided to the Board for information.

Current Status and Analysis

- Three policy consultations launched following the February/March 2024 Board meeting:

Consultation Responses	Feedback Overview
Preliminary: Accepting New Patients ¹ 108 responses received ²	<ul style="list-style-type: none"> While there was support for many of the existing policy expectations, many respondents felt that the “first-come, first-served” approach to accepting new patients may not be fair or equitable, may inadvertently disadvantage some patients, and further contribute to physicians’ burnout and moral injury. Physician respondents expressed their desire to take on more patients but also cited a desire to balance their practice based on patient need, noting their concerns about their limited capacity to manage more high-needs patients. Suggestions from respondents were to clarify the current expectations around introductory meetings (“meet and greets”), communication with patients, and approaches to patient triage and prioritization.
Preliminary: Ending the Physician-Patient Relationship 112 responses received ³	<ul style="list-style-type: none"> While most respondents agreed that the current policy is clearly written and easy to understand, many respondents felt that the current policy does not address all relevant issues related to ending the physician-patient relationship or set out reasonable expectations for physicians. Many physician respondents were concerned about fulfilling the policy expectations when the patient exhibits abusive or threatening behaviour. Suggestions from respondents included clarifying and expanding upon existing expectations around appropriate reasons to end the physician-patient relationship, notifying patients that the physician-patient relationship has ended, and providing interim care once the relationship has ended.
General: Infection Prevention and Control for Clinical Office Practice 516 responses received ⁴	<ul style="list-style-type: none"> The majority of respondents strongly agreed that it is important to set out expectations for infection prevention and control (IPAC) for clinical office practice and agreed that the key areas highlighted in the policy are the most high-risk areas of IPAC. The consultation received a large number of comments from members of the public requesting the policy require additional protections against airborne transmission of disease, including universal masking, air filtration, and monitoring of CO2 levels. Other respondents suggested some additional areas that the policy should expand on, including patient screening, needle safety, and quality assurance.

- The status of ongoing policy development and reviews, including the last reviewed dates and targets for completion, is presented for the Board’s information (**Appendix A: Policy Status Report**).

¹ A preliminary consultation refers to consulting on an existing policy and a general consultation refers to consulting on a draft policy.

² Organizational respondents included the College of Nurses of Ontario (CNO) and the Ontario Medical Association (OMA).

³ Organizational respondents included CNO, the OMA, and the Professional Association of Residents of Ontario (PARO).

⁴ Organizational respondents included the Canadian Aerosol Transmission Coalition, Canadian Covid Society, CNO, College of Physicians and Surgeons of Alberta, Listowel Clinic Family Health Organization, the Ministry of Labour, Immigration, Training and Skills Development (Occupational Health and Safety Branch), Ontario Federation of Labour, the OMA, Ontario Society of Professional Engineers, and York Region Public Health (IPAC Team).

Appendix A: Policy Status Report – May 2024 Board

Table 1: Current Reviews

Policy	Launch	Stage of Policy Review Cycle						Target Comp.	Notes
		Prelim. Consult	Analysis/ Drafting	Approval to Consult	Consult on Draft Policy	Revising Draft Policy	Final Approval		
<u>Cannabis for Medical Purposes</u>	Apr-24	✓						2025	
<u>Infection Prevention and Control for Clinical Office Practice</u>	Feb-24					✓		2026	This is a new policy that has been developed.
<u>Accepting New Patients</u>	Feb-24		✓					2026	
<u>Ending the Physician-Patient Relationship</u>	Feb-24		✓					2026	
<u>Physician Treatment of Self, Family Members, or Others Close to Them</u>	Dec-23		✓					2025	
<u>Consent to Treatment</u>	Dec-23		✓					2025	
<u>Physician Behaviour in the Professional Environment</u>	Mar-23					✓		2024	The draft has been retitled to <u>Professional Behaviour</u> .
<u>Practice Guide</u>	Dec-22					✓		2024	The draft has been retitled <u>Principles of Medical Professionalism</u> .
<u>Mandatory and Permissive Reporting</u>	Jun-22			✓				2024	The draft has been retitled <u>Reporting Requirements</u> .

Appendix A: Policy Status Report – May 2024 Board

Table 2: Policy Review Schedule

Policy	Reviewed	Policy	Reviewed
<u>Conflicts of Interest and Industry Relationships</u>	2024	<u>Protecting Personal Health Information</u>	2020
<u>Medical Assistance in Dying</u>	2023	<u>Disclosure of Harm</u>	2019
<u>Human Rights in the Provision of Health Services</u>	2023	<u>Prescribing Drugs</u>	2019
<u>Decision-Making for End-of-Life Care</u>	2023	<u>Boundary Violations</u>	2019
<u>Dispensing Drugs</u>	2022	<u>Availability and Coverage</u>	2019
<u>Virtual Care</u>	2022	<u>Managing Tests</u>	2019
<u>Social Media</u>	2022	<u>Transitions in Care</u>	2019
<u>Complementary and Alternative Medicine</u>	2021	<u>Walk-in Clinics</u>	2019
<u>Professional Responsibilities in Medical Education</u>	2021	<u>Closing a Medical Practice</u>	2019
<u>Third Party Medical Reports</u>	2021	<u>Ensuring Competence: Changing Scope of Practice and Re-entering Practice</u>	2018
<u>Delegation of Controlled Acts</u>	2021	<u>Public Health Emergencies</u>	2018
<u>Advertising</u>	2020	<u>Uninsured Services: Billing and Block Fees</u>	2017
<u>Medical Records Management</u>	2020	<u>Providing Physician Services During Job Actions</u>	2014
<u>Medical Records Documentation</u>	2020		

Ontario Medical Students' Association CPSO Council Update May 30-31, 2024

Presented by:
Jeeventh Kaur, President
Maxim Matyashin, President-Elect



Thank you once again to the CPSO for inviting representatives from the Ontario Medical Students Association (OMSA) to observe and participate in your Council meeting.

OMSA represents the interests and concerns of Ontario's 4,000+ medical students, and is entrusted with advocating for changes in education, health policy, and care delivery that will benefit the future physicians of Canada and the communities that we serve.

Over 100 students participate in OMSA across its 23 committees and 8 portfolios, and all have been hard at work during OMSA's busy Spring period. Some highlights since our last update in March:

- 1. Day of Action on Mental Health Access:** Our annual provincial Day of Action was held at Queen's Park in late April. Students from all 6 medical schools across the province met with MPPs to advocate for improvements to mental health care access for all Ontarians.
- 2. Award Recognition and Grants:** Students were successfully selected for OMSA's Art of Medicine Award, Student Recognition Award, and Medical Student Education Research Grants. OMSA also instituted a new awards program, the President's Awards, to honour committee members who made outstanding contributions to OMSA during their terms.
- 3. Leadership Summit and Annual General Meeting:** OMSA once again broke its record with over 100 students participating in the 2024 Leadership Summit and Annual General Meeting, held on May 11-12 in downtown Toronto. Delegates learned about leadership in medicine from our distinguished speakers and creative workshops. The 2024-2025 Executive Board was also elected.
- 4. Completion of the 2024-2028 Strategic and Financial Plan:** Having reached the end of the mandate of its 2020-2024 Strategic and Financial Plan this year, OMSA undertook a year-long effort to determine our organization's priorities over the next 5 years. The renewal of this plan was successfully completed this Spring.

Thank you for welcoming medical students to the table and we look forward to continuing to work together.

Sincerely,

Jeeventh Kaur
President, OMSA
president@omsa.ca

Maxim Matyashin
President-Elect, OMSA
president_elect@omsa.ca



PARO Update to CPSO May 2024

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

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

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

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

We are pleased to submit this update on PARO.

PARO Site Teams

We are extremely proud at PARO of the incredible groundbreaking work our PARO Site Teams have done to deliver on our strategic plan and I am happy to share some of that work with you.

Toronto

- During Resident Doctors Appreciation over 600 virtual cards of gratitude were delivered to residents; more than double what was circulated last year.
- Toronto continues to collaborate with the University to launch a Safe Ride Home Program. A fantastic example of how we build on successes across the sites. Since its inception at NOSM, we now have Safe Ride Home Programs rollout across the province.

Queen's:

- The Queen's team has worked extremely hard at completing call room reviews at primary and DME sites. This is a key initiative under PARO's Optimal Working Conditions pillar, recognizing the importance of appropriately appointed call rooms to fatigue management.
- Queen's Resident Appreciation Coffee initiative reached over 153 residents, including at DME sites.

Ottawa:

- Our Ottawa team has hosted several exciting events for Ottawa residents, including Ice Cream rounds, Drag Brunch & Hot Yoga. They are holding a full PARO Wellness Half Day this Spring.
- The team has been diligently preparing for the upcoming onsite Accreditation review in May - actively promoting the RPQ and co-hosting two highly

successful Accreditation workshops to ensure Ottawa members are prepared to fully engage in the accreditation process and make the most of the opportunities that accreditation can bring.

McMaster

- The Team provided over 500 residents with coffee during Resident Appreciation, including at DME sites. That's a significant portion of residents at the site!
- Leveraging the excellent working relationship with hospital administration & PGME, the McMaster team has had great success in resolving call room key availability & return issues; a testament to the solutions-oriented approach our stakeholders expect of PARO.

NOSM

- NOSM held an excellent variety of events for local members, including a virtual provincial trivia event to bring together residents from across the province.
- We've had NOSM members reach out to tell us how much they've appreciated these opportunities to connect and unwind outside of work.
- Our team has been gaining momentum again with regards to housing access in the north. PGME is returning focus to resident housing and is expanding their task force to have its own section as a result of our NOSM team's advocacy.

Western

- Our Western reps are making great progress on the Non-Urgent Paging Pilot, working collaboratively with Nurse Educators to incorporate resident feedback into training communications for nurses, and to promote best practices to reduce overnight non-urgent pages for residents. A fantastic example of our local work to optimize working conditions for our members, and the value of relationship building with the extended healthcare team.
- The Western team held 4 successful events during Resident Appreciation, including at a DME site. In total, we hosted over 140 residents to provide opportunities to socialize, bond and be appreciated.

This local work is at the heart of what PARO does.

Toronto Metropolitan University

The new Ontario Medical School, the Toronto Metropolitan University is in the process of seeking accreditation for programs, with residents to begin training July 2025. They have been in close contact with PARO since February 2023 – to gain from our input, as an organization and from our residents' experience. As we did when NOSM was created more than 20 years ago, we are able to help them prepare by our sharing of best practices on a wide spectrum of issues.

PARO-OTH Collective Agreement

Our current Collective Agreement expired on June 30, 2023. We had agreed with the Employer that we would commence the new contract negotiation process once the Bill 124 reopener was complete, and now that it is complete, we are moving forward with our negotiations for our next agreement. Until the new contract is ratified, the 2020-2023 PARO-OTH Collective Agreement remains in effect.

Kind Regards,

Pooya Dibajnia, MD
PARO Board of Directors

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

Purpose

- To promote accountability and ensure that the Board is informed about the status of its decisions, an update on the implementation of the Board’s decisions is provided below.

Current Status

- The Board held a Special virtual meeting on February 16, 2024. The motion carried, and the implementation status of the decision is outlined in Table 1.

Table 1: Board Decisions from the February 16, 2024 Special Meeting

Reference	Motions Carried	Status
<u>01-B-02-2024</u>	<p><u>Proposed Amendments to O. Reg. 114/94, Part XI: the Out of Hospital Premises Regulation</u></p> <p>On a motion moved by L. Marks de Chabris, seconded by J. Fisk and carried, that the Board of Directors of the College of Physicians and Surgeons of Ontario approves:</p> <ol style="list-style-type: none"> making an amendment to Part XI of Ontario Regulation 114/94: General regarding the Out-of-Hospital Premises Program (a copy of which amendment forms Appendix “B” to the minutes of this meeting) and submitting it to the Ontario Minister of Health for review and to the Lieutenant Governor in Council for approval; and exempting the regulatory amendment from the requirement under subsection 95(1.4) of the Health Professions Procedural Code to circulate it to the profession, if such exemption is approved by the Minister. <p style="text-align: center;"><u>CARRIED</u></p> <p><u>Record of each Board vote set out in the minutes: 01-B-02-2024 – Proposed Amendments to O. Reg. 114/94, Part XI: the Out of Hospital Regulation:</u></p> <p>The vote was recorded, and the results were captured in the minutes.</p>	Completed.

- The Board held a meeting on February 29 and March 1, 2024. The motions carried, and the implementation status of those decisions are outlined in Table 2.

Table 2: Board Decisions from the February/March Meeting

Reference	Motions Carried	Status
01-B-02-2024	<p>Consent Agenda</p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves items 2.1 to 2.4 outlined in the consent agenda, which include in their entirety:</p> <p style="padding-left: 40px;">2.1 The Board meeting agenda for February 29 and March 1, 2024;</p> <p style="padding-left: 40px;">2.2 The minutes from the meeting of Council held December 7 and 8, 2023;</p> <p style="padding-left: 40px;">2.3 Register By-laws: Putting subset of provisions into effect as set out below:</p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario:</p> <ol style="list-style-type: none"> 1. puts into force, effective March 1, 2024, the provisions in By-law No. 158 (Register and Member Information By-laws) relating to the following content on the CPSO public register: <ul style="list-style-type: none"> • Hospital privileges and notices regarding hospital privileges (Sections 2(1)10 and 11 of By-law No. 158); • QAC SCERPS¹ (revocation of Sections 49(1) 25.1, 25.3 and 25.3 of the General By-law); • Applications for reinstatement of registration (Sections 2(1)23 and 24 of By-law No. 158); • Applications to vary, suspend or cancel an order of the OPSDT Order (Section 2(1)25 of By-law No. 158); and • Charges in other jurisdictions (Section 2(1)26 of By-law No. 158); and 2. permits and directs CPSO legal counsel to make the necessary or appropriate changes to the General By-law and to By-law 158 that do not change the intent of the General By-law or By-law No. 158 to effect the foregoing, and such changes shall have full force and effect without the need to have a further motion by the Board approving them. <p>2.4 Committee Appointment</p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario appoints Mr. Markus de Domenico to the Registration Committee, the Fitness to Practise Committee (FTP), and the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) for a</p>	Completed.

¹ Specified Continuing Education or Remediation Program

Reference	Motions Carried	Status
	<p>term effective February 29, 2024 and expiring at the close of the Annual Organizational Meeting of the Board of Directors in 2026.</p> <p style="text-align: center;"><u>CARRIED</u></p>	
<u>02-B-02-2024</u>	<p><u>For Circulation: Register and Member Information By-laws Amendments re Post-Graduate Training Information</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario proposes to amend By-law No. 158 (Register and Member Information By-laws) as set out below, after circulation to stakeholders:</p> <ol style="list-style-type: none"> 1. Section 2(1) of By-law No. 158 is amended by adding the following paragraph: 31. A description of the postgraduate training in Ontario for each member who holds a certificate of registration authorizing postgraduate education. <p style="text-align: center;"><u>CARRIED</u></p>	Circulation period complete. This is on the May Board agenda for final approval.
<u>03-B-02-2024</u>	<p><u>By-law Amendments regarding Governance and Nominating Committee elections and amendments for clarification</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario revokes By-law No. 168 (the CSPO By-laws) and substitutes it with the revised By-law No. 168 set out in Appendix "A" to this motion.</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.
<u>04-B-02-2024</u>	<p><u>Draft Board Profile</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves the draft Board Profile as the basis for developing the final 2024 Board Profile (a copy of which forms Appendix "B" to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.

Reference	Motions Carried	Status
<u>05-B-02-2024</u>	<p><u>New Registration Policy Directives for Final Approval – “Acceptable Qualifying Directive” and “CFPC Without Examination Directive”</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves the new registration policy directives, “<i>Acceptable Qualifying Examination Directive</i>” and “<i>CFPC Without Examination Directive</i>”, as directives of the College (copies of which form Appendix “C” and Appendix “D” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.
<u>06-B-02-2024</u>	<p><u>Renaming “Doctor Search”</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves renaming the public register access mechanism on the College website, currently named “Doctor Search”, to “<i>Physician Register</i>” effective when the new public register access mechanism is launched on the College website.</p> <p style="text-align: center;"><u>CARRIED</u></p>	Name effective upon the launch of the new Public Register.
<u>07-B-03-2024</u>	<p><u>Draft Policy for Consultation – Infection Prevention and Control for Clinical Office Practice</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario engage in the consultation process in respect of the draft policy, “<i>Infection Prevention and Control for Clinical Office Practice</i>,” (a copy of which forms Appendix “E” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Consultation closed on May 6 th . This item will be brought back to the Board at a future meeting.
<u>08-B-03-2024</u>	<p><u>Revised Policy for Final Approval – Conflicts of Interest and Industry Relationships</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves the revised policy “<i>Conflicts of Interest and Industry Relationships</i>”, formerly titled “<i>Physicians’ Relationships with Industry: Practice, Education and Research</i>”, as a policy of the College (a copy of which forms Appendix “F” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Complete.

Reference	Motions Carried	Status
<u>09-B-03-2024</u>	<p><u>Final Approval – Draft Board Self-Assessment</u></p> <p>The Board of Directors of the College of Physicians and Surgeons of Ontario approves the draft Board Self-Assessment as the basis for developing the final 2024 Board Self-Assessment (a copy of which forms Appendix “G” to the minutes of this meeting).</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.
<u>10-B-03-2024</u>	<p>Motion to Go In-Camera</p> <p>The Board of Directors² 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 clause(s) 7(2)(b), (d), and (e) of the Health Professions Procedural Code (set out below).</p> <p>Exclusion of public</p> <p>7(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,</p> <p>(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;</p> <p>(d) personnel matters or property acquisitions will be discussed; and</p> <p>(e) instructions will be given to or opinions received from the solicitors for the College.</p> <p style="text-align: center;"><u>CARRIED</u></p>	Completed.

² 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*.

Title:	2025 Q1 CPSO Meeting Schedule (Information)
Main Contact:	Cameo Allan, Director of Governance

Purpose

- The Board of Directors is provided with CPSO meeting dates for Q1 of 2025 for their information.

Current Status and Analysis

- Historically, the following year’s Board of Directors, and Committees of the Board, meeting dates would be brought to the September meeting as a for Information item.
- In the spirit of continuous improvement, a new model of scheduling meetings quarterly on a rolling basis is being trialled. This is to give Board Directors and staff further advance notice of upcoming Governance & Nominating Committee, Finance & Audit Committee, Executive Committee meetings and Board of Director meetings.
- Included below are the Q1 2025 meeting dates.

Jan-2025				
M	T	W	T	F
		1 <small>New Year's Day</small>	2 <small>Line Day</small>	3 <small>Island of Days 24</small>
6	7 EC-V	8	9	10
13	14 GNC-V	15	16	17
20	21	22	23	24
27	28	29	30	31

Feb-2025				
M	T	W	T	F
3	4 GNC-V FAC-V	5	6	7
10	11 EC	12	13	14
17 <small>Family Day</small>	18	19	20	21
24	25	26	27	28

Mar-2025				
M	T	W	T	F
3	4 GNC-V	5	6 BOD	7 BOD
10	11	12	13	14
<small>March break</small>				
17	18	19	20	21
24	25	26	27	28
31 <small>Easter Mon/ Eid al-Fitr</small>				

BOD Board of Directors
EC Executive
EC-V Executive-Virtual

GNC-V Governance & Nominating-Virtual
FAC Finance & Audit
FAC-V Finance & Audit-Virtual

Stat/religious holidays/Mar break

Title:	Request for Two-Year Strategic Plan Extension (For Decision)
Main Contacts:	Nathalie Novak, Chief Operating Officer Nancy Whitmore, Registrar and Chief Executive Officer
Attachment:	Appendix A: Strategic Plan 2020 - 2025
Question for Board:	Does the Board wish to approve senior leadership's request for a two-year extension of the Strategic Plan?

Purpose

- The CPSO’s current five-year Strategic Plan is set to expire in 2025. Senior leadership is asking the Board of Directors to approve an extension of the current plan to 2027.

Current Status and Analysis

- The 2020 – 2025 Strategic Plan was developed through an extensive consultation process with key stakeholders, including the profession and the public. The Strategic Plan, attached as Appendix A, includes a mission, vision, strategic priorities and regulatory principles.
- The COVID-19 pandemic had major impacts at the CPSO, interrupting the five-year operational plan that had been aligned with the Strategic Plan. Core work across the College to meet the objectives of the current strategic plan is still in progress.
- It is the opinion of the senior leadership team that the current Strategic Plan remains relevant and continues to be aligned with the core work of the CPSO and its public interest mandate.
- Diverting financial and staffing resources toward either a Strategic Plan refresh or redo at this time will further interrupt operational priorities in motion prior to their anticipated completion date. As a result, senior leadership is asking for a two-year extension, so the Strategic Plan would end December 31, 2027.
- Of note, in December 2023 the College of Nurses (CNO) asked their Council for a 2-year extension of their Strategic Plan, at the request of their senior leadership. The approved request acknowledges that their Strategic Plan still supports the CNO’s purpose and societal expectations and avoids resources being diverted from significant organizational priorities underway.
- The Executive Committee reviewed this proposal and supported forwarding to the Board of Directors at the May 7, 2024 meeting.
- Should the extension be granted, senior leadership will keep the Board of Directors updated on the status of the Strategic Plan throughout the extension.

STRATEGIC PLAN

2020-2025

MISSION

› **Serving the people of Ontario through effective regulation of medical doctors**

Informed and inspired by feedback from the profession and the public, the College's direction for the next five years has been set. The next Strategic Plan includes a new mission, vision, strategic priorities and regulatory principles. This plan will guide CPSO Council, management and staff in moving forward as we continue our work to fulfill our public interest mandate.

"What we heard was honest and genuine feedback about your experiences and opinions about the CPSO, our role, and where we should really be focusing our efforts. I am grateful that so many

of you took the time to inform our planning process. The feedback we received was essential to our Strategic Plan development and we will be better regulators as a result," said Dr. Nancy Whitmore, College Registrar/CEO.

The planned life of the Strategic Plan will be five years, from 2020 to 2025. It will be reconfirmed by Council annually to guide corporate planning for the following year. After three years, an interim review will determine whether it remains relevant or needs to be refreshed. The proposed components of the new plan are presented on the facing page.

REGULATORY PRINCIPLES

- › We commit to being accountable, respectful and responsive
- › We will demonstrate professionalism and excellence
- › We value communication and compassion

HOW WE GOT YOUR FEEDBACK

INTERVIEWS

20
INTERVIEWS

› External stakeholders including key representatives from the Ministry of Health and Long-Term Care, Ontario Medical Association, CMPA, and other regulators

FACILITATED FOCUS GROUPS

17 SESSIONS
200+ ATTENDEES

› Public, physicians, CPSO Committee members, CPSO staff and management
› Telephone and in-person: Thunder Bay, Ottawa, Kingston, Hamilton, London, Toronto

SURVEYS

5,143
PHYSICIAN RESPONSES

685
PUBLIC RESPONSES

304
CPSO STAFF RESPONSES

› Sent to every physician in Ontario › Distributed to the public through social media and patient and family advisory groups

Right-Touch Regulation

To achieve Right-Touch Regulation, the CPSO will:

- Apply a proportionate, consistent, targeted, transparent, accountable, and agile approach to all aspects of medical regulation
- Work with government to align legislation with right-touch regulation
- Continually measure, monitor and report on our progress towards more effective regulation

Quality Care

To achieve Quality Care, the CPSO will:

- Use evidence to evaluate risk and address the greatest concerns for patient care
- Guide and support doctors throughout their careers
- Respond to emerging trends and new technologies



Continuous Improvement

To achieve Continuous Improvement, the CPSO will:

- Foster a culture of continuous improvement and openness to change
- Modernize all aspects of our work to fulfill our mission

System Collaboration

To achieve System Collaboration, the CPSO will:

- Develop open and collaborative relationships that support a connected health system
- Promote inter-professional collaboration and share best practices

Meaningful Engagement

To achieve Meaningful Engagement, the CPSO will:

- Purposefully involve patients, the public and physicians to inform College decisions
- Build awareness of our role, mandate, and processes through clear and accessible communication

ICONS: FLATICON.COM

Motion Title	For Approval - Two-Year Extension of CPSO's 2020-2025 Strategic Plan
Date of Meeting	May 30, 2024

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

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the extension of the current 2020-2025 Strategic Plan for an additional two years, to conclude on December 31, 2027 (a copy of which forms Appendix "XX" to the minutes of this meeting).

Title:	2024 District Election Results (For Information)
Main Contacts:	Cameo Allan, Director of Governance Tony Hanania, Governance Coordinator

Purpose

- An update on the results of the 2024 Election in Districts 6, 7, 8, and 9 is provided to the Board for information.

Current Status and Analysis

- An election was held on April 24, 2024, the results are as follows:
 - **District 6** Counties of Frontenac, Haliburton, Hastings, Leeds and Grenville, Lennox and Addington, Northumberland, Peterborough, Prince Edward, and Victoria. One position.
 - Dr. Rupa Patel was acclaimed.
 - **District 7** Counties of Dundas, Glengarry, Lanark, Prescott, Renfrew, Russell and Stormont, and The Regional Municipality of Ottawa-Carleton. Two positions.
 - Dr. Sarah Reid was re-elected.
 - Dr. Virginia Roth was elected.
 - **District 8** Territorial districts of Algoma, Cochrane, Manitoulin, Nipissing, Parry Sound, Sudbury and Timiskaming. One position.
 - Dr. Lionel Marks de Chabris was acclaimed.
 - **District 9** Territorial districts of Kenora, Rainy River and Thunder Bay. One position.
 - Dr. Madhu Azad was re-elected.
- Incoming and current Board Directors elected and acclaimed will serve a three-year term, which begins at the 2024 Annual Organization Meeting (AOM) and is set to expire at the 2027 AOM.

Title:	Executive Committee Elections (For Decision)
Main Contacts:	Cameo Allan, Director of Governance Christina Huang, Governance Analyst
Attachment:	Appendix A: 2024-2025 Nomination Forms
Question for Board:	Who does the Board elect as the 2024-2025 Board Chair, Board Vice-Chair, and four Executive Member Representatives?

Purpose

- The Board is asked to vote for the upcoming vacancies for Board Chair, Board Vice-Chair, and four Executive Member Representative positions as prescribed in the [CPSO By-Laws](#) (currently section 8.2.2 where the Executive Committee composition will be based on the pending amendments to section 8.2.1, which will come into force later this year for the 2025 Board year.)

Current Status and Analysis

- The Executive Committee Elections contribute to the CPSO’s public interest mandate by ensuring appropriate governance practices are followed.
- The Executive Committee’s current composition includes:
 - Dr. Ian Preyra, Board Chair
 - Dr. Sarah Reid, Board Vice-Chair
 - Dr. Robert Gratton, Past Board Chair
 - Ms. Joan Fisk, Executive Member Representative
 - Dr. Lydia Miljan (PhD), Executive Member Representative
 - Dr. Patrick Safieh, Executive Member Representative
- It is a CPSO convention that:
 - the current Board Vice-Chair is to succeed to Board Chair;
 - the next Board Vice-Chair is currently serving or has served on the Executive Committee; and
 - nominations will not be accepted from the floor.
- All nominees for contested positions will be given the opportunity to address the Board for no more than two minutes prior to the election.
- Nomination statements for the vacant positions have been attached in Appendix A and received from:
 - Dr. Sarah Reid, Board Chair
 - Dr. Patrick Safieh, Board Vice-Chair
 - Ms. Joan Fisk, Executive Member Representative
 - Dr. Robert Gratton, Executive Member Representative
 - Dr. Carys Massarella, Executive Member Representative
 - Dr. Lydia Miljan (PhD), Executive Member Representative
 - Dr. Andrea Steen, Executive Member Representative
- Where there is only one candidate for a position, the candidates will be acclaimed. Where there is more than one candidate for a position, an election will be held using electronic voting software that facilitates secret ballot voting (ElectionBuddy). Directors must have access to their CPSO Email during the voting period to access the voting link. A test vote will be emailed to all Board members prior to the Executive Committee elections taking place to ensure comfort using the platform.

Executive Committee Elections



Nomination Statement & Form: Dr. Sarah Reid

Dr. Sarah Reid, District 7 Elected Physician Director (Ottawa, ON)

Nominated For:

Board Chair

Appointed Board of Director Terms:

2018-2021

2021-2024

2024-2027

CPSO Involvement:

Board Vice-Chair	2023 - 2024
Executive Committee	2022 - Present
Governance Committee	2021 - 2022 2023 - Present
Policy Working Group	2020 - 2024
Quality Assurance Committee	2019 - Present

Nomination Statement:

It is my privilege to stand for election for Chair of the CPSO Board of Directors. When I was first elected in 2018, governance modernization was being discussed as a future goal. This year we are operationalizing our updated bylaws, launching our new Governance and Nominating Committee, finalizing our Board skills matrix and preparing for province-wide elections. In doing so, we are ensuring that the CPSO Board is comprised of members with a diversity of skills, experience and perspectives now and into the future. I am indebted to the leadership of our recent Chairs as they navigated this important work and to my fellow Board members for their commitment and engagement.

The post-pandemic landscape has laid bare the inequities in health care delivery in Ontario, with ongoing pressures around health human resources, access to care and integration of evolving technologies. As Board members, our role is to ensure that we truly serve in the public interest, putting patients at the centre of all we do.

I am honoured by this opportunity, and I thank you for the confidence you have shown in me. I am deeply committed to leading with optimism, openness, collaboration and a keen sense of purpose.

Executive Committee Elections



Nomination Statement & Form: Dr. Patrick Safieh

Dr. Patrick Safieh, District 10 Elected Physician Director (Toronto, ON)

Nominated For:

Board Vice-Chair

Appointed Board of Director Terms:

2017-2020

2020-2023

2023-2026

CPSO Involvement:

Executive Committee	2023-2024
Governance Committee	2022-2023
Quality Assurance Committee	2008-2022
Policy Working Group	2018-2020

Nomination Statement:

Thank you for considering me for the position of Board Vice-Chair. I have a long history with the CPSO as well as multiple hospital leadership roles which enables me to be an effective, experienced and knowledgeable member of the Executive Committee.

I have been involved with the CPSO as a Peer Assessor (2000-2008), a non-Board member (2008-2017, three of which as co-chair), member of the Governance Committee, QI Coach, and as a Board Member (since 2017), as well as being Chief of Family Medicine (St. Joseph's Health Centre, Humber River Hospital), Chief of Emergency Medicine and Chief of Staff. I have introduced a new Family Medicine Teaching Unit at Humber River Hospital, while also continuing active clinical practice (both in my busy and diverse family practice & in Emergency). In addition to my formal leadership positions, I have acted as a mentor and provided encouragement to my colleagues, including during the challenges of the pandemic.

Personally, I am married to a family physician for 32 years and have four adult children. I enjoy travelling, cycling and spending time with my family and friends. I am considered to be well balanced with a calm demeanour.

Executive Committee Elections

Nomination Statement & Form: Ms. Joan Fisk



Ms. Joan Fisk, Appointed Public Director

Nominated For:

Executive Member Representative

Appointed Board of Director Terms:

Nov 2017 – Oct 2020

Nov 2020 – Nov 2023

Nov 2023 – Nov 2024

CPSO Involvement:

Executive Committee	2020-Present
Inquiries, Reports & Complaints Committee	2017-Present
	General Panel Chair 2020-Present

Nomination Statement:

My experience in Business, Governance and Health Care leadership has given me the tools to provide guidance and a unique perspective with respect to the work of the CPSO.

Being part of the Executive has been rewarding. I am interested and excited to be part of a progressive organization that has made so many positive changes in a short time. I am asking for your support to continue to offer my feedback and knowledge to the Executive Committee as the College continues with the modernization of its Governance. The role of the Board is a critical part of a successful organization. The Not-for-Profit model allows for nimble and progressive change. Transparent leadership is an important part of the transformation of the organization, which I am eager to be part of for the next few years.

Thank you,

Joan Fisk

Executive Committee Elections



Nomination Statement & Form: Dr. Rob Gratton

Dr. Rob Gratton, District 2 Elected Physician Director (London, ON)

Nominated For:

Executive Member Representative

Appointed Board of Director Terms:

2016-2019

2019-2022

2022-2025

CPSO Involvement:

Board Past Chair	2023-Present
Executive Committee	2020-Present
Governance and Nominating Committee	2021-Present
Board Chair	2022-2023
Board Vice-Chair	2021-2022
Finance & Audit Committee	2018-2023
Policy Working Group	2017-2020
Inquiries, Complaints & Reports Committee	2015-2022
	Specialty Panel Chair, Obstetrics, 2019-2021

Nomination Statement:

2025 will be an exciting year of transition as our governance modernization initiatives come into effect. As Board Chair in 2023, I was honoured to work with you as we developed the bylaw framework for these best practice initiatives. As Chair of the transitional Governance and Nominating Committee (GNC) this year, I have been working closely with Cameo Allen and Deanna Williams as we plan for our first province wide competency-based elections to the Board in 2025.

Next year is my last year on the Board and I will no longer be a member of the GNC. After much consideration, I would like to stand for election as a member of the Executive Committee (EC) for another year. If successful, I can support the Chair, the Vice Chair and the Directors of the Board with my in-depth understanding of the important governance modernization changes (e.g., new election process, transition to an elected GNC with expanded mandate, transition to appointed EC) that will come into effect in 2025.

Nomination Statement & Form: Dr. Carys Massarella

Dr. Carys Massarella, District 4 Elected Physician Director (Hamilton, ON)

Nominated For:

Executive Member Representative

Appointed Board of Director Terms:

2022-2025

CPSO Involvement:

N/A

Nomination Statement:

Thank you for considering me for the position as a member of the Board Executive

I have been impressed with the forward focus of the CPSO Board and team and the move to modernization of the Board and governance reform

I think it is an important step ensuring the mandate of the CPSO to serve the public interest is modernized and continues to grow as a Board

We need to continue the work of modernizing the Board and improving our governance structures so the Board reflects the work of the CPSO and can be timely and effective with its response to a changing work environment

I would like to be part of the ongoing modernization and help lead the Board forward

Thank you for your consideration

Carys Massarella MD

Executive Committee Elections



Nomination Statement & Form: Dr. Lydia Miljan (PhD)

Dr. Lydia Miljan (PhD), Appointed Public Director

Nominated For:

Executive Member Representative

Appointed Board of Director Terms:

Jan 2020 – Jan 2023

Jan 2023 – Jan 2026

CPSO Involvement:

Executive Committee	2022 - Present
Governance Committee	2021 - 2022
Inquiries, Reports & Complaints Committee	2020 - 2025
	General Panel Vice-Chair 2020 - Present
Policy Working Group	2020 - 2023

Nomination Statement:

As a researcher and advocate for political engagement, I bring a unique perspective and skill set that makes me an excellent member of the committee. I have found my experience as an Executive member to be a rewarding and engaging experience and would like to continue to serve for the next year.

I have skills competencies in most of the areas identified by CPSO. Of the key attributes I believe the ones that align best with my background in public policy are governance, continuous learning, and policy development.

Throughout my career, I have dedicated myself to advancing knowledge and understanding of political systems and the role of citizens within them. I have published extensively on topics ranging from electoral reform to public policy (including health care) and my work has been widely recognized for its contributions to the field. I have a strong grasp of the complex legal and ethical considerations involved in regulatory decision-making.

As a member of the Executive Committee, I bring my expertise in research and analysis, and my commitment to the public to the table. I am confident that I can continue to make valuable contributions to the committee's work and help advance the CPSO mission.

Nomination Statement & Form: Dr. Andrea Steen

Dr. Andrea Steen, District 1 Elected Physician Director (Windsor, ON)

Nominated For:

Executive Member Representative

Appointed Board of Director Terms:

2022-2025

CPSO Involvement:

N/A

Nomination Statement:

I am delighted to apply for election to the Executive Committee. I am currently a frontline hospitalist in mental health, the VP Medical Affairs and Chief of Staff at Hotel Dieu Grace Healthcare in Windsor, and the VP of the Mental Health and Addictions portfolio. I have worked in private practice for 31 years. While caring for patients remains my passion, I have gravitated to places where I could make a larger community impact for both patients and physicians.

I have served as President of the Medical Society to advocate for positive experiences for doctors. I was a member of the OHA Physician Leadership Committee for 6 years and acted as committee Chair. We worked collaboratively with the OHA to understand and elevate physician concerns about the state of health care and barriers that Ontario patients were facing. I feel that my leadership experience will be an asset to the Committee as we continue our important regulatory work.

As a Board member, the opportunity to advance physician quality, patient safety and excellent care has been an incredibly positive experience. I would be honoured to have your support to serve on the Executive committee and advance the work of our Board.

Board Motion

Motion Title	For Approval - Executive Committee Elections
Date of Meeting	May 30, 2024

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

The Board of Directors of the College of Physicians and Surgeons of Ontario appoints

_____ (as Board Chair),

_____ (as Board Vice-Chair),

_____ (as Executive Member Representative),

to the Executive Committee for the year that commences with the adjournment of the Annual Organizational Meeting of the Board in 2024.

Board Motion

Motion Title	Motion to Go In-Camera
Date of Meeting	May 30, 2024

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

The Board of Directors¹ of the College of Physicians and Surgeons of Ontario exclude the public from the part of the meeting immediately after this motion is passed, under clause(s) 7(2)(b), (d) and (e) 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; and
- (e) instructions will be given to or opinions received from the solicitors for the College.

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*.

Title:	2023 Audited Financial Statements (For Decision)
Main Contacts:	Sandra Califaretti, Corporate Controller Lori Ferguson, Corporate Accountant Michael Rooke, Tinkham, CPA
Attachments:	Appendix A: Draft Audited Financial Statements – Year ended December 31, 2023 Appendix B: Audit Findings Report
Questions for Board:	1. Is the Board of Directors in agreement to approve the draft audited financial statements for the year ended December 31, 2023? 2. Is the Board of Directors in agreement with the reappointment of Tinkham LLP as the College’s external auditors for fiscal year 2024?

Purpose

- The Board is presented with the College’s audited financial statements for the year ended December 31, 2023, in addition to the Audit Findings Report prepared by Tinkham LLP, the College’s external auditors. The 2023 draft audited financial statements received an unqualified audit opinion and are being submitted to the Board for approval at its May 2024 meeting. In addition, the Board will be requested to re-appoint Tinkham LLP as the College’s external auditors for the 2024 fiscal year.

Current Status and Analysis

- The College is required to complete annual financial statements in accordance with Accounting Standards for Not-for-Profit Organizations and to obtain an audit opinion on the fair presentation of those financial statements.
- The 2023 draft audited financial statements received an unqualified audit opinion by external auditors, Tinkham LLP indicating that the financial statements present fairly, in all material respects, the financial position and results of operations for the College for the 2023 fiscal year.
- As at December 31, 2023, the College has a healthy cash position, supporting surpluses (reserves) accumulated for future planning and tangible capital investment purposes; the 2023 year end surplus resulted mainly from investment and interest income performance, which exceeded original expectations.
- The College has reintroduced the Statement of Change in Net Assets into the 2023 financial statements and recommended changes to internally restricted reserves that better meet the future planning and tangible capital investment needs supporting the College’s modernized operations and hybrid work environment; the Finance and Audit Committee recommends that the Board approves the reallocations.
- It is also recommended that Tinkham LLP be reappointed as the College’s external auditor for the 2024 fiscal year.

Financial statements of the

**COLLEGE OF PHYSICIANS AND SURGEONS
OF ONTARIO**

December 31, 2023

FINANCE AND AUDIT COMMITTEE DRAFT

D C Tinkham FCPA FCA CMC LPA
P J Brocklesby CPA CA LPA
M Y Tkachenko CPA CA
M W G Rooke CPA CA LPA
A C Callas CPA CA LPA
G P Kroeplin CPA
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INDEPENDENT AUDITOR'S REPORT

To the Members of the
College of Physicians and Surgeons of Ontario

We have audited the accompanying financial statements of the College of Physicians and Surgeons of Ontario ("College"), which comprise the statement of financial position as at December 31, 2023 and the statements of operations and changes in unrestricted net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2023, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

TORONTO, Ontario
May 31, 2024

Licensed Public Accountants

FINANCE AND AUDIT COMMITTEE DRAFT

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
Statement of Financial Position

As at December 31	2023	2022
Assets		
Current		
Cash	\$ 22,812,508	\$ 62,375,231
Investments (note 3)	45,404,942	-
Accounts receivable	328,989	972,073
Prepaid expenses	3,607,174	3,097,552
	72,153,613	66,444,856
Investments (note 3)	51,056,692	50,694,192
Capital assets (note 4)	12,517,505	14,613,491
	\$135,727,810	\$131,752,539
Liabilities		
Current		
Accounts payable and accrued liabilities	\$ 9,672,271	\$ 8,101,808
Current portion of obligations under capital leases (note 7)	554,881	500,341
	10,227,152	8,602,149
Deferred revenue (note 5)	30,280,179	32,989,051
	40,507,331	41,591,200
Obligations for post-employment benefits other than pension (note 6)	412,662	-
Accrued pension cost (note 6)	4,424,193	4,542,816
Obligations under capital leases (note 7)	642,885	475,105
	45,987,071	46,609,121
Net assets		
Internally restricted		
Invested in capital assets	11,319,739	13,638,045
Building Fund	30,700,276	60,700,276
Technology and Information Management Fund	12,805,097	10,805,097
Operating Reserve Fund	34,915,627	-
Pension remeasurements	(686,721)	(725,130)
Unrestricted	686,721	725,130
	89,740,739	85,143,418
	\$135,727,810	\$131,752,539

Contingencies (note 8)

Approved on behalf of the Board:

See accompanying notes to the financial statements.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Statement of Operations

Year ended December 31	2023	2022
Revenue		
Membership fees		
General and educational (note 5)	\$ 70,629,766	\$ 68,881,162
Penalty fee	412,166	991,749
	71,041,932	69,872,911
Application fees	8,980,475	9,038,049
OHPIP annual and assessment fees (note 5)	1,397,211	1,339,476
IHF annual and assessment fees (note 5)	2,356,038	2,269,119
OHPIP, IHF application fees and penalties	83,885	102,099
Cost recoveries and other income	2,037,104	1,779,428
Interest income	2,787,170	1,835,684
	88,683,815	86,236,766
Expenses		
Staffing costs (schedule I)	56,120,154	52,360,938
Per diems (schedule II)	7,959,436	9,002,543
Other costs (schedule III)	10,797,089	9,825,788
Professional fees (schedule IV)	3,994,563	4,353,531
Amortization of capital assets	4,386,157	4,541,294
Occupancy (schedule V)	2,493,214	2,435,145
	85,750,613	82,519,239
Excess of revenue over expenses before undernoted items	2,933,202	3,717,527
Investment income	1,625,710	362,480
Excess of revenue over expenses for the year	\$ 4,558,912	\$ 4,080,007

See accompanying notes to the financial statements.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31

	Invested in Capital Assets	Building Fund	Technology and Information Management Fund	Operating Reserve Fund	Pension Re- measurement	Unrestricted	2023 Total	2022 Total
Balance, beginning of year	\$ 13,638,045	\$ 60,700,276	\$ 10,805,097	\$ -	\$ (725,130)	\$ 725,130	\$ 85,143,418	\$ 80,504,261
Excess (deficiency) of revenue over expenses	(4,386,157)	-	-	-	-	8,945,069	4,558,912	4,080,007
Purchase of capital assets	1,481,794	-	-	-	-	(1,481,794)	-	-
Payment of capital lease obligations	586,057	-	-	-	-	(586,057)	-	-
Transfer to Intangible Asset Fund	-	-	2,000,000	-	-	(2,000,000)	-	-
Actuarial remeasurement for pensions	-	-	-	-	38,409	-	38,409	559,150
Transfer to Operating Reserve Fund	-	(30,000,000)	-	34,915,627	-	(4,915,627)	-	-
Balance, end of year	\$ 11,319,739	\$ 30,700,276	\$ 12,805,097	\$ 34,915,627	\$ (686,721)	686,721	\$ 89,740,739	\$ 85,143,418

See accompanying notes to the financial statements.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Statement of Cash Flows

Year ended December 31	2023	2022
Cash flows from operating activities:		
Excess of revenue over expenses for the year	\$ 4,558,912	\$ 4,080,007
Amortization of capital assets	4,386,157	4,541,294
	8,945,069	8,621,301
Net change in non-cash working capital items:		
Accounts receivable	643,084	931,515
Prepaid expenses	(509,622)	(1,524,423)
Accrued interest receivable	(1,394,115)	(362,480)
Accounts payable and accrued liabilities	1,570,463	(1,106,652)
Deferred revenue	(2,708,872)	(251,898)
Obligations for post-employment benefits other than pension	412,662	-
Pension cost	(80,214)	(154,184)
Cash provided by operating activities	6,878,455	6,153,179
Cash flows used by investing activities:		
Purchase of investments (net)	(44,373,327)	-
Purchase of capital assets	(1,481,794)	(1,563,448)
Cash used by investing activities	(45,855,121)	(1,563,448)
Cash flows used by financing activities:		
Payment of capital lease obligations	(586,057)	(792,805)
Net increase (decrease) in cash	(39,562,723)	3,796,926
Cash, beginning of year	62,375,231	58,578,305
Cash, end of year	\$ 22,812,508	\$ 62,375,231

See accompanying notes to the financial statements.

7

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2023

1 Organization

College of Physicians and Surgeons of Ontario ("College") was incorporated without share capital as a not-for-profit organization under the laws of Ontario for the purpose of regulating the practice of medicine to protect and serve the public interest. Its authority under provincial law is set out in the Regulated Health Professions Act (RHPA), the Health Professions Procedural Code under RHPA and the Medicine Act.

The College is exempt from income taxes.

2 Significant accounting policies

These financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations.

(a) Cash

Cash includes cash deposits held in an interest bearing account at a major financial institution.

(b) Investments

Guaranteed investment certificates are carried at amortized cost.

(c) Capital assets

The cost of a capital asset includes its purchase price and any directly attributable cost of preparing the asset for its intended use.

When conditions indicate a capital asset no longer contributes to the College's ability to provide services or that the value of future economic benefits or service potential associated with the capital asset is less than its net carrying amount, its net carrying amount is written down to its fair value or replacement costs. As at December 31, 2023, no such impairment exists.

(i) Tangible assets

Tangible assets are measured at cost less accumulated amortization and accumulated.

Amortization is provided for, upon the commencement of the utilization of the assets, on a straight-line basis over their estimated lives as follows:

Building	10 - 25 years	Computer and other equipment	3 - 5 years
Furniture and fixtures	10 years	Computer equipment under capital lease	2 - 4 years

(ii) Intangible assets

Intangible assets, consisting of separately acquired computer application software, are measured at cost less accumulated amortization.

Amortization is provided for, upon the commencement of the utilization of the assets, on a straight-line basis over their estimated useful lives of four years.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2023

2 Significant accounting policies (continued)

(d) Employee future benefits

(i) Healthcare of Ontario Pension Plan

Healthcare of Ontario Pension Plan ("HOOPP") is a multi employer best five consecutive year average pay defined benefit pension plan.

Defined contribution accounting is applied to HOOPP and contributions are expensed when due.

(ii) CPSO Retirement Savings Plan 2019

CPSO Retirement Savings Plan 2019 is a defined contribution plan. Contributions are expensed when due.

(iii) Designated Employees' Retirement Plan for the College of Physicians and Surgeons on Ontario

The College maintains a closed (1998) defined benefit pension plan and supplementary arrangements for certain designated former employees. The retirement benefits of these designated employees are provided firstly through a funded plan and secondly through an unfunded supplementary plan.

The College recognizes its defined benefit obligations as the employees render services giving them right to earn the pension benefit. The defined benefit obligation at the statement of financial position date is determined using the most recent actuarial valuation report prepared for accounting purposes. The measurement date of the plan assets and the defined benefit obligation is the College's statement of financial position date.

In its year-end statement of financial position, the College recognizes the defined benefit obligation, less the fair value of plan assets, adjusted for any valuation allowance in the case of a net defined benefit asset. The plan cost for the year is recognized in the excess of revenues over expenses for the year. Past service costs resulting from changes in the plan are recognized immediately in the excess of revenue over expenses for the year at the date of the changes.

Remeasurements and other items comprise the aggregate of the following: the difference between the actual return on plan assets and the return calculated using the discount rate; actuarial gains and losses; the effect of any valuation allowance in the case of a net defined pension asset; past service costs; and gains and losses arising from settlements or curtailments. Remeasurements are recognized as a direct charge (credit) to net assets.

(iv) Obligations for post-employment benefits other than pension

The College pays certain medical and dental benefits on behalf of its eligible retired employees. The College recognizes these post-employment costs in the period in which employee's services were rendered. The post-employment benefit plan other than pension is valued using an actuarial valuation.

(e) Revenue recognition

(i) Members' fees and application fees

These fees are set annually and are recognized as revenue proportionately over the fiscal year to which they relate. Fees received in advance are recorded as deferred revenue.

(ii) Independent Health Facility (IHF) and Out of Hospital Premises Inspection Program (OHPIP) fees

IHF and OHPIP annual and assessment fees are recognized at the same rate as the related costs are expensed.

(iii) Cost recoveries

Cost recoveries are recognized at the same rate as the related costs are expensed.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2023

2 Significant accounting policies (continued)

(e) Revenue recognition (continued)

(iv) Other income

Other income is recognized as the services are provided, the amount is known and collection is reasonably assured.

(v) Interest and investment income

Interest income is comprised of interest on cash deposits held in an interest bearing account at a major financial institution. Investment income is comprised of income on guaranteed investment certificates.

Interest and investment income are recognized when earned. Income on guaranteed growth investment certificates is determined at maturity based on the percentage change in price of an equally weighted portfolio of five Canadian bank's shares. Interest is accrued at the minimum guaranteed rates.

(f) Financial instruments

(i) Measurement

The College initially measures its financial assets and financial liabilities at fair value, adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument.

The College subsequently measures its financial assets and liabilities at amortized cost. Transaction costs are recognized in income in the period incurred.

(ii) Impairment

At the end of each reporting period, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from the financial asset.

(g) Management estimates

In preparing the College's financial statements, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenue and expenses during the period. Actual results may differ from these estimates, the impact of which would be recorded in future periods. Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

(h) Internally restricted reserves

The Board has approved the following internally restricted reserves:

- (i) Invested in capital assets, which comprises the net book value of capital assets less the related obligations under capital leases;
- (ii) Building Fund, restricted for future building requirements;
- (iii) Technology and Information Management Fund (previously, the Intangible Asset Fund), restricted for future information technology infrastructure development and improvements; and
- (iv) Operating Reserve Fund, restricted to provide sufficient financial resources to continue operations in the case of a significant negative event.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2023

3 Investments

As at December 31	2023	2022
Guaranteed Investment Certificates (GIC)		
Short-term:		
The Bank of Nova Scotia Non-Redeemable GICs, yielding interest at rates ranging from 5.89% to 6.27% and maturing on dates ranging from January 5, 2024 to August 8, 2024	\$ 44,373,327	\$ -
Accrued interest	1,031,615	-
	\$ 45,404,942	\$ -
Long-term:		
Bank of Montreal (BMO) Extendible GIC	\$ 25,000,000	\$ 25,000,000
National Bank of Canada (NBC) Canadian Banks Portfolio Flex GIC	25,000,000	25,000,000
Accrued interest	1,056,692	694,192
	\$ 51,056,692	\$ 50,694,192

The BMO Extendible GIC earns interest at 1.45% and had an initial maturity date of February 1, 2023. The issuer exercised its option to extend the maturity date on the initial maturity date. The maturity date can continue to be extended by the issuer in six month increments on each extended maturity date thereafter extending to August 1, 2027. The GIC is not redeemable at the option of the College. At maturity the principal amount of \$25,000,000, plus accrued interest, is guaranteed. The fair market value, including accrued interest, of the GIC as at December 31, 2023 is \$25,000,000 (2022 - \$21,632,459).

The NBC Canadian Bank Portfolio Flex GIC matures on January 29, 2026 and earns a return determined at maturity based on the percentage change in price of an equally weighted portfolio of five Canadian bank's shares. At maturity the principal amount of \$25,000,000 is guaranteed. The fair market value of the GIC as at December 31, 2023 is \$22,947,500 (2022 - \$21,832,500).

4 Capital assets

As at December 31	2023		2022	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Tangible assets				
Land	\$ 2,142,903	\$ -	\$ 2,142,903	\$ -
Building and building improvements	21,380,121	17,684,056	21,282,321	17,158,430
Furniture and fixtures	4,677,993	4,383,663	4,625,827	4,289,074
Computer and other equipment	5,046,148	4,991,552	2,960,347	2,868,451
Computer equipment under capital lease	2,455,354	1,257,588	3,850,304	2,874,858
Intangible assets				
Computer application software	13,695,269	8,563,424	12,368,526	5,425,924
	49,397,788	36,880,283	47,230,228	32,616,737
Net book value		\$ 12,517,505		\$ 14,613,491

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2023

5 Deferred revenue

Deferred revenue consists of membership fees received in advance for the next year as well as unearned fees related to the Independent Health Facility program (IHF) and Out of Hospital Premises Inspection Program (OHPIP). The change in the deferred revenue accounts for the year is as follows:

	Membership Fees	IHF	OHPIP	2023 Total	2022 Total
Balance, beginning of year	\$ 29,254,846	\$ 2,522,152	\$ 1,212,053	\$ 32,989,051	\$ 33,240,949
Amounts billed (refunded) during the year	71,486,770	(1,680)	189,053	71,674,143	72,237,859
Less: Recognized as revenue	(70,629,766)	(2,356,038)	(1,397,211)	(74,383,015)	(72,489,757)
Balance, end of year	\$ 30,111,850	\$ 164,434	\$ 3,895	\$ 30,280,179	\$ 32,989,051

The IHF and OHPIP Programs are budgeted and billed on a cost recovery basis. The IHF program was transferred to Accreditation Canada effective April 26, 2024.

6 Employee future benefits

(a) Designated Employees' Retirement Plan and Supplementary Arrangements

- (i) Reconciliation of funded status of the defined benefit pension plan to the amount recorded in the statement of financial position

Defined Benefit Plan	Funded Plan	Unfunded Plan	2023 Total	2022 Total
Plan assets at fair value	\$ 1,843,339	\$ -	\$ 1,843,339	\$ 2,053,650
Accrued pension obligations	(2,911,552)	(3,355,980)	(6,267,532)	(6,596,466)
Funded status - deficit	\$ (1,068,213)	\$ (3,355,980)	\$ (4,424,193)	\$ (4,542,816)

- (ii) Pension plan assets

Defined Benefit Plan	Funded Plan	Unfunded Plan	2023 Total	2022 Total
Fair value, beginning of year	\$ 2,053,650	\$ -	\$ 2,053,650	\$ 2,698,132
Interest income	102,683	-	102,683	72,850
Return (loss) on plan assets (excluding interest)	31,937	-	31,937	(382,787)
Employer contributions	-	307,355	307,355	296,102
Benefits paid	(344,931)	(307,355)	(652,286)	(630,647)
Fair value, end of year	\$ 1,843,339	\$ -	\$ 1,843,339	\$ 2,053,650

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2023

6 Employee future benefits (continued)

(a) Designated Employees' Retirement Plan and Supplementary Arrangements (continued)

(iii) Accrued pension obligations

Defined Benefit Plan	Funded Plan	Unfunded Plan	2023 Total	2022 Total
Balance, beginning of year	\$ 3,084,053	\$ 3,512,413	\$ 6,596,466	\$ 7,954,282
Interest cost on accrued pension obligations	154,203	175,621	329,824	214,766
Benefits paid	(344,931)	(307,355)	(652,286)	(630,647)
Actuarial (gains) losses	18,227	(24,699)	(6,472)	(941,935)
	\$ 2,911,552	\$ 3,355,980	\$ 6,267,532	\$ 6,596,466

The most recent actuarial valuation of the pension plan for funding purposes was made effective December 31, 2021. The next required actuarial valuation for funding purposes must be as of a date no later than December 31, 2024.

(iv) The net expense for the College's pension plans is as follows:

	2023	2022
Funded defined benefit plan	\$ 51,519	\$ 26,772
Unfunded supplementary defined benefit plan	175,621	115,144
Defined contribution plan	521,505	659,766
Healthcare of Ontario Pension Plan	3,573,341	3,323,141
	\$ 4,321,986	\$ 4,124,823

(v) The elements of the defined benefit pension expense recognized in the year are as follows:

Defined Benefit Plan	Funded Plan	Unfunded Plan	2023 Total	2022 Total
Interest cost on accrued pension obligations	\$ 154,203	\$ 175,621	\$ 329,824	\$ 214,766
Interest income on pension assets	(102,683)	-	(102,683)	(72,850)
Pension expense recognized	\$ 51,520	\$ 175,621	\$ 227,141	\$ 141,916

(vi) Remeasurements and other items recognized as a direct charge (credit) to net assets are as follows:

Defined Benefit Plan	Funded Plan	Unfunded Plan	2023 Total	2022 Total
Actuarial (gains) losses	\$ 18,227	\$ (24,699)	\$ (6,472)	\$ (941,937)
(Return) loss on plan assets (excluding interest)	(31,937)	-	(31,937)	382,787
Charge (recovery) to net assets	\$ (13,710)	\$ (24,699)	\$ (38,409)	\$ (559,150)

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2023

6 Employee future benefits (continued)

(a) Designated Employees' Retirement Plan and Supplementary Arrangements (continued)

(vii) Actuarial assumptions

The significant actuarial assumptions adopted in measuring the accrued pension obligations as at December 31 are as follows:

	2023	2022
Discount rate	4.60 %	5.00 %

(b) Healthcare of Ontario Pension Plan

Employer contributions made to the plan during the year total \$3,573,341 (2022 - \$3,323,141). These amounts are included in staffing costs in the statement of operations.

Each year an independent actuary determines the funding status of HOOPP by comparing the actuarial value of invested assets to the estimated present value of all pension benefits that members have earned to date. The most recent actuarial valuation of the Plan as at December 31, 2023 indicates the Plan is 110% funded. HOOPP's statement of financial position as at December 31, 2023 disclosed total pension obligations of \$102.4 billion with net assets at that date of \$112.6 billion indicating a surplus of \$10.2 billion.

(c) Obligations for post-employment benefits other than pension

The College has an accrued benefit obligation as at December 31, 2023 of \$412,662 (2022 - \$Nil). The benefit obligation and related expense for the year ended December 31, 2023 was determined by actuarial valuation using a discount rate of 4.60%. There are no assets in the plan and, therefore, the plan is unfunded.

(d) Restructuring benefits

The College continues to restructure its affairs during the year for the purpose of achieving long-term savings, which resulted in severance benefits to employees in the amount of \$4,462,782 (2022 - \$2,721,876), which has been included in staffing costs.

7 Obligations under capital leases

The College has entered into capital leases for computer equipment. The following is a schedule of the future minimum lease payments over the term of the leases:

2024	\$	554,881
2025		451,781
2026		191,104
		1,197,766
Less: current portion		554,881
	\$	642,885

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Notes to the Financial Statements

December 31, 2023

8 Contingencies

The College has been named as a defendant in lawsuits with respect to certain of its members or former members. The College denies any liability with respect to these actions and no amounts have been accrued in the financial statements. Should the College be unsuccessful in defending these claims, it is not anticipated that they will exceed the limits of the College's liability insurance coverage.

9 Financial instruments

General objectives, policies and processes

The Board has overall responsibility for the determination of the College's risk management objectives and policies.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk through its cash, accounts receivable and investments.

Credit risk associated with cash and investments is mitigated by ensuring that these assets are invested in financial obligations of major financial institutions.

Accounts receivable are generally unsecured. This risk is mitigated by the College's requirement for members to pay their fees in order to renew their annual license to practice medicine. The College also has collection policies in place.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due. The College meets its liquidity requirements and mitigates this risk by monitoring cash activities and expected outflows by holding cash.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and equity risk.

(i) Currency risk

Currency risk reflects the risk that the College's earnings will vary due to the fluctuations in foreign currency exchange rates. The College is not significantly exposed to foreign exchange risk.

(ii) Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. The exposure of the College to interest rate risk arises from its interest bearing investments and cash. The primary objective of the College with respect to its fixed income investments ensures the security of principal amounts invested, provides for a high degree of liquidity, and achieves a satisfactory investment return giving consideration to risk. The College has mitigated exposure to interest rate risk.

(iii) Equity risk

Equity risk is the uncertainty associated with the valuation of assets arising from changes in equity markets. The College is not exposed to this risk.

Changes in risk

There have been no significant changes in risk exposures from the prior year.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Schedules to the Financial Statements

December 31, 2023

Schedule I - Staffing costs

Year ended December 31	2023	2022
Salaries	\$ 43,595,949	\$ 41,596,600
Employee benefits	7,012,817	5,628,852
Pension (note 6)	4,321,986	4,124,823
Training, conferences and employee engagement	1,055,416	884,860
Professional association fees	133,986	125,803
	\$ 56,120,154	\$ 52,360,938

Schedule II - Per diem

Year ended December 31	2023	2022
Preparation time	\$ 3,104,054	\$ 2,879,945
Attendance	2,816,015	3,838,874
Decision writing	898,204	1,093,725
Travel time	653,399	677,543
HST on per diems	487,764	512,456
	\$ 7,959,436	\$ 9,002,543

Schedule III - Other costs

Year ended December 31	2023	2022
Software subscriptions	\$ 3,819,306	\$ 3,362,074
Credit card service charges	1,723,247	1,688,446
Meals and accommodations	745,462	618,370
Miscellaneous	724,435	243,248
Digitization and photocopying	516,755	171,679
FMRAC membership fee	468,164	454,578
Equipment leasing	441,380	288,845
Survivors fund	369,704	567,560
Travel	367,159	458,983
Telephone	352,087	379,172
Reporting and transcripts	345,328	405,116
Offsite storage	284,595	213,668
Members dialogue	206,300	360,649
Publications and subscriptions	172,051	172,938
Office supplies	139,959	156,185
Grants	52,496	74,000
Postage	47,832	64,102
Courier	12,414	26,165
Equipment maintenance	8,415	120,010
	\$ 10,797,089	\$ 9,825,788

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

Schedules to the Financial Statements

December 31, 2023

Schedule IV - Professional fees

Year ended December 31	2023	2022
Consultant	\$ 2,902,022	\$ 3,231,121
Legal	652,154	855,482
Recruiting	371,203	200,088
Audit	69,184	66,840
	\$ 3,994,563	\$ 4,353,531

Schedule V - Occupancy

Year ended December 31	2023	2022
Insurance	\$ 894,022	\$ 776,044
Rent	714,264	666,412
Building maintenance and repairs	595,382	690,516
Utilities	166,552	185,518
Realty taxes	122,994	116,655
	\$ 2,493,214	\$ 2,435,145

FINANCE AND AUDIT COMMITTEE DRAFT

TINKHAM LLP | CHARTERED
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March 6, 2024

Dr. Thomas Bertoia, Chair, Finance and Audit Committee
College of Physicians and Surgeons of Ontario
80 College Street
Toronto ON M5G 2E2

To the Members of the Finance and Audit Committee

We are pleased to report to the Finance and Audit Committee of the College of Physicians and Surgeons of Ontario ("College") on the results of our audit examination of the financial statements for the year ended December 31, 2023. In our view, a direct line of communication between our firm and the Finance and Audit Committee is essential to the proper exercise of our respective responsibilities.

The purpose of this letter is to review our responsibilities as auditors in accordance with the terms of our audit engagement, and in the attached memorandum we report on the year end and various elements of the audit examination.

We have performed our audit examination of the College's financial statements for the year ending December 31, 2023 in accordance with Canadian generally accepted auditing standards. We have performed the audit to obtain reasonable assurance about whether the financial statements present fairly, in all material respects, the financial position, results of operations and cash flows in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

We have also considered the College's internal control over the financial reporting solely for the purpose of determining the nature, extent, and timing of auditing procedures necessary for expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control. Our work does not provide assurance on the internal control structure and does not necessarily consider all control systems upon which management may be relying.

The detailed terms of our engagement are outlined in our engagement letter. Also, as part of our audit engagement, we have requested a letter of representation from the College's management confirming representations made to us orally during our audit as well as representations implicit in the College's records.

Our appointment as auditors involves the responsibility on our part to call to your attention any significant matters, which we believe may require your consideration. We report in the attached memorandum on the results of our audit for the year ending December 31, 2023, including the following:

- Audit Report;
- Engagement Team and Statement on Independence;
- Audit Approach;
- Materiality;
- Significant Accounting Policies;
- Significant Management Judgments and Estimates;
- Related Party Transactions;
- Recommendations Arising from the Audit Examination;
- Management Co-operation;
- Adjusting Journal Entries;
- Summary of Audit Differences;
- Details of all Audit and Non-audit Services; and
- Developments in Accounting Standards.

The accompanying report is intended solely for the use of the Finance and Audit Committee, Board, and management, and presents information regarding our audit examination, which we believe will be of assistance.

As always, our audit of the annual financial statements provides the objectivity and independence that the College expects.

Yours very truly,

Tinkham LLP

Encl.

**College of Physicians and Surgeons of Ontario
Report to the Finance and Audit Committee
December 31, 2023**

Audit Report

We will issue our unqualified audit opinion following approval of the financial statements by Board and completion of the following outstanding audit items:

- Motions to approve transfers between unrestricted and internally restricted net assets;
- Receipt of the signed representations letters;
- Receipt of the responses to the legal enquiry letters; and
- Completion of the subsequent events review up to the date of our audit report.

Engagement Team and Statement on Independence

We continue to serve you with a team of professionals who offer both industry expertise and many years of professional audit experience. We believe that the following professionals have provided responsive, innovative, and forward-looking service and we note the high level of expertise engaged on your audit:

Michael Rooke, CPA, CA, LPA
Paul J. Brocklesby CPA, CA, LPA
Himmat Grewal, CPA
Alexis Callas, CPA, CA, LPA

Engagement Partner
Concurring Partner
Engagement Principal
Resource Principal

It is a fundamental principle that auditors providing assurance services be objective with unimpaired professional judgment in the eyes of a reasonable observer. We confirm that we are independent with respect to the College within the meaning of the CPA Ontario Code of Professional Conduct Rule 204.

Audit Approach

Our audit approach is a risk-based approach that focuses on your operations, the associated risks, and their potential effects on financial statement accounts. We also reviewed and considered management's formal assessment of the internal control environment. Our audit process continually enhances our understanding of the College's business, the risks it faces and the process to manage them.

The audit included examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation.

Our approach also focuses on the identification and testing of the internal controls. We have reviewed and evaluated the overall internal control environment, assessed the computer environment, and the specific internal controls upon which we place reliance in expressing our opinion on the financial statements.

In the current year, we identified and tested internal controls for the purchases, payables, and payments; revenue, receipts and receivables and payroll transactions streams to obtain evidence that key controls were operating as expected and were effective.

Based on the results of our testing, we modified our audit plan for the year end to reduce substantive work where the tests of internal controls justify reliance and reduced our year end substantive testing in these areas.

We employed a combination of control testing and substantive audit procedures on year end balances for assets, liabilities, revenues, and expenses. In addition, we have confirmed the College's cash and investment balances. We have also requested legal enquiry letters from a sample of lawyers retained by the College to confirm the status of any lawsuits or claims filed against the College.

Our audit was carried out in accordance with our original plan.

Materiality

Our evaluation of areas of audit significance is made relative to materiality. An understanding of what is significant or material in relation to the overall results of the College is critical to the performance of an effective and efficient audit. An item is considered material if its impact might reasonably be expected to affect the decisions of a reader of the financial statements.

Our assessment of materiality considers the CPA Canada quantitative guidelines of up to 2% of gross revenues but is also affected by the size and nature of potential misstatements, as well as our knowledge of the College's business. We have set quantitative materiality for the purposes of this examination at \$1,800,000 or 2% of gross revenues.

Significant Accounting Policies

Our audit also includes assessing accounting policies used by the College. The preparation of financial statements may require management to select from more than one acceptable approach to accounting.

There were no changes in accounting standards applicable to the College this year and there were no changes in accounting policies used by the College.

Please refer to the significant accounting policies in the notes to the financial statements for a detailed description of the accounting policies used. The accounting policies are appropriate for the College's reporting purposes and reflect best practices.

Significant Management Judgments and Estimates

The preparation of financial statements requires the use of accounting estimates. Certain estimates are particularly sensitive due to their significance to the financial statements and the possibility that future events may differ significantly from management's expectations. Management is responsible for applying sound judgment in preparing estimates and disclosures and assessing the impact of misstatements on the fair presentation of the financial statements.

Charges for amortization of capital assets are based on the estimated useful lives of the tangible and intangible assets which are disclosed in the detail of the notes to the financial statements.

The College relies on the actuarial calculations for pension assets and liabilities, and obligations for post-retirement benefits other than pensions. The full cost of pensions and post retirement benefits expense are reflected in the financial statements. In consultation with the actuaries, management determines the discount factor used in the actuarial calculations.

There is no allowance for doubtful accounts recorded as at December 31, 2023. It is management's judgement that any accounts receivable not subsequently collected would be insignificant and no allowance is required.

The College estimates the amount of deferred revenue based on parameters established by management.

The College has accrued an estimate of \$1,210,000 (2022 - \$1,180,000) representing management's best estimate of the College's obligation to fund patients who are approved by the Patients Relations Committee (PRC) through the Survivors' Fund. The accrued amount is based on the unpaid but awarded amount totaling \$2,031,000 (2022 - \$1,926,000) reduced for historical claim experience.

Based on our audit procedures, we have concluded the estimates and judgments made by management are reasonable in the context of the financial statements when taken as a whole. Financial results as determined by actual future events could differ from those estimates and it is reasonable to assume such differences may be material.

Related Party Transactions

During our audit, we conduct various tests and procedures to identify transactions considered to involve related parties. Related parties exist when one party has the ability to exercise, directly or indirectly, control, joint control or significant influence over the other. Two or more parties are related when they are subject to common control, joint control, or common significant influence. Two not-for-profit organizations are related parties if one has an economic interest in the other. Related parties also include management, directors and their immediate family members and companies with which these individuals have an economic interest.

Related party transactions identified during the audit consisted of remuneration and reimbursements of College related expenses to Board members. It is management's opinion that these transactions have occurred in the normal course of operations and therefore separate financial statement disclosure is not necessary.

Management has advised us that no other related party transactions have occurred and that all transactions have been disclosed to us. The Finance and Audit Committee is required to advise us if it is aware of or suspects any other related party transactions have occurred, which may be required to be disclosed in the financial statements.

Recommendations Arising from the Audit Examination

Corporate credit cards

As the College increases the usage of corporate credit cards, we recommend that the credit card policy be revisited to ensure it provides clear direction on the appropriate use of corporate credit cards, the approval regime for expenses charged to credit cards, a clear prohibition against personal charges on corporate credit cards, and the documentation required to support credit card transactions.

All employees who have been provided a corporate credit card should sign-off upon being issued a corporate credit card, and annually acknowledging compliance with the credit card policy.

Additionally, the Registrar credit card statement should be periodically reviewed by those charged with governance, such as the Chair of the Finance and Audit Committee.

Relationship Review and Tendering Policy

During our audit, we reviewed the Relationship Review and Tendering Policy which applies to expenditures exceeding \$25,000. For the sample selected, management was unable to provide evidence that a request for proposal process had taken place, as the vendor selected was a preferred vendor of choice who had prior experience with the College.

We recommend that management review the tendering policy and update to reflect current practice of the College. Management should consider whether the amount requiring a formal tendering process is still appropriate, and whether there are certain types of expenditures that could fall within the framework of an approved / preferred vendor list, thereby not requiring a formal tendering process.

Management Co-operation

We received the full co-operation from management and staff in the conduct of our audit. There have been no disagreements with management on any issues. There were no restrictions placed on the approach to or extent of our work. We were provided complete and timely access to all books and records, documents, and other supporting data that we required.

Adjusting Journal Entries

Adjustments, which were below the level of materiality, made to the records of the College and approved by management during the audit, were to adjust senior management post-retirement benefits, IHF employee restructuring costs and its impact to deferred revenue, vacation accrual and other accrued liabilities.

Other audit adjustments were recorded at the request of management or were reclassifying entries required for financial statement presentation.

Summary of Audit Differences

During our audit, we found no misstatements or unadjusted items, nor have we found significant misstatements that would likely cause future financial statements to be materially misstated.

Details of all Audit and Non-Audit Services

We have not provided any additional in the year other than the issuance of our audit opinion on the financial statements of the College and the pension plans.

It is our understanding that the Corporation Income Tax Return (T2) and Non-Profit Organization (NPO) Information Return (T1044) will be prepared by management for submission to the CRA.

Developments in Accounting Standards

There are no developments in accounting standards that are not yet effective that would be expected to have a material impact to the College's financial statements.

Board Motion

Motion Title	For Approval – 2023 Audited Financial Statements
Date of Meeting	May 30, 2024

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

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the audited financial statements for the fiscal year ended December 31, 2023 (a copy of which forms Appendix "X" to the minutes of this meeting).

Board Motion

Motion Title	For Approval – Appointment of Auditors
Date of Meeting	May 30, 2024

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

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

MAY 2024

Title:	Register By-law Amendments – Post Graduate Training Information (For Decision)
Main Contacts:	Carolyn Silver, Chief Legal Officer Marcia Cooper, Senior Corporate Counsel & Privacy Officer
Attachment:	Appendix A: Proposed By-law amendment
Question for Board:	Does the Board approve the proposed Register By-law amendment regarding Ontario post-graduate training information, pending a future effective date?

Purpose

- A proposed amendment to the pending Register and Member Information By-laws (By-law No. 158) (the “Register By-laws”) relating to Ontario post-graduate training information on the public register is being brought back after circulation for approval by the Board, with a future effective date.

Current Status and Analysis

- At the February 2024 Board meeting, the Board approved circulation to the profession of a proposed amendment to the pending Register By-laws to provide for posting Ontario post-graduate training information on the public register while registrants hold a post-graduate certificate of registration.
- No feedback about the proposed By-law amendment was received from the circulation.
- Accordingly, it is proposed that the Board be asked to approve the amendment to the pending Register By-laws (see Appendix A) with a future effective date to be determined by the Board.

Appendix A

Proposed By-law Amendment

By-law No. 158

Additional Register Content

2. (1) For purposes of paragraph 20 of subsection 23(2) of the Health Professions Procedural Code, the register shall contain the following additional information with respect to each member:

...31. A description of the postgraduate training in Ontario for each member who holds a certificate of registration authorizing postgraduate education.

Board Motion

Motion Title	For Approval – Register and Member Information By-laws Amendments re Post-Graduate Training Information
Date of Meeting	May 30, 2024

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

The Board of Directors of the College of Physicians and Surgeons of Ontario amends pending By-law No. 158 (Register and Member Information By-laws) as set out below, effective as of a date to be determined by the Board:

1. Section 2(1) of By-law No. 158 is amended by adding the following paragraph:
 31. A description of the postgraduate training in Ontario for each member who holds a certificate of registration authorizing postgraduate education.

Explanatory Note: This By-law is not currently in effect. It will come into effect at a date to be determined by the Board.

MAY 2024

Title:	Register and Member Information By-laws: Setting Effective Date (For Decision)
Main Contacts:	Carolyn Silver, Chief Legal Officer Marcia Cooper, Senior Corporate Counsel & Privacy Officer
Question for Board:	Does the Board agree to put the pending Register and Member Information By-laws into effect as of the date the new Public Register is launched?

Purpose

- Consider putting the pending Register and Member Information By-law provisions (By-law No. 158) (“Register By-laws”) into effect as of the date the new Public Register is launched.

Current Status and Analysis

- The Board approved amendments to the Register By-laws in September 2023 as part of the By-law refresh project, pending a future effective date to be determined by the Board.
- At the February 2024 Board meeting, the Board made certain provisions in the Register By-laws effective as of March 1, 2024 because changes to the Public Register were not needed to implement those provisions.
- It is very important that the remaining pending Register By-law amendments become effective simultaneously with the launch of the new Public Register so that the Public Register is in compliance at all times with the then current, effective By-laws.
- Accordingly, it is proposed that the Board approves the pending Register By-laws coming into effect simultaneously with the launch of the new Public Register.
- This approach (rather than naming a specific date) provides flexibility in the event that there are any changes to the planned launch date (October 16, 2024).
- The profession and other stakeholders will be advised that the new Public Register is expected to be launched in the fall of 2024 and the new Register By-laws will come into effect when the new Public Register is launched. Once the Public Register launches, the effective date of the Register By-laws will be announced for full clarity.
- Once the Register By-laws are in effect, they will be amalgamated into the CPSO By-laws (By-law No. 168) so that all By-laws are in one document.

Board Motion

Motion Title	For Approval – Register and Member Information By-law Amendments: Setting Effective Date
Date of Meeting	May 30, 2024

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

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

1. puts into force the pending Register and Member Information By-laws (By-law No. 158) as of the date the new CPSO Public Register is launched; and
2. permits and directs CPSO legal counsel to amalgamate and make the necessary or appropriate changes to By-law No. 158, the General By-law and the CPSO By-laws (By-law No. 168) that do not change the intent of these By-laws to effect the foregoing, and such amalgamation and changes shall have full force and effect without the need to have a further motion by the Board approving them.

Title:	CPSO By-laws: Setting Effective Dates (For Decision)
Main Contacts:	Carolyn Silver, Chief Legal Officer Marcia Cooper, Senior Corporate Counsel & Privacy Officer
Attachment:	Appendix A: Proposed By-law Effective Dates
Question for Board:	Does the Board agree to the proposed effective dates for the pending CPSO By-law provisions?

Purpose

- Consider approving the proposed effective dates for the pending provisions in the CPSO By-laws (By-law No. 168).

Current Status and Analysis

- The [CPSO By-Laws](#) (By-law No. 168) approved by the Board in December 2023, and amended on February 29, 2024, contain several amending provisions (in boxes headed “Amendment Not In Force”) that are pending (not yet in effect) while the necessary preparatory steps are taken to transition to the new governance modernization initiatives.
- Now that implementation work is underway, we are proposing dates for the Board to put those pending amendments into effect. (See Appendix A for details).
- The pending amendments relating to the Academic Directors are proposed to come into effect as of May 31, 2024. This will enable the Governance and Nominating Committee to follow the new competency-based selection process for selecting Academic Directors over summer and fall 2024 for the 2025 Board year.
- It is proposed that the remaining pending amendments in the CPSO By-laws become effective as of November 29, 2024 (at the end of the Annual Organizational Meeting). This will enable the new election model and the rest of the governance modernization initiatives to commence for the 2025 Board year.

Appendix A Proposed By-law Effective Dates

Section references are to [CPSO By-Laws \(By-Law No. 168\)](#).

EFFECTIVE DATE	CPSO BY-LAW SECTIONS - AMENDMENTS
May 31, 2024	
	Academic Directors s. 2.4.8 Article 4 s. 9.3.7 (e)
November 29, 2024	
	Election provisions ss. 2.2.1(a), 2.3.1(a) ss. 3.1, 3.3, 3.4, 3.5.3, 3.6, 3.7.1, 3.8, 3.10.1
	Competency-Based Selection of Board Chair and Board Vice-Chair s. 5.1.2 s. 6.2.10
	New Composition of EC s. 8.2.1
	Appointment of EC members and Competency-Based Selection of EC members (other than Board Chair/Vice-Chair) s. 8.2.2
	New FAC Composition s. 9.2.1
	New GNC Composition and Competency-Based Selection of GNC members s. 9.3

Board Motion

Motion Title	For Approval – CPSO By-laws: Setting Effective Dates
Date of Meeting	May 30, 2024

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

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

1. puts into force the pending provisions of the CPSO By-laws (By-law No. 168) that amend the following provisions of these By-laws as of May 31, 2024:

Section 2.4.8;
 Article 4; and
 Section 9.3.7 (e)

2. puts into force the remaining pending provisions in the CPSO By-laws (By-law No. 168), which amend the following provisions of these By-laws, as of the close of the Annual Organizational Meeting on November 29, 2024:

Sections 2.2.1(a) and 2.3.1(a);
 Sections 3.1, 3.3, 3.4, 3.5.3, 3.6, 3.7.1, 3.8 and 3.10.1;
 Section 5.1.2;
 Section 6.2.10;
 Sections 8.2.1 and 8.2.2; and
 Sections 9.2.1 and 9.3

3. permits and directs CPSO legal counsel to make the necessary or appropriate changes to the CPSO By-laws (By-law No. 168) that do not change the intent of these By-laws to effect the foregoing, and such changes shall have full force and effect without the need to have a further motion by the Board approving them.

Title:	Board Letter of Commitment (For Decision)
Main Contacts:	Caitlin Ferguson, Governance Coordinator Cameo Allan, Director of Governance
Attachment:	Appendix A: Board Letter of Commitment
Question for Board:	Does the Board approve the Letter of Commitment for yearly signing beginning in summer 2024?

Purpose

- The Board Letter of Commitment (the Letter) formalizes the norms that Directors have thus far been expected to follow before, during, and between Board of Directors (Board) meetings.

Current Status and Analysis

- As per learnings shared during the Education session at the February/March 2024 Board meeting, a key takeaway from the ASAE Exceptional Boards Conference was the value of implementing a Letter of Commitment as a tool to formalize Board norms and remind Directors of their responsibilities on a yearly basis.
- The proposed Letter, attached as Appendix A, is a one-page, plain-language document that Directors would be expected to sign annually. It is in addition to the Declaration of Adherence and the Code of Conduct, which are also currently signed and acknowledged annually.
- The Letter formalizes norms that promote the smooth functioning of the Board, which were previously communicated via PowerPoint slides at the beginning and end of Board meetings. These norms include adequate meeting preparation, effective and appropriate meeting participation, and expectations between Board meetings. Upon approval of the Letter, the norms slide will be replaced with a Board Commitment slide that references the Letter at each meeting.
- While all Directors and Committee members sign the Declaration of Adherence and the Code of Conduct, the Letter captures some obligations and norms that are unique to Board Directors.
- The Letter is meant to serve as an easily referenced agreement that can assist all Directors in understanding their responsibilities and expectations in and out of Board meetings.
- The Letter was reviewed by the Legal Office, the Senior Leadership Team, and the Executive Committee before being brought to the Board for approval.
- Once approved by the Board, the Governance Office would coordinate to have the Letter signed by all Directors as soon as possible using Adobe Sign, the software adopted to manage the Declaration of Adherence in 2023.

CPSO Board of Directors Letter of Commitment (2024)

The goal of this letter is to ensure that Directors understand the norms and behaviours that lead to effective Board meetings. As a Director on the Board of the College of Physicians and Surgeons of Ontario (CPSO), I acknowledge that the CPSO's duty is to serve in the public interest. I will abide by all obligations described in the [Declaration of Adherence](#) and Code of Conduct. This letter highlights some, not all, obligations in the Declaration and the Code, along with some additional obligations that are specific to Directors. I understand that some of these obligations will remain after I cease being a Director.

Prior to Board Meetings:

- I will endeavour to attend all Board meetings and will give notice to the Board Chair if I am unable to attend.
- I will review all materials (including any motions) before the meeting to ensure I understand them. If I have significant concerns or require clarification regarding the materials, I will discuss them with the Board Chair before the meeting.
- I will proactively disclose any Conflicts of Interest in accordance with the Declaration of Adherence and CPSO By-Laws.

During Board Meetings:

- I recognize that my role as a Director is to govern the affairs of the CPSO in fulfilling its duty to serve the public interest, rather than to be involved in CPSO operations (the Board addresses the What and the Why, not the How).
- I will participate in a professional manner in Board discussions and interactions with CPSO staff.
- I will be engaged and focused on Board work during meetings, sharing my valuable insights. I will refrain from sidebar conversations and reduce distractions from electronic devices as much as possible.
- I will endeavour to ask questions that contribute to and advance the discussion.
- I will listen actively to ensure everyone's voice is respectfully heard.

Between Board Meetings:

- Once the Board has come to a decision, I will adhere to and support the decision ("speak with one voice").
- I will not speak on behalf of CPSO unless explicitly authorized, and I will refer any questions from the public or media to the Governance Office.
- I will only engage on social media in accordance with the Code of Conduct.
- I will check my CPSO email at least twice weekly between Board meetings.
- I will only use my CPSO-issued laptop and CPSO email address for CPSO work and communications in accordance with the Declaration of Adherence.

I confirm that I have read, understand and accept my duties and responsibilities as a Director of CPSO.

Signature: _____

Date: _____

Motion Title	Board Letter of Commitment
Date of Meeting	May 30, 2024

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

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the Board Letter of Commitment to be signed annually by all Directors (a copy of which forms Appendix "XX" to the minutes of this meeting).



MEMORANDUM

To: CPSO Board of Directors (Board)

From: Deanna Williams

Date: May 30, 2024, meeting

Re: For the Board's Review and Approval

CPSO Board Profile, for final approval

A populated Board Profile is attached for the Board's consideration and approval. The Board Profile provides descriptors for behavioural competencies, unique skills and experiences and professional and practice experiences. In addition, an introductory page provides a synopsis of overarching principles and the process for reviews and revisions by the Board of Directors. This version has been presented and discussed by the Governance and Nominating Committee at their April 23rd, 2024, meeting and the Executive Committee at their May 7th, 2024, meeting.

Deanna Williams

CPSO Board Profile
May 2024

CPSO Board Profile

Introduction

Assuring a blend of knowledge, skills, experiences, and behavioral competencies to support a diversity of skills, experience and perspectives on regulatory boards is an identified best contemporary practice in regulatory governance. Many corporate and non-profit boards today identify as 'skills-based boards' and use approved Board Profiles in recruiting new board directors who will bring specific desired skills, competencies, and experiences to the board to make it more effective collectively.

Over-arching Principles

Equity, diversity, and inclusion (EDI) is important to the CPSO in fulfilling its mandate to serve in the public interest. All Board and Committee members are expected to support the CPSO's work towards providing a more diverse, equitable, and inclusive environment at the CPSO, within the profession, and for patients across the province. We encourage and expect our Board and Committee members to approach all work at the CPSO with a diversity, equity, and inclusion lens.

We believe that our Board's effectiveness relies on individual and collective engagement and commitment and is evident through demonstrated preparedness and participation of individual directors in the discussions and debates that give rise to the Board's approved strategic and policy directions.

Please note that the described behavioural competencies to be desirable in, and applicable to all members of both the Board and committees of the Board.

Reviews and Revisions

The Board Profile may be revised by the Board from time to time, upon identification of new or changing skills, experiences, and competencies that it believes are desirable on the Board at a given time.

Behavioural Competencies¹

Competency/Skill	Descriptor
Focus on the Public Interest	Understanding of and commitment to CPSO’s public interest mandate; ability to put interests of the public ahead of other interests, including one’s own
Commitment & Preparedness	Able to meet expectations and commitment required of all board members; comes well prepared to engage in discussion and debate
Ethics & Integrity	Is honest and has strong moral and ethical principles and values ²
Communication Skills	Listens with intent for most effective engagement with others; communicates and responds in manner that demonstrates sensitivity and acceptance of diverse views
Respectful, Self-aware & Courteous	Is respectful and courteous; demonstrates insight and awareness into one’s own capabilities and strengths, and uses an emotional intelligence approach in particularly difficult or challenging matters
Critical & Strategic Thinker	Able to identify the primary issue under consideration and evaluate different approaches, solutions and possible consequences before rendering an opinion; can recognize wider issues facing the College and the Board and consider the implications of decisions on the organization’s strategic or long-term goals
Open-Minded & Flexible	Remains open to all ideas and is willing to change a position if presented with new evidence or information that supports a change

¹ *These behavioural competencies are considered desirable in, and applicable to members of both the CPSO Board and committees of the Board.*

² Complies with all expectations in the Declaration of Adherence and Code of Conduct.

Unique Skills & Experiences³

Skill or Experience	Descriptor
Governance	Demonstrated knowledge and understanding of good governance principles and practices, possibly gained through board experience or governance education or certification
Health System Knowledge	Understanding of the health care system in Ontario and the respective roles and responsibilities of key stakeholders including government and other health organizations. Familiarity with historical and current trends in health services delivery, access to care and health outcomes
Risk Oversight ⁴	Good understanding of the board's role and responsibility for identifying and reviewing risks, and overseeing the management of identified risks
Knowledge of Professional and Occupational Regulation	Good understanding of the role and purpose of a health regulatory College in Ontario and how professions, and the medical profession in particular, are regulated
Leadership	Demonstrated experience leading teams and/or organizations; ability to lead, inspire and provide feedback and direction to others
Financial Literacy & Experience	Able to understand conceptually the financial position of CPSO as presented in the financial statements and generally accepted accounting principles; can read, interpret and ask questions about financial statements and reports
Lived Experiences contributing to EDI	Demonstrated or lived experience in issues related to equity, diversity, and inclusion, possibly gained through living, serving or working with diverse or marginalized populations

³ *These unique skills and experiences are considered to be desirable, and applicable to some, but not necessarily all members of the Board and committees of the Board.*

⁴ *Examples of CPSO Board Risk Oversight includes oversight of the College's annual renewal fee process (which includes risk mitigation in times of financial hardships) and measures to support health human resourcing in the current context shortages across the province and country.*

**Professional & Practice Experience(s)
(applicable to physician Board members)**

Desired Criteria	Descriptor
Patient Population(s) Served	Experience gained through providing direct care to patients from diverse populations and through diverse healthcare settings, which could include but not be limited to serving equity-seeking groups facing discrimination; for further examples, reference our Equity, Diversity and Inclusion page
Practice Location	Diverse perspectives and experiences will be brought to the board from practitioners who practice across urban, rural, remote and/or underserviced areas of Ontario
Practice Type	Diverse perspectives and experiences will be brought to the board from practitioners who practice in different practice settings ⁵
Education Profile	Diversity in when and where one graduated and in what special area(s)

⁵ Where different practice settings can include but is not limited to team settings, hospital practice or other health care institutions.

Board Motion

Motion Title	For Approval – Board Profile
Date of Meeting	May 30, 2024

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

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the 2024 CPSO Board Profile (a copy of which forms Appendix “ ” to the minutes of this meeting).



MEMORANDUM

To: CPSO Board of Directors (Board)

From: Deanna Williams

Date: May 30, 2024, meeting

Re: For the Board's Review and Approval

CPSO's Board of Directors Self-Assessment Tool

Included in your package is the CPSO Self-Assessment tool for your consideration and approval. This tool will be used yearly to build the Board's Skills Inventory, which supports identifying the desired skills, knowledge and experience that should be sought in the future Board Directors. The Self-Assessment tool has been presented and discussed by the Governance and Nominating Committee at their April 23rd, 2024, meeting and the Executive Committee at their April 9th and May 7th, 2024, meeting.

Since the February/March Board meeting, the self-assessment was piloted. At the time this memo was distributed, I was able to complete 27 1:1 discussions with Board Directors to discuss the results of their self-assessment.

The results of the pilot will be presented at the May Board of Directors meeting.

Deanna Williams

*CPSO Board Skills Self-
Assessment*
May 2024

Individual Board Member Self-Assessment- CPSO Board Skills Inventory, 2024

Introduction

Self-assessment of individual skills, and experiences is an important first step in helping the Board identify the existing competency levels on the Board. This information will be useful in the development of a baseline skills inventory that maps diversity and identifies existing gaps on the Board, informing future recruitment strategies for the Board and committees of the Board and the nature of training and education opportunities for the Board going forward.

A skills inventory is not a Board profile, which is generally determined by the collective Board; it is informed through an individual self-assessment process that identifies the current collective areas of strength on the Board as well as gaps where individuals believe additional strength on the Board would be beneficial going forward.

The skills inventory is commonly refreshed annually to reflect changes due to increased experience, training, and board turnover. In addition, an annual completion helps the Board ensure there are no significant gaps in its collective expertise so that it continues to have the diverse set of skills that it needs.

Using Self-Assessment to Create a Skills Inventory

The self-assessment:

- includes the overarching desired skills or competency areas, with descriptors on how each would be met;
- includes the rating scale, which sets out the proficiency levels to choose from based on which you believe is the most appropriate for you;
- should be identifiable, not anonymous (your information will not be public); and
- includes an opportunity to indicate where you consider training/education in a particular area would be beneficial to you, as an individual, or to the collective Board.

Self-Assessment of Individual Skills and Competencies

Ratings / Scoring		
4	Advanced (includes certification or training)	I consistently meet and contribute beyond expectations; I possess demonstrated experience and expertise that supports this rating.
3	Intermediate/Above Average	I consistently demonstrate the performance and level of competency expected of a Director. I am a solid performer.
2	Good	I have a general or modest level of experience and acknowledge some inconsistency in fully meeting expectations in this area- but am eager to learn and grow my skills.
1	Entry Level/No past experience	I have no previous knowledge or experience but have a strong desire to learn from others and improve skills.

Board Member Assessment

Using an online survey platform Board members are asked to score themselves, using the ratings noted above, based on a series of question focused on each of the Board Profile Behavioural Competencies, Unique Skills & Experiences and Professional and Practice Experience domains. In addition, optional questions regarding demographics, an educational profile and specific to medical practitioners questions regarding their medical practice and settings.

Board Motion

Motion Title	For Approval – Board Self-Assessment
Date of Meeting	May 30, 2024

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

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the 2024 CPSO Board Skills Self-Assessment (a copy of which forms Appendix “ ” to the minutes of this meeting).



MEMORANDUM

To: CPSO Board of Directors (Board)

From: Deanna Williams

Date: May 30, 2024, meeting

Re: For the Board's Review and Approval

Desirable Competencies and Traits for Board Leaders and Board Committee Members, for Review and Approval

To support ensuring leaders and members of the CPSO Board and Committees of the Board have the required skills, experiences and competencies, a summary has been attached for the Board's consideration. These competencies would be used by the Governance and Nominating Committee (GNC) in their selection and appointment of committee leaders and members. In addition, in the case of GNC, which will have elections to determine its members, interested Directors would be asked to detail how they meet the desired skills and experiences in their expressions of interest. The proposal includes feedback from the March 5th GNC meeting and was reviewed and discussed at the April 23rd GNC meeting and the Executive Committee at their May 7th meeting. In addition, it includes identified best practices, and senior leadership team feedback.

Deanna Williams

Desirable Competencies and Traits for Board Leaders and Board Committee Members

(May 2024)

Candidates seeking Board and Committee Leadership positions, or membership on a Committee of the Board, should demonstrate a desirable blend of behavioural competencies, unique skills and experiences outlined in Table 1. In addition, specific to Board Directors seeking leadership positions on the Board or Committees of the Board, additional desired skills, characteristics, and traits are included in Table 2. This is to ensure they have the skills and competencies to achieve set goals and objectives through effective chairing, they are well suited to collaborate regularly with the staff leaders who support them in their roles, and they can identify upcoming issues relevant to the Committee(s) and to keep abreast of ongoing issues that may affect their respective work and long-term goals. Table 2 is a summary of Chair traits included in recruitment packages in other international jurisdictions and have been confirmed by the Governance and Nominating Committee, Executive Committee and CPSO senior leadership.

The purpose of outlining these skills, characteristics and traits is to inform the Governance and Nominating Committee's (GNC) screening and selection of Executive Committee and Finance and Audit Committee members, and for those running for election on the GNC to clearly state in their nomination statements how they are well suited for the work.

Table 1 CPSO Board Profile ¹

Behavioral Competencies	Unique Skills & Experiences
Focus on the public interest	Governance
Commitment & preparedness	Health System Knowledge
Ethics & integrity	Risk Oversight
Communication skills	Knowledge of Professional & Occupational Regulation
Respectful, self-aware & courteous	Leadership
Critical & strategic thinker	Financial Experience/Literacy
Open-minded & flexible	Lived Experiences contributing to EDI

For Committees of the Board, the following skills/experiences to support the work of their committee(s) are desirable:

- **Finance and Audit Committee:**
 - Financial experience/literacy
 - Leadership
 - Risk Oversight

¹ A link to the populated Board Profile, with descriptors, to be inserted here once approved by the CPSO Board of Directors.

- **Executive Committee:**
 - Governance
 - Financial experience/literacy
 - Leadership
 - Knowledge of Professional & Occupational Regulation
 - Health System Knowledge
 - Risk Oversight
 - Lived Experiences Contributing to EDI

- **Governance and Nominating Committee:**
 - Governance
 - Leadership
 - Knowledge of Professional & Occupational Regulation
 - Lived Experiences Contributing to EDI

Table 2 Additional Characteristics/Traits and Desirable Skills/Experiences for Board and Committee Leaders

Desirable Trait	Description
High degree of Emotional Intelligence	<ul style="list-style-type: none"> ● Monitors and understands the emotions of oneself and others and uses the information to guide one’s thinking and actions ● Effectively manages issues that arise ● Is an insightful and intuitive leader
Relationship builder	<ul style="list-style-type: none"> ● Builds and maintains good relationships while effectively executing the role of a good leader ● Maintains effective partnership with senior leadership
Provides effective Leadership	<ul style="list-style-type: none"> ● Leads others to right decisions even if unpopular or unpalatable ● Is respected by others ● Leads with humility
Outcomes- focused	<ul style="list-style-type: none"> ● Focuses on desired outcomes first before considering how to best achieve them ● Good time manager ● Organized
Patient and Tactful	<ul style="list-style-type: none"> ● Welcomes input and participation from all but can tactfully move discussion along to ensure meeting objectives are met
Good Facilitator	<ul style="list-style-type: none"> ● Effectively manages discussion to facilitate good decision-making

Desirable Trait	Description
Inclusive and Open	<ul style="list-style-type: none"> • Seeks and encourages sharing of diverse views and perspectives • Ensures members feel heard
Chairing Experience or Training	<ul style="list-style-type: none"> • Has previously served as a Chair or Vice-Chair • Experience as an engaged member of Board • May have undergone chair or leadership training
Appreciative Inquiry	<ul style="list-style-type: none"> • Seeks answers and clarity before leading discussion

Board Motion

Motion Title	For Approval – Competencies and Traits for Board Leaders and Board Committee Members
Date of Meeting	May 30, 2024

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

The Board of Directors of the College of Physicians and Surgeons of Ontario approves the Competencies and Traits for Board Leaders and Board Committee Members (a copy of which forms Appendix “ ” to the minutes of this meeting).

Title:	Draft Policy for Consultation – <i>Reporting Requirements</i> (For Decision)
Main Contacts:	Tanya Terzis, Manager, Policy Stephanie Sonawane, Policy Analyst Laura Rinke-Vanderwoude, Policy Analyst
Attachments:	Appendix A: Draft <i>Reporting Requirements</i> Policy Appendix B: Draft <i>Legal Reporting Requirements</i> Appendix C: Draft <i>Advice to the Profession: Reporting Requirements</i>
Question for Board:	Does the Board recommend that the draft policy be released for external consultation?

Purpose

- CPSO’s [Mandatory and Permissive Reporting](#) (“*Reporting*”) policy is currently under review. A newly titled draft *Reporting Requirements* policy and two companion documents, *Legal Reporting Requirements* and *Advice to the Profession* (“*Advice*”) have been developed.
- The Board is being provided with an overview of the key updates made in the drafts and is asked whether the draft *Reporting Requirements* policy can be released for external consultation.

Current Status and Analysis

- The current *Reporting* policy is mainly a catalogue of requirements that are based in law. While most of these requirements have been retained, the new draft policy has been restructured to improve readability and usefulness and has also been retitled for clarity and brevity.
 - The new draft policy focuses solely on the professional expectations CPSO has set for physicians, including new expectations related to notifying patients of reports, disclosing only the necessary information, reporting in a timely manner and capturing details of reports in the patient’s medical record.
- The legal requirements set out in the current *Reporting* policy are now captured in the *Legal Reporting Requirements* document.
- In accordance with the *Code*¹, the current *Reporting* policy requires physicians to self-report all offences to CPSO. Numerous federal, provincial and municipal offences are captured by this requirement, many of which do not relate to the practice of medicine (e.g., parking tickets).
- Based on feedback from the Executive Committee and Policy Working Group, this document has been revised to specify the offences physicians are required to self-report to CPSO. In keeping with CPSO’s commitment to right-touch regulation, it now only captures offences that carry the highest risk and are most relevant to the practice of medicine, namely:

¹ *Regulated Health Professions Act, 1991*, Schedule 2, Health Professions Procedural Code (“*Code*”), sections 85.6.1 and 85.6.4.

- charges and/or findings of guilt for offences under the *Criminal Code*, *Controlled Drugs and Substances Act*, *Food and Drugs Act*, *Health Insurance Act* and/or under comparable legislation in any province or jurisdiction, as well as any other offences related to the practice of medicine.
- This approach was informed by considering the following:
 - the offences physicians self-report to the College
 - the offences specifically identified in the Annual Renewal
 - the approach taken by other Ontario health regulators, which is varied²
 - that the College does not typically take action on minor offences, such as parking or speeding tickets
 - that the phrase “any other offence related to the practice of medicine” will capture serious provincial/federal offences not specifically identified if they are relevant to the practice of medicine.
- The *Advice* has been created to address issues that may arise in practice and guide physicians on their reporting requirements.

² For example, some regulators require reporting of all offences. Others exclude reporting offences under the *Highway Traffic Act, 1990*, and speeding and parking violations, and one requires reporting offences relevant to the suitability to practice.

REPORTING REQUIREMENTS

1 *Policies* of the College of Physicians and Surgeons of Ontario (“CPSO”) set out
2 expectations for the professional conduct of physicians practising in Ontario. Together
3 with the *Practice Guide* and relevant legislation and case law, they will be used by CPSO
4 and its Committees when considering physician practice or conduct.

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

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

Policy

12 Physicians are required to report certain events or clinical conditions regarding their
13 patients, other regulated health professionals, and themselves to CPSO, other health
14 regulatory bodies (i.e., colleges), and designated agencies.

15 Depending on the circumstances, physicians may be required or permitted¹ by law to
16 make a report. Physicians may also be required by CPSO policy to notify an appropriate
17 authority of specific information.

18 This policy outlines the professional expectations that have been set by CPSO with
19 respect to reporting, and a list of the key reporting requirements that are set out in law
20 can be found in the *Legal Reporting Requirements* companion resource.

General

- 22 1. In addition to complying with the professional expectations contained in this policy,
23 physicians **must** fulfill their legislative reporting requirements, which include those
24 that are set out in CPSO’s *Legal Reporting Requirements* document.
- 25
- 26 2. Unless doing so would pose a genuine risk of harm to themselves and/or others,²
27 physicians **must** notify patients about their duty to report at the earliest opportunity,
28 and where possible, before making a report.³

¹ Some laws allow (but do not require) physicians to make a report even if it means disclosing confidential patient information.

² This includes harm that may result to the physician, the physician’s staff, the patient, etc.

³ For more information on when to notify patients of a duty to report, see CPSO’s *Advice to the Profession: Reporting Requirements* document.

- 30 3. When making a report about a patient, physicians **must** disclose only the information
31 as required by law or necessary to address the risk of harm.
32
- 33 4. While most legislative reports must be made within a specified period of time, where
34 a timeline is not set out in law, physicians **must** file a report in a timely manner⁴ once
35 a requirement to report arises.

36 **Incompetence and Incapacity**

- 37 5. While facility operators⁵ are legally required to report concerns of incapacity and
38 incompetence, all physicians **must** take appropriate and timely action when they
39 have reasonable grounds to believe that another physician or regulated health
40 professional is incapacitated⁶ or incompetent⁷, including circumstances where the
41 individual's pattern of care, physical or mental health, or behaviour poses a likely risk
42 to patient safety.

43 **Documentation**

- 44 6. Physicians **must** capture in the medical record relevant details of any report made
45 about a patient (e.g., a copy of the report).

⁴ What constitutes "timely" will depend on the circumstances of each case, including the level and nature of the risk inherent in the situation.

⁵ See CPSO's *Legal Reporting Requirements* document for more information on facility operators.

⁶ "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. See s. 1(1) of the [Health Professions Procedural Code](#), Schedule 2 of the [Regulated Health Professions Act, 1991](#), S.O. 1001, c.18 ("HPPC").

⁷ "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.

LEGAL REPORTING REQUIREMENTS

1
2 Physicians are required by law to report certain events and clinical conditions to the
3 College of Physicians and Surgeons of Ontario (“CPSO”), other health regulatory bodies
4 (i.e., colleges) and agencies. This document summarizes some of the key legal
5 reporting requirements.

6 Refer to the legislation directly and contact the Canadian Medical Protective
7 Association for advice about your specific reporting requirements. In case of any
8 inconsistency between this document and applicable legislation, the legislation will
9 always prevail.

10
11 Listed below are the legal reporting requirements captured in this document:

12 *Reports to CPSO and Other Health Regulatory Colleges*

- 13 • Sexual Abuse of Patients
- 14 • Professional Misconduct, Incompetence or Incapacity
- 15 • Privacy Breaches
- 16 • Self-Reporting

17 *Reports to Other Agencies*

- 18 • Children in Need of Protection
- 19 • Transportation
- 20 • Births, Still-Births and Deaths
- 21 • Privacy Breaches – Information and Privacy Commissioner
- 22 • Occupational Health and Safety
- 23 • Controlled Drugs and Substances
- 24 • Diseases and Vaccines
- 25 • Long-Term Care and Retirement Homes
- 26 • Preferential Access to Health Care
- 27 • Health Card Fraud
- 28 • Community Treatment Orders
- 29 • Provincial Correctional Facilities

30 **Reports to CPSO and Other Health Regulatory Colleges**

31 **Sexual Abuse of Patients**

32 Physicians who believe that another regulated health professional may have sexually
33 abused a patient must:

- 34 • file a written report with the appropriate college within 30 days, or immediately if
35 they believe the sexual abuse will continue or other patients will be sexually
36 abused
- 37 • make best efforts to tell the patient before submitting a report.

38 Physicians providing psychotherapy to the subject regulated health professional have
39 additional reporting requirements, including providing an opinion, if possible, about the
40 likelihood of the regulated health professional sexually abusing patients in the future.

41 See sections 85.1 and 85.3(1), (2), (4) and (5) [Health Professions Procedural Code](#),
42 Schedule 2 of the [Regulated Health Professions Act, 1991](#).

43 **Professional Misconduct, Incompetence, or Incapacity**

44 **Facility Operators**

45 Physicians who operate a facility and believe a regulated health professional practising
46 in the facility is incompetent or incapacitated must file a written report with the
47 appropriate college within 30 days, or immediately if patients are likely to be harmed or
48 injured.

49 See sections 85.2 and 85.3(1) and (2) [Health Professions Procedural Code](#), Schedule 2
50 of the [Regulated Health Professions Act, 1991](#).

51 **Employers and Affiliates**

52 Physicians who employ, offer privileges to, or associate with regulated health
53 professionals must file a written report with the appropriate college within 30 days
54 when, for reasons of professional misconduct, incompetence or incapacity:

- 55 • the physician takes disciplinary action against (e.g., terminates employment,
56 restricts privileges) or ends a business association with (e.g., dissolves a
57 partnership) a regulated health professional
- 58 • a regulated health professional voluntarily gives up their employment or
59 privileges.

60 See section 85.5 [Health Professions Procedural Code](#), Schedule 2 of the [Regulated](#)
61 [Health Professions Act, 1991](#).

62 **Public Hospitals**

63 Physicians who are hospital administrators¹ must file a report with CPSO when, for
64 reasons of incompetence, negligence, or misconduct:

- 65 • a physician's application to work in a hospital is rejected, or their employment or
66 privileges are restricted or cancelled
- 67 • a physician resigns or limits their practice in a hospital.

68 See section 33 [Public Hospitals Act](#).

69 **Privacy Breaches**

70 Physicians who employ, offer privileges to, or are otherwise affiliated with regulated
71 health professionals² must file a written report with the appropriate college within 30
72 days when, as a result of a privacy breach³:

- 73 • they take disciplinary action against (e.g., terminate employment, restrict
74 privileges) or end an affiliation with a regulated health professional
- 75 • a regulated health professional voluntarily gives up their employment, privileges
76 or affiliation.

77 See section 17.1(2) and (5) [Personal Health Information Protection Act, 2004](#) (PHIPA).

78 **Self-Reporting**

79 Physicians must file a written report with CPSO as soon as possible regarding:

- 80 • charges and/or findings of guilt for the following offences, as well as any related
81 conditions of release or restrictions:
 - 82 ○ offences under the *Criminal Code*, the *Controlled Drugs and Substances*
83 *Act*, the *Food and Drugs Act*, the *Health Insurance Act*, and/or under
84 comparable legislation in any province or jurisdiction, and
 - 85 ○ any other offences related to the practice of medicine.
- 86 • findings of professional negligence or malpractice
- 87 • findings of professional misconduct or incompetence by a professional
88 regulatory body in any jurisdiction.

89 Physicians must also file a report if there is a change in any of the above.

¹ The person who has direct supervision and control of a hospital (section 1 *Public Hospitals Act*).

² This reporting requirement applies only to physicians who are health information custodians (custodians). See PHIPA section 3 for more information on custodians. Agents of custodians have separate reporting requirements under section 17(4)(b) PHIPA.

³ This includes the unauthorized collection, use, disclosure, retention, or disposal of personal health information.

90 See sections 85.6.1 to 85.6.4 [Health Professions Procedural Code](#), Schedule 2 of the
91 [Regulated Health Professions Act, 1991](#).

92 **Reports to Other Agencies**

93 **Children in Need of Protection**

94 Physicians who have reasonable grounds to suspect that a child younger than 16 years
95 old has experienced or is at risk of experiencing abuse⁴ or neglect must:

- 96 • immediately and directly report to a Children's Aid Society (CAS)⁵,
- 97 • not rely on anyone else to report on their behalf
- 98 • file a further report if there are additional grounds to believe the child is
99 experiencing or is at risk of experiencing abuse or neglect.

100 Physicians who have concerns about a child who is 16 or 17 years old are permitted, but
101 not required, to make a report to the CAS.

102 See section 125(1) to (4) [Child, Youth and Family Services Act](#).

103 **Transportation**

104 ***Impaired Driving Ability***

105 Physicians who examine or provide medical or other services to a patient who is at least
106 16 years old must report to the Registrar of Motor Vehicles⁶ if the patient appears to
107 have a cognitive impairment, sudden incapacitation, motor or sensory impairment,
108 visual impairment, substance use disorder or psychiatric illness that can impair the
109 ability to drive.⁷

110 Physicians are not required to report:

- 111 • impairments that are temporary or unlikely to recur (e.g., a broken ankle,
112 recovering from anesthesia after surgery)
- 113 • small or gradual changes in a patient's ability due to aging (unless they amount
114 to one of the medical issues listed above).

⁴ Abuse includes but is not limited to physical harm, sexual abuse or exploitation, and emotional harm.

⁵ A list of CAS offices can be found on the Ontario Association of Children's Aid Societies' [website](#).

⁶ See the Government of Ontario's [website](#) for more information on how to make a report, including how to complete and access the [Medical Condition Report Form](#).

⁷ When making this determination, physicians may consider the [CCMTA Medical Standards for Drivers](#) published by the Canadian Council of Motor Transport Administrators and the [Driver's Guide: Determining Medical Fitness to Operate Motor Vehicles](#) published by the Canadian Medical Association.

115 Physicians who believe a patient has other medical issues that may make it dangerous
116 to drive are permitted, but not required, to make a report.

117 See sections 203(1) to (4) [Highway Traffic Act](#) (HTA) and section 14.1 [Drivers' Licences](#)
118 [Regulation](#), enacted under the HTA.

119 **Pilots or Air Traffic Controllers**

120 Physicians who believe that a patient working as a flight crew member, air traffic
121 controller or in another aviation job may have a medical condition that might pose a
122 danger to aircraft safety must report to a medical advisor designated by the Minister of
123 Transport⁸ immediately.

124 See section 6.5(1) [Aeronautics Act](#).

125 **Maritime Safety**

126 Physicians who believe that a patient with a certificate issued under the *Canada*
127 *Shipping Act, 2001* may have a medical condition that might pose a danger to maritime
128 safety must report to the Minister of Transport⁹ without delay.

129 See section 90(1) [Canada Shipping Act, 2001](#).

130 **Railway Safety**

131 Physicians who believe that a patient working in a job related to railway safety may have
132 a medical condition that might pose a danger to safe railway operations must report to
133 a physician specified by the relevant railway company without delay.

134 Physicians must also:

- 135 • take reasonable steps to inform the patient before making the report
- 136 • send the patient a copy of the report without delay.

137 See section 35(2) [Railway Safety Act](#).

138 **Births, Still-Births and Deaths**

139 **Live Births**

140 Physicians who are present when a baby is born must give notice of the birth to the
141 Registrar General within two business days.¹⁰

⁸ See the [Transport Canada](#) website for information on reporting concerns related to aircraft safety.

⁹ See the [Transport Canada](#) website for contact information.

¹⁰ Notices of live birth may be completed by paper and submitted by mail, or completed and submitted [online](#). See the Government of Ontario's [website](#) for contact information for the Registrar General.

142 See section 8 [Vital Statistics Act](#) (VSA) and section 1 [General Regulation](#), enacted under
143 the VSA.

144 **Still-Births**

145 Physicians who are present at a still-birth must:

- 146 • give notice of the still-birth to the Registrar General within two business days¹¹
- 147 • complete and deliver a medical certificate of still-birth to the funeral director.¹²

148 In certain circumstances, coroners must complete the medical certificate of still-birth.

149 See section 9.1 [Vital Statistics Act](#) (VSA) and sections 19 and 20(1) [General Regulation](#),
150 enacted under the VSA.

151 **Deaths**¹³

152 Unless there is reason to notify the coroner, physicians who are either present during or
153 have enough knowledge of the illness that led to a person's death must immediately:

- 154 • complete and sign a medical certificate of death¹⁴
- 155 • deliver the medical certificate of death to the funeral director.¹⁵

156 See section 21(1), (2) and (5) [Vital Statistics Act](#) (VSA) and sections 35(2) and 70
157 [General Regulation](#), enacted under the VSA.

158 **Notification of Coroner**

159 Physicians who believe a person died under circumstances that may require
160 investigation, including in an unnatural or unexpected way (e.g., due to violence or an
161 accident), must immediately notify a coroner or police officer.

162 See section 10(1) [Coroners Act](#).

¹¹ There is no online process for still-birth registration. See the Government of Ontario's [website](#) for contact information for the Registrar General.

¹² See the Government of Ontario's [Handbook on Medical Certification of Death & Stillbirth](#) for more information on how to complete a medical certificate of still-birth.

¹³ For guidance on reporting deaths resulting from medical assistance in dying (MAID) and completing medical certificates of death in the MAID context, see CPSO's [Legal Requirements: MAID](#) and [Advice to the Profession: MAID](#) document.

¹⁴ Coroners and physicians providing palliative care outside a hospital setting (e.g., a patient's residence, hospice, long-term care home) can complete and submit a medical certificate of death electronically. See the Government of Ontario's [Handbook on Medical Certification of Death & Stillbirth](#) and CPSO's [Advice to the Profession: End-of-Life Care](#) for more information on medical certificates of death.

¹⁵ For situations where there is no funeral director involved, see the Government of Ontario's [website](#).

163 **Privacy Breaches – Information and Privacy Commissioner (IPC)**

164 Physicians who are health information custodians (custodians) must report privacy
165 breaches to the IPC at the first reasonable opportunity.¹⁶ This includes but is not limited
166 to when:

- 167 • personal health information is stolen, or used or disclosed without authority
- 168 • the privacy breach is part of a pattern of similar breaches
- 169 • the privacy breach is significant.

170 Custodians must also:

- 171 • notify the individual(s) whose privacy has been breached at the first reasonable
172 opportunity
- 173 • submit statistics to the IPC on or before March 1 each year setting out the
174 number of privacy breaches that occurred.¹⁷

175 See sections 3, 12(2) and (3), and 55.5(7) [Personal Health Information Protection Act,](#)
176 [2004](#) (PHIPA) and sections 6.3, 6.4, and 18.3 [General Regulation](#), enacted under PHIPA.

177 **Occupational Health and Safety**

178 Physicians who conduct medical examinations on workers who work with designated
179 substances¹⁸ or in a compressed air environment must promptly file a report with the
180 Provincial Physician of the Ministry of Labour, Immigration, Training and Skills
181 Development¹⁹ if they determine a worker is: (1) fit to work with limitations, or (2) not fit
182 to continue working.

183 See section 29(1), (2) and (7) [Designated Substances Regulation](#), enacted under the
184 [Occupational Health and Safety Act, 1990](#) (OHSA), and section 352(9) and (11)
185 [Construction Projects Regulation](#), enacted under the OHSA.

¹⁶ Reports can be submitted via the [privacy breach reporting form](#). For more information, see the IPC's [Reporting a Privacy Breach to the IPC: Guidelines for the Health Sector](#).

¹⁷ Reports can be submitted using the IPC's [Online Statistics Submission](#) website. For more information, see the IPC's [Annual Reporting of Privacy Breach Statistics to the Commissioner](#).

¹⁸ See section 2 Designated Substances Regulation for the list of designated substances.

¹⁹ See the Government of Ontario's [website](#) for the Provincial Physician's contact information.

186 **Controlled Drugs and Substances**

187 Physicians who know that a controlled substance²⁰ was lost or stolen from their office
188 must submit a written report to Health Canada's Office of Controlled Substances²¹
189 within 10 days.

190 See sections 61(2) and 72(2) [Benzodiazepines and Other Targeted Substances](#)
191 [Regulations](#) enacted under [Controlled Drugs and Substances Act](#) (CDSA), section 55(g)
192 [Narcotic Control Regulations](#) enacted under CDSA; and section G.04.002A(g) [Food and](#)
193 [Drug Regulations](#) enacted under [Food and Drugs Act](#).

194 **Diseases and Vaccines**

195 **Communicable Diseases and Diseases of Public Health Significance**

196 Physicians must file a report with the medical officer of health of the local health unit²²
197 as soon as possible when:

- 198 • the physician signs a death certificate indicating that a disease of public health
199 significance²³ caused or contributed to a patient's death
- 200 • a person who is not a patient at a hospital²⁴ has or may have a disease of public
201 health significance
- 202 • a person who is under the physician's care has or may have a communicable
203 disease.

204 Physicians must also file a report when a person who is under their care for a
205 communicable disease does not follow recommended treatment.

206 See sections 25(1), 26, 30 and 34(1) and (2) [Health Protection and Promotion Act](#)
207 (HPPA).

²⁰ Schedules I, II, III, IV and V of the CDSA outline the items that constitute a "controlled substance," which include a targeted substance, narcotic, or controlled drug.

²¹ See Health Canada's website to access the [Loss or Theft Reporting Form](#) and [E-Services Portal](#).

²² See the Ministry of Health's [website](#) for a list of public health units.

²³ A list of diseases of public health significance and communicable diseases are contained in the [Designation of Diseases Regulation](#), enacted under the HPPA.

²⁴ A hospital administrator's reporting duty arises if the hospital record states that a patient or an out-patient of the hospital has or may have a disease of public health significance or a communicable disease (section 27(1) HPPA).

208 **Eyes of Newborns**

209 Physicians who are present when a baby is born and know the baby's eye(s) are red,
210 inflamed or swollen must file a written report with the medical officer of health within
211 two weeks.

212 See section 33(1) [Health Protection and Promotion Act](#), (HPPA) and section 1
213 [Communicable Diseases – General Regulation](#), enacted under the HPPA.

214 **Rabies**

215 Physicians must file a report with the medical officer of health as soon as possible
216 when they know a person:

- 217 • was bitten by a mammal
- 218 • had contact with a mammal that could result in the person getting rabies.

219 See section 2(1) [Communicable Diseases – General Regulation](#), enacted under the [Health](#)
220 [Protection and Promotion Act](#).

221 **Reactions to Vaccines**

222 Physicians must file a report with the medical officer of health of the local health unit²⁵
223 within seven days if they believe a patient who received a vaccine subsequently
224 experienced a particular reaction to the vaccine, including but not limited to:

- 225 • persistent crying or screaming, or anaphylaxis or anaphylactic shock within 48
226 hours
- 227 • collapsing, a high fever or a seizure within three days
- 228 • arthritis within 42 days
- 229 • death following a symptom above.

230 See section 38(1) and (3) [Health Protection and Promotion Act](#).

231 **Long-Term Care and Retirement Homes**

232 Physicians must immediately report to the Director of the Ministry of Long-Term Care²⁶
233 (in the case of long-term care homes) or the Registrar of the Retirement Homes
234 Regulatory Authority²⁷ (in the case of retirement homes) when they believe:

- 235 • a resident may have experienced or may experience harm as a result of improper
236 or incompetent care, unlawful conduct, abuse or neglect

²⁵ See the Ministry of Health's [website](#) for a list of public health units.

²⁶ See the Government of Ontario's [website](#) for information on filing a report.

²⁷ See the Retirement Homes Regulatory Authority [website](#) for information on filing a report.

237 • a resident's money may have been misused.
238 Physicians who believe funding for a long-term care home may have been misused or
239 misappropriated must also immediately report to the Director of the Ministry of Long-
240 Term Care.²⁸

241 See sections 2(1), 28(1) and (4), and 185(1) [Fixing Long-Term Care Act, 2021](#) and
242 section 75(1) and (3) [Retirement Homes Act, 2010](#).

243 **Preferential Access to Health Care**

244 Physicians who believe that a person received preferred access to an insured medical
245 service in exchange for money or another benefit must promptly file a report with the
246 General Manager of the Ontario Health Insurance Plan.²⁹

247 See section 17(1) and (2) [commitment to the Future of Medicare Act, 2004](#), (CFMA) and
248 section 7(1) [General Regulation](#), enacted under the CFMA.

249 **Health Card Fraud**

250 Physicians who know health card fraud has been committed must promptly report to
251 the General Manager (GM) of the Ontario Health Insurance Plan (OHIP).³⁰ This includes
252 when a person who is not insured under OHIP:

- 253 • receives or tries to receive an insured service
- 254 • receives or tries to receive payment for money they spent on an insured service
- 255 • gives false information about their residency to the GM or OHIP.

256 Physicians are permitted, but not required, to report any concerns that relate to the
257 administration of the *Health Insurance Act*.

258 See section 43.1 [Health Insurance Act](#) (HIA) and section 1(1) [Health Fraud Regulation](#),
259 enacted under the HIA.

²⁸ While reporting misused or misappropriated funding is only required in the context of long-term care homes, the Retirement Homes Regulatory Authority also encourages physicians to make reports on such issues.

²⁹ See the Ministry of Health and Long-Term Care's [website](#) for information on the CFMA and protecting access to public health care. See also the Government of Ontario's [website](#) for contact information for the Health Insurance Branch of the Health Programs and Delivery Division.

³⁰ See the Ministry of Health and Long-Term Care's [website](#) for more information on OHIP fraud. See also the Government of Ontario's [website](#) for contact information for the Health Insurance Branch of the Health Programs and Delivery Division.

260 **Community Treatment Orders**

261 Physicians involved in the care of mentally ill patients following community treatment
262 orders and who issue an order for examination must provide the police with:

- 263 • up-to-date contact information of the physician responsible for completing the
264 examination required under the order
- 265 • immediate notice if the patient voluntarily goes to the examination or if the order
266 is cancelled for any other reason before it expires.

267 See section 7.4 [General Regulation](#), enacted under [Mental Health Act](#) (MHA).

268 **Provincial Correctional Facilities**

269 Physicians who treat offenders in a correctional facility³¹ must file a report with the
270 Superintendent:

- 271 • immediately when an offender is seriously ill
- 272 • in writing when an offender is injured
- 273 • immediately and in writing when the physician determines an offender cannot
274 work or that their work should be changed.

275 Physicians who treat offenders in a correctional facility must immediately file a report
276 with the medical officer of health of the local health unit³² when an offender has or may
277 have a communicable disease.

278 See sections 4(3) to (5), [General Regulation](#), enacted under the [Ministry of Correctional](#)
279 [Services Act](#), 1990 and Section 37(1) [Health Protection and Promotion Act](#), 1990 (HPPA).

³¹ See the Government of Ontario [website](#) for contact information for correctional and detention centres.

³² See the Ministry of Health's [website](#) for a list of public health units.

ADVICE TO THE PROFESSION: REPORTING REQUIREMENTS

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

Physicians have legal and professional reporting requirements. The *Reporting Requirements* policy outlines the professional expectations the College of Physicians and Surgeons of Ontario (“CPSO”) has set. The *Legal Reporting Requirements* companion resource contains a non-exhaustive list of clinical conditions and events that physicians are legally required to report.

This document is intended to help physicians interpret and effectively discharge those reporting obligations and provide physicians with advice on how to address issues that may arise in practice.

General

What do I do if I have questions about my reporting requirements?

Physicians can contact the Canadian Medical Protective Association with any questions. Physicians may also wish to consult with the Office of the Information and Privacy Commissioner of Ontario, and/or CPSO’s Physician Advisory Service.

What will happen if my patient complains to CPSO about a report I made?

Physicians are generally protected from legal action and complaints that arise when complying with their reporting requirements in good faith.

What will happen if I do not comply with my reporting requirements?

Failing to comply with a reporting requirement may have serious repercussions and may amount to professional misconduct or professional negligence.

What about my duty to maintain patient confidentiality?

As a general rule, personal health information cannot be disclosed without patient consent. However, this duty is not absolute and is overridden when there is a

30 requirement to report, or a disclosure that is permitted by law, because a potential
31 threat to public safety outweighs the need to preserve confidentiality.

32 ***What details do I need to capture in the medical record when I make a report about a***
33 ***patient?***

34 In general, documentation describing a report made about a patient will include:

- 35 • the rationale for the decision to report
- 36 • the date and time the report was made
- 37 • the person or agency to whom the report was made
- 38 • the information disclosed in the report that was made and
- 39 • if the report was discussed with the patient (and if the patient was not informed,
40 the reasons for not informing them).

41 Many reports are made in writing (i.e., letter or form). Including a copy of the report in
42 the patient's medical record will often be sufficient to discharge this requirement, but
43 physicians still need to ensure the record contains all the relevant details.

44 Where a report is not made in writing, it can be helpful to follow up on a verbal
45 conversation by sending the other party a letter confirming what was discussed, and
46 then including a copy of the letter in the patient's medical record.

47 The [Canadian Medical Protective Association](#) notes that physicians may wish to
48 document their rationale for *not* reporting a patient in situations where they have
49 considered whether a reporting requirement exists. If the situation relates to a non-
50 patient (e.g., another regulated health professional), it may also be helpful to document
51 the rationale for reporting or not reporting them in a personal and confidential file.

52 ***Do I have to make a report if someone else has already filed one?***

53 Yes. Physicians must make a report themselves, even if they know that a report has
54 already been made or that someone is planning to make a report. For example, a
55 physician who believes that a child needs protection would have to make a report to the
56 Children's Aid Society (CAS) even if they know that CAS is already involved.

57 ***Can I disclose a patient's personal health information (PHI) to the police?***

58 Generally, physicians are not permitted to disclose PHI to the police (or any other third
59 party) unless they have patient consent, or the disclosure is required by law. Disclosure
60 required by law may include a legal requirement to report to the police under a
61 legislation, a police request for information in the course of certain authorized
62 investigations or pursuant to a court order or warrant. Under section 40(1) of the
63 *Personal Health Information Protection Act, 2004*¹, physicians may also disclose PHI to

¹ [S.O. 2004, c. 3, Sched. A](#). See s.40(1).

64 the police without consent if they believe on reasonable grounds that the disclosure to
65 the police is necessary for the purpose of eliminating or reducing a significant risk of
66 serious bodily harm to a person or group of persons.

67 Absent patient consent, physicians will need to carefully consider any request for
68 information and take steps to confirm that there is a lawful basis for disclosing PHI,
69 which may include seeking advice from the Canadian Medical Protective Association.

70 **Timing and Notification of Reports**

71 ***What can I tell patients to best support them when I make a report?***

72 It is important to explain anything the patient might find helpful, including:

- 73 • where a report is required by law, that the report must or had to be made, and
74 that the reporting requirement overrides the duty of confidentiality
- 75 • the information that was or will be contained in the report and
- 76 • to whom the report was or will be made.

77 Being upfront and transparent about a report helps support and preserve a trusting
78 physician-patient relationship. In addition, it may help avoid unnecessary complaints to
79 CPSO and prevent patients from endangering themselves and others.

80 ***How and when do I notify patients of a reporting requirement?***

81 While it is best practice to notify patients directly and in person, depending on the
82 situation, it may be appropriate to inform the patient by telephone or in writing, or for a
83 staff member or colleague to speak with the patient instead. In deciding how to notify
84 patients of a duty to report, physicians will need to consider factors such as the
85 immediacy of the risk and sensitivity of personal health information involved.

86 Although it is ideal to notify patients before making a report, this may not always be
87 possible. For example, a physician might notify a patient after making a report if the
88 physician only realizes they must make a report after the patient leaves their office and
89 the patient cannot be reached by telephone in a timely manner.

90 Importantly, it may not be appropriate to notify a patient of a report – either before or
91 after it is made – where doing so would pose a genuine risk of harm to the physician or
92 others, including staff, the patient, and the patient’s family members (e.g., where the
93 physician is unable to have a discussion with the patient as a result of the patient’s
94 abusive, erratic, and/or aggressive behaviour).

95 ***Physicians are required to make some reports in a “timely” manner – what is “timely”?***

96 What constitutes “timely” will depend on the circumstances of each case, and most
97 importantly on the level and nature of the risk inherent in the situation (e.g., whether a
98 patient with a motor impairment expresses an intention to drive). At times the level and

99 nature of the risk will need to be weighed against other factors, such as whether it
100 would be best to wait to inform a patient in person before making a report.

101 Depending on the risk and urgency of the situation, sometimes reporting in a “timely”
102 manner will mean reporting immediately.

103 **Specific Reporting Scenarios**

104 ***Do I have a “duty to warn” if I suspect my patient is going to harm themselves or*** 105 ***someone else?***

106 There is no mandatory “duty to warn” in Ontario. However, that does not mean that
107 physicians cannot, or should not, take action when they believe that a patient may pose
108 a danger to themselves or others. As always, physicians will need to exercise their
109 professional judgment, which in some cases may mean disclosing a patient’s personal
110 health information (PHI) without consent.

111 The *Personal Health Information Protection Act, 2004*² (PHIPA) allows physicians to
112 disclose a patient’s PHI without consent if there is a significant risk of serious bodily
113 harm to a person or group of persons, and the disclosure is necessary to eliminate or
114 reduce the risk of harm. For example, as the [Information and Privacy Commissioner](#)
115 notes, a psychologist at a university could disclose a student’s PHI to the student’s
116 family and physician if the psychologist believed it was necessary to reduce the risk of
117 suicide. While there are no restrictions in PHIPA on the types of persons to whom the
118 information may be disclosed, it is important that the disclosure be made to someone
119 who is in a position to reduce or eliminate the risk of harm.

120 Physicians are reminded that s. 40(1) of PHIPA does not apply in situations where the
121 law already requires a physician to make a report (e.g., if the person who may be
122 harmed is the patient’s child, this would need to be reported to the Children’s Aid
123 Society).

124 ***Am I required to report gunshot wounds?***

125 According to the *Mandatory Gunshot Wounds Reporting Act, 2005*³, every facility (e.g., a
126 public hospital) that treats a person for a gunshot wound must report to the police.

127 While this requirement does not apply to physicians directly, physicians have a general
128 professional duty to comply with their facilities’ policies, including policies that enable
129 the facility to report gunshot wounds.

² [S.O. 2004, c. 3, Sched. A](#). See s.40(1).

³ [S.O. 2005, c. 9](#). See s. 2(1).

130 **What do I tell individuals who have been affected by a privacy breach?**

131 Among other things, the [IPC](#) recommends disclosing:

- 132 • details of the breach, including the personal health information (PHI) involved
- 133 • the steps taken to address the breach, including if the breach was reported to the
- 134 Information and Privacy Commissioner (IPC), and
- 135 • contact information for a person in the organization who can address inquiries.

136 The [IPC](#) notes that there are many factors physicians may consider, such as the

137 sensitivity of the PHI involved, when deciding how to notify a patient of a privacy breach

138 (i.e., by telephone, in writing, or in person at the next appointment).

139 **What can I tell patients when reporting to the Ministry of Transportation (MTO)?**

140 Recognizing how impactful a report to the MTO may be, it can be helpful to explain that:

- 141 • physicians are required by law to report to the MTO when a patient who is over
- 142 the age of 16 has certain conditions or impairments that make it dangerous for
- 143 them to drive – even if the patient does not have a valid driver’s licence or says
- 144 they will not drive. These reports result in an automatic licence suspension.
- 145 • physicians are also allowed to report other conditions that they believe might
- 146 pose a risk to road safety, even if it involves disclosing confidential patient
- 147 information. These reports do *not* always result in a licence suspension.⁴

148 **Can I give personal health information (PHI) about a patient to the Children’s Aid Society**

149 **(CAS) to assist in an investigation?**

150 Yes. Both the *Personal Health Information Protection Act, 2004*,⁵ and *Child and Family*

151 *Services Act*⁶ allow physicians to disclose PHI to help the CAS carry out its statutory

152 functions. For more information, see: [Yes, You Can. Dispelling the Myths About Sharing](#)

153 [Information with Children’s Aid Societies.](#)

154 **What can I tell patients or caregivers when reporting to the Children’s Aid Society (CAS)?**

155 Physicians can support patients by explaining, among other things:

- 156 • the threshold for reporting, which is based on a belief, not actual proof
- 157 • that they are legally required to report to the CAS once this threshold is met, and
- 158 • their role, which is to factually report their concerns to the CAS.

159

⁴ For example, where an individual is reported to have a condition or impairment that is well-controlled, the [MTO](#) states that it will not necessarily suspend that individual’s licence.

⁵ [S.O. 2004, c. 3, Sched. A](#). See s. 43(1)(e).

⁶ [R.S.O. 1990, c. C.11](#). See s. 73(5).

160 ***What can I do if I suspect a patient is the victim of abuse?***

161 Physicians can support patients who may be experiencing abuse, including elder abuse
162 and intimate partner violence, by:

- 163 • asking questions in a matter-of-fact tone when nobody else is in the room (e.g.,
164 “Has anyone made you afraid?” or “How are you being treated?”)
- 165 • expressing concern and reminding the patient that they are not to blame
- 166 • helping the patient access local resources and available services
- 167 • supporting the patient with filing a report, if appropriate
- 168 • encouraging the patient to develop a safety plan (e.g., compiling a list of
169 emergency numbers, taking out money), and
- 170 • arranging for a follow-up appointment.

171 Given that physicians must maintain patient confidentiality, physicians cannot file a
172 report without consent unless:

- 173 • they are legally required to report (i.e., a child, or a resident of a long-term care or
174 retirement home, has experienced or is at risk of experiencing harm), or
- 175 • the patient is at significant risk of serious bodily harm, and disclosure is
176 necessary to eliminate or reduce the risk of harm.

177 Physicians may find the following websites helpful:

- 178 • the Ministry of Children, Community and Social Services provides information
179 and resources regarding [intimate partner violence](#) and [elder abuse](#)
- 180 • the [Canadian Network for the Prevention of Elder Abuse](#) and [Elder Abuse](#)
181 [Prevention Ontario](#) both provide information about elder abuse
- 182 • the [Violence, Evidence, Guidance, and Action Family Violence Project](#) has
183 educational resources to assist health-care providers in recognizing and
184 responding to family violence.

185 ***How do I take “appropriate and timely action” when I believe another physician or***
186 ***regulated health professional is incapacitated or incompetent?***

187 When determining which action(s) are appropriate to take, it is important to choose
188 action(s) that are proportionate to the risk, considering factors such as the regulated
189 health professional’s level of awareness and insight, and whether there is a single
190 concern or apparent pattern. Depending on the circumstances, “appropriate” action may
191 include:

- 192 • facilitating the physician to contact the [Physician Health Program](#) (PHP) at the
193 Ontario Medical Association
- 194 • contacting the [Canadian Medical Protective Association](#) (CMPA) for advice

- 195 • notifying the individual to whom the regulated health professional is accountable
- 196 (e.g., a manager, employer, Medical Director, or Director of Care), or
- 197 • notifying the individual's health regulatory college.

198 It can also be helpful to first have a conversation with the physician or regulated health
199 professional directly, although this may not always be possible or appropriate.

200 In terms of taking "timely" action, what constitutes "timely" will depend on the
201 circumstances, and the level of risk will guide how quickly the physician acts. For
202 example, taking "timely" action may mean taking immediate action if another regulated
203 health professional appears to be practising while under the influence of drugs.

204 The duty to report is ongoing, so physicians may need to take further action(s) if the
205 pattern persists. For example, if a physician raises their concern with the individual
206 directly and it appears that the issue is not being addressed, taking further action may
207 be warranted (e.g., notifying the individual's employer).

208 CPSO's webpage on [physician wellness](#) has information on programs and resources
209 that are available to support physicians struggling with their physical or mental health.

DRAFT

Board Motion

Motion Title	Draft Revised Policy for Consultation - <i>Reporting Requirements Policy (currently titled "Mandatory and Permissive Reporting Policy")</i>
Date of Meeting	May 30, 2024

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

The Board of Directors of the College of Physicians and Surgeons of Ontario engage in the consultation process in respect of the draft revised policy "*Reporting Requirements*" (currently titled "*Mandatory and Permissive Reporting*") (a copy of which forms Appendix " " to the minutes of this meeting).

MAY 2024

Title:	Draft Policies for Circulation – <i>Alternative Pathways to Registration for Physicians Trained in the United States</i> and <i>Specialist Recognition Criteria in Ontario</i> (For Decision)
Main Contact:	Samantha Tulipano, Director, Registration and Membership
Attachments:	Appendix A: <i>Alternative Pathways to Registration for Physicians Trained in the United States</i> draft policy Appendix B: <i>Specialist Recognition Criteria in Ontario</i> draft policy
Question for Board:	Does the Board of Directors approve the draft policies for circulation?

Purpose

- The Board of Directors is asked whether the amended [Alternative Pathways to Registration for Physicians Trained in the United States](#) (**Appendix A**) and [Specialist Recognition Criteria in Ontario](#) (**Appendix B**) policies can be approved for circulation.

Current Status and Analysis

- CPSO recognizes the equivalence of the degree of [Doctor of Osteopathic Medicine](#) granted by AOA¹-accredited medical schools and regular medical degrees, but it has not historically recognized AOA-accredited residency training (only ACGME²-accredited residency training) or board certification.

Recognition of Osteopathic Residency Training Since 2020

- In 2020, the AOA became a member of the ACGME, and the ACGME now accredits the specialty of osteopathic medicine.
- As a result, physicians trained in osteopathic medicine who have completed their residency in ACGME-accredited programs will now be eligible for licensure under Pathways A and C of this policy.

Recognition of AOA Board Certification

- The *Alternative Pathways* policy offers a route to independent licensure to physicians who have been certified or are eligible to be certified by a “US Specialty Board.” In practice, “US Specialty Board” has referred to the ABMS.³
- Given the comparable certifying standards of the ABMS and AOA, Pathway A has been amended to grant a restricted certificate of registration to osteopathic physicians certified by ABMS **or** AOA. Pathway C has also been amended to grant a time-limited, restricted certificate to practise under supervision to physicians who have been deemed AOA board-eligible in the last five years.

¹ American Osteopathic Association

² Accreditation Council for Graduate Medical Education

³ American Board of Medical Specialties

Specialty Recognition Criteria in Ontario

- Physicians not certified by the CFPC⁴ or the RCPSC⁵ are unable to use the specialist title unless CPSO grants them the ability to do so. Changes to the *Specialist Recognition* policy reflect the amendments to Pathways A and C and grant osteopathic physicians specialist recognition.

Next Steps

- Should the Board approve the proposed policy amendments, the policies 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 policies (subject to feedback received) pursuant to its authority under Section 12 of the Code and Section 30 of the General By-Law.

⁴ College of Family Physicians of Canada

⁵ Royal College of Physicians and Surgeons of Canada

ALTERNATIVE PATHWAYS TO REGISTRATION FOR PHYSICIANS TRAINED IN THE UNITED STATES



CPSO offers three alternative pathways for physicians trained in the United States (US) 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 US Specialty Board.

If you gain licensure under this pathway, you will be issued a restricted 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 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 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 US Medical Licensing Examination or successfully completed an [acceptable qualifying exam](#); and
- an independent or full licence to practise without restrictions in the US or are eligible to apply for such a licence.

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 US.

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 restricted 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 US 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 US 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, restricted 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 Accreditation Council for Graduate Medical Education (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 Specialities (ABMS); **or**
 - A specialty certifying board of the American Osteopathic Association (AOA); and
- successfully completed the US Medical Licensing Examination or successfully completed an [acceptable qualifying exam](#).

This restricted certificate is subject to the following conditions:

1. You must practice under supervision.
2. Your restricted 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 US 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 restricted certificate of registration after the expiration date.

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

SPECIALIST RECOGNITION CRITERIA IN ONTARIO

Approved by Council: April 2005

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

Purpose

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

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

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

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

Scope

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

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

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

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

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

Policy

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

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

- b. has provided evidence of satisfactory clinical performance, knowledge, skill, judgement, and professional conduct from the medical school where the academic appointment was held; or
8. has completed a minimum of one year of independent or supervised practice in Ontario, and:
 - a. has successfully completed specialty training and obtained certification as a specialist by the certifying body in the country where the individual completed their training by an organization outside of North America that recognizes medical specialties, and
 - b. the organization which recognized the applicant as a medical specialist did so using standards that are substantially similar to the standards of the RCPSC or the CFPC, and
 - c. has successfully completed a practice assessment that has been directed by the Registration Committee¹; or
9. holds a restricted certificate of registration in Ontario that has been issued under the College's [*Alternative Pathways to Registration for Physicians Trained in the United States*](#) policy, and:
 - a. has received written confirmation from a certifying board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA) of eligibility to take the certification examination on the basis of satisfactory completion of a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) within the last five years; or
10. holds a restricted certificate of registration in Ontario that has been issued under the College's [*Restricted Certificates of Registration for Exam Eligible Candidates*](#) policy, and:
 - a. has received written confirmation from the RCPSC of current eligibility, with no pre-conditions, to take the certification examination on the basis of satisfactory completion of a RCPSC-accredited residency program in Canada or a RCPSC recognized program outside of Canada; or
11. holds a restricted certificate of registration in Ontario that has been issued under the College's [*Restricted Certificates of Registration for Exam Eligible Candidates*](#) policy, and:
 - a. has received written confirmation from the CFPC of current eligibility, with no pre-conditions, to take the certification on the basis of satisfactory completion of a CFPC-accredited residency program in Canada or a CFPC recognized program outside of Canada.
12. holds a restricted certificate of registration in Ontario that has been issued under the College's [*Recognition of RCPSC Subspecialist Affiliate Status*](#).²

Endnotes

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

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

Board Motion

Motion Title	Draft Revised Policies for Notice and Consultation - <i>Alternative Pathways to Registration for Physicians Trained in the United States and Specialist Recognition Criteria in Ontario</i>
Date of Meeting	May 31, 2024

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

The Board of Directors 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 revised policies, “Alternative Pathways to Registration for Physicians Trained in the United States” and “Specialist Recognition Criteria in Ontario” (copies of which form Appendices “ ” and “ ” to the minutes of this meeting).

Title:	Draft Policy for Circulation – <i>Acceptable Qualifying Examinations</i> (For Decision)
Main Contact:	Samantha Tulipano, Director, Registration and Membership
Attachment:	Appendix A: <i>Acceptable Qualifying Examinations</i> draft policy
Question for Board:	Does the Board of Directors approve the draft policy for circulation?

Purpose

- The Board of Directors is asked whether the amended [Acceptable Qualifying Examinations](#) policy (**Appendix A**) can be approved for circulation.

Current Status and Analysis

- The current *Acceptable Qualifying Examinations* policy sets out exams that may be accepted in lieu of the Licentiate of the Medical Council of Canada (LMCC). Physicians who have successfully completed one of these alternative exams may be eligible for a certificate of registration.
 - The Comprehensive Osteopathic Licensing Examination (COMLEX-USA) Levels 1, 2, and 3 are listed as acceptable qualifying exams in the current policy.
 - The COMLEX-USA is a three-level standardized licensure examination for the practice of osteopathic medicine, and it is a requirement for attaining a Doctor of Osteopathic Medicine degree in the US. From 2004 - 2020, COMLEX-USA Level 2 consisted of two separate examinations: the Cognitive Evaluation and the Performance Evaluation.
- Under the current *Acceptable Qualifying Examinations* policy, graduates of osteopathic schools accredited by the American Osteopathic Association (AOA) who completed the COMLEX-USA Level 2 after September 2004 are required to have completed both Level 2 exams.
- The [COMLEX-USA Level 2 - Performance Evaluation](#) was suspended in February 2021 and officially discontinued in June 2022.
 - Osteopathic medical students continue to be required to write the COMLEX-USA Level 2 – Cognitive Evaluation.
- The *Acceptable Qualifying Examinations* policy has been amended to reflect the discontinuation of the COMLEX-USA Level 2 – Performance Evaluation.
- Under the draft policy, osteopathic graduates are still required to complete COMLEX-USA Levels 1, 2, and 3 in order to be eligible for a certificate of registration.
- 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.

ACCEPTABLE QUALIFYING EXAMINATIONS



This policy provides an alternative to the requirement of the successful completion of the Licentiate of the Medical Council of Canada (LMCC) qualification.

Even if you are not a licentiate of the Medical Council of Canada, you may be eligible for a certificate of registration if you have successfully completed one of the following exams:

1. **USMLE Steps 1, 2 and 3.**
2. **ECFMG certification plus USMLE Step 3.** This applies to international medical graduates (IMGs) who passed USMLE Step 2 Clinical Skills Assessment (CSA) between July 1, 1998 and June 14, 2004.
3. **FLEX component 1 and component 2**, successfully completed (score of 75 on each component) between January 1, 1992 and December 31, 1994.
4. **NBME Part 1, 2 and 3**, successfully completed between January 1, 1992 and December 31, 1994.
5. **The Comprehensive Osteopathic Licensing Examination (COMLEX – USA) Levels 1, 2 and 3.** (This applies to graduates of osteopathic schools accredited by the American Osteopathic Association)
6. **Examen Clinique Objectif Structuré (ECOS) of the Collège des Médecins du Québec** passed between January 1, 1992 and December 21, 2000.

The Registration Committee may direct the Registrar to issue a certificate of registration authorizing independent practice to applicants who have successfully completed one of the alternate examinations above and 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.

Board Motion

Motion Title	Draft Revised Policy for Notice and Consultation – <i>Acceptable Qualifying Examinations</i>
Date of Meeting	May 31, 2024

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

The Board of Directors 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 revised policy, “Acceptable Qualifying Examinations,” (a copy of which forms Appendix “ ” to the minutes of this meeting).