

**ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL**

**Citation:** *Hasnain v. College of Physicians and Surgeons of Ontario*, 2026 ONPSDT 23

**Date:** June 9, 2026

**Tribunal File No.:** 25-033

**BETWEEN:**

Haider Hasnain

**Applicant**

- and -

College of Physicians and Surgeons of Ontario

**Respondent**

**REINSTATEMENT APPLICATION REASONS**

**Heard:** April 24, 2026

**Panel:**

Raj Anand (panel chair)  
Heather-Ann Badalato (physician)  
Jill Cross (public)  
Vincent Georgie (public)  
Roy Kirkpatrick (physician)

**Appearances:**

Brandon Chung and Sarina Nezhadian, for the applicant  
Ada Jeffrey, for the respondent

**RESTRICTION ON PUBLICATION**

Pursuant to Rule 2.2.2 of the HPDT Rules of Procedure and ss. 45-47 of the Health Professions Procedural Code, no one shall publish or broadcast the names of patients or any information that could identify patients or disclose patients' personal health information or health records referred to at a hearing or in any documents filed with the Tribunal. There may be significant fines for breaching this restriction.

## **Introduction**

[1] The applicant, Haider Hasnain, received his certificate of registration with the College in 1992 and practised family medicine for many years. In 2009, he engaged in a sexual relationship for several months with a tenant of his clinic who was also his patient at the time. In 2019, the Discipline Committee, the predecessor of this Tribunal, found that he had engaged in sexual abuse, and revoked the applicant's certificate of registration on August 26, 2019.

[2] About six years later, Dr. Hasnain applied for reinstatement of his certificate of registration pursuant to s. 72 of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991*, SO 1991, c. 18 (Code).

[3] During the intervening period, the applicant engaged in a series of activities aimed at rehabilitation, including psychotherapy, courses and one-on-one intensive training in professional ethics and boundaries, counselling sessions, and employment and administrative work in medical clinics and medical boards. He has expressed remorse and demonstrated recognition of the seriousness of his misconduct, and he has made some restitution to his former patient. The applicant is now 60 years old and wishes to resume his career as a family physician.

[4] At the hearing, the College did not oppose the applicant's reinstatement, and restricted its role to making submissions about the proper test the panel should apply in a reinstatement application. The College did not challenge the applicant's testimony at the hearing, and did not oppose the admission of the applicant's application record for the truth of its contents. The record included letters and reports from instructors, therapists and others attesting to the progress the applicant has made. The parties also jointly submitted that if we granted the reinstatement application, the applicant's certificate of registration should be subject to detailed terms, conditions and limitations (TCLs) that the parties agreed upon.

[5] For reasons set out below, we order the reinstatement of the applicant's certificate of registration and direct the Registrar to impose the agreed TCLs.

## **Background**

[6] In May 2008, the complainant, Ms. Z, rented space at Dr. Hasnain's clinic for her laser treatment business. Dr. Hasnain provided medical care to Ms. Z at five

appointments, two in February 2009 and three dates in September 2009. He also engaged in a sexual relationship with Ms. Z for about seven or eight months, from May 2009 to December 2009 or January 2010. Dr. Hasnain acknowledged that his conduct met the definition of “sexual abuse” under the Code, but he disputed that Ms. Z was his “patient” at the relevant time. His position was that she was treated by other physicians at the clinic, and each of the five interactions with her related to a minor condition, or to brief or emergency treatment.

[7] The Discipline Committee rejected Dr. Hasnain’s position and held that there was a physician-patient relationship during all five visits. Based on findings of sexual abuse and disgraceful, dishonourable or unprofessional conduct, the Committee accepted the parties’ joint submission and issued the mandatory order of revocation of Dr. Hasnain’s certificate of registration, as well as a reprimand and reimbursement for Ms. Z’s therapy and counselling.

### **The legal test for reinstatement**

[8] Under s. 72 of the Code, a person whose certificate of registration has been revoked for sexual abuse of a patient may apply for reinstatement after the passage of at least five years from the date of revocation. Following a hearing on the application, the Tribunal may direct the Registrar to issue a certificate of registration to the applicant, and may direct the Registrar to impose specified TCLs on the certificate.

[9] The legal principles governing this application are not in dispute. The applicant bears the burden of proof on a balance of probabilities to establish his suitability for reinstatement of his certificate of registration. We must be satisfied, under the general requirements for a certificate in s. 2(1) of Ontario Regulation 865/93 made under the *Medicine Act, 1991*, SO 1991, c. 30, that the applicant:

- (a) is mentally competent to practise medicine;
- (b) will practise medicine with decency, integrity and honesty and in accordance with the law;
- (c) has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate; and
- (d) can communicate effectively and will display an appropriately professional attitude.

[10] Under the seminal decision in *College of Physicians and Surgeons of Ontario v. Gillen*, 2010 ONCPSD 14, the Tribunal addresses two broad issues in a reinstatement application:

1. Is there a risk of further misconduct, and if so, is it manageable with terms, conditions and limitations?
2. Is the applicant suitable to practise in terms of both protection of the public and the confidence of the public in the profession's ability to govern itself?

[11] In deciding these issues, the Tribunal has considered a broad range of factors. The following factors were listed in *College of Physicians and Surgeons of Ontario v. Manohar*, 2014 ONCPSD 17 and adopted more recently in *Kayilasanathan v. College of Physicians and Surgeons of Ontario*, 2024 ONPSDT 27 at para. 14, and *Doyle v. College of Physicians and Surgeons of Ontario*, 2026 ONPSDT 1 at para. 12:

- the facts giving rise to the misconduct that led to revocation, and other past conduct relevant to the physician's suitability to return to practice;
- changes in the physician's circumstances since the time of revocation;
- the success of rehabilitation, including the degree of insight into past inappropriate conduct;
- the physician's current mental health and future prognosis;
- the physician's attempts at restitution, if any;
- the physician's current knowledge, skill and judgment;
- whether the physician will practise medicine with decency, integrity and honesty and in accordance with the law;
- the protection of the public; and
- the impact of the physician's reinstatement on the reputation of the profession.

[12] Public protection is paramount in our decision. As the Tribunal stated in *Roberts v. College of Physicians and Surgeons of Ontario*, 2018 ONCPSD 2, at para. 28:

The practice of medicine is a privilege, not a right. Regardless of the personal interests of the physician, reinstatement should only be granted if it is in the public interest to do so.

## **Analysis**

[13] In addition to his testimony, the applicant provided extensive documentary evidence with reference to the legal considerations set out above. In this section of our reasons, we summarize the evidence and apply the legal test for reinstatement.

### The applicant's conduct before revocation

[14] Dr. Hasnain's misconduct was obviously very serious and involved several incidents over a lengthy period of time. Prior to the finding that led to the mandatory revocation of his registration he had no prior disciplinary history. However, he had been cautioned by the Inquiries, Complaints and Reports Committee for practice deficiencies related to record-keeping. At the time of revocation, he was subject to an undertaking to the College concerning his narcotics prescribing practices.

[15] In his reinstatement application, he addressed these outstanding issues in the Individualized Education Plan (IEP) that he and the College put forward for his return to practice. The IEP includes clinical supervision and assessment of the appropriateness of his prescribing practices, and the quality of his documentation, among many other topics.

[16] The Tribunal has granted reinstatement in several cases where a registrant's certificate had been revoked for sexual abuse. See for example, *Kayilasanathan*, referred to above; *Margaliot v. College of Physicians and Surgeons of Ontario*, 2022 ONPSDT 20; *Manohar*, referred to above; and *Williams v. College of Physicians and Surgeons of Ontario*, 2018 ONCPSD 70. The three cases other than *Margaliot* involved additional acts of misconduct – dishonesty, or attempts to mislead the College, for example. Dr. Margaliot's misconduct was egregious, like Dr. Hasnain's, but in both cases there were no allegations beyond sexual abuse.

[17] These decisions confirm that standing alone, revocation for sexual abuse is not an insurmountable obstacle to reinstatement. Of course, the nature of the misconduct is important, but there are many other factors to be considered, principally related to the applicant's rehabilitation since revocation.

## Rehabilitation and insight

[18] Shortly after the penalty decision, the applicant began psychotherapy with Dr. Christopher Cole, and he attended 17 sessions over a one-year period. The focus was on managing stress arising from the applicant's divorce, through diet, exercise and mindfulness. The sessions ended in 2020, when Dr. Cole passed away.

[19] The applicant also completed two boundaries courses at the University of California's Irvine School of Medicine. The first focused on the development of skills to prevent boundary violations, and concluded with the development of a personalized protection plan. The second addressed how and why a physician's professional practices, responses to stress and personal or situational factors put them at risk of committing a boundary violation.

[20] In preparation for this application, the applicant attended 12 sessions of psychotherapy with Stephanie Swayne, a registered social worker with expertise in clinical mental health, on establishing and maintaining professional boundaries with patients and staff. Ms. Swayne's report stated:

Finally, with respect to boundaries, Dr. Hasnain and I have discussed the harm that is caused to the medical profession when physicians engage in boundary violations. Dr. Hasnain has indicated numerous times that he accepts responsibility for his actions and wants to be accountable to his patients, the public, and the College, when he is able re-enter his practice.

In summary, in our sessions, Dr. Hasnain has consistently presented as self-reflective and receptive to feedback. He has demonstrated good insight and commitment to avoid any future situations where boundaries are blurred or crossed...

[21] The applicant also completed a one-on-one intensive course with Gail Siskind, a professional boundaries coach who works primarily with health professionals. She developed a course to help him understand the ethical, professional and regulatory grounds for establishing strong, professional boundaries with patients. She also assisted him in developing a professional approach to communications and interactions with patients that is always respectful of professional boundaries.

[22] Ms. Siskind's course, consisting of seven sessions in the first half of 2024, covered several topics that were important to the applicant's rehabilitation:

- a review of the misconduct at issue and the factors that played a role in the applicant's conduct;
- a review of the actual and potential harm caused by the misconduct at issue;
- an examination of ethics as a foundation for practising in accordance with the profession's policies;
- an examination of the concept of the social contract within the framework of the *Regulated Health Professions Act*;
- an examination of standards of practice of the medical profession; and
- development of strategies for maintaining professional boundaries with patients.

[23] Ms. Siskind indicated that by the end of the course, the applicant had demonstrated greater understanding of the wrongfulness of his misconduct and the circumstances that led to it. She stated in her report:

"[The applicant] acknowledges, that as he provided medical care to this patient, "I was blinded by the fact that this could cause real harm. I was willfully blind at that time in 2009 but have learned the lessons of that year."

...

When I asked [the applicant] for his understanding of the above, he stated that by having provided medical care to the patient, that a fiduciary relationship had been established, "thus having had a sexual relationship, was a betrayal of the patient's trust." He is regretful of not consulting with others before making this decision.

...

[The applicant] explained that he violated the principle of 'do no harm' when he provided medical care to someone he was intimately involved with. He knows that he must make sure that "the best outcome is achieved for the patient..."

...

And finally, [the applicant] comments that, "Sexual abuse is always sexual abuse of a patient no matter what the circumstances, whether consensual or not. We as physicians hold a greater

responsibility as there is always a power imbalance between the physician and the patient.”

[24] Both Ms. Swayne and Ms. Siskind commented on the success of the applicant’s rehabilitative efforts. They were satisfied that the applicant accepted responsibility and expressed remorse for his actions, and wanted to be accountable to his patient, the public and the College. Ms. Siskind stated that he was “fully engaged in examining his past conduct, assessing his behaviour against the expected standards of the profession, considering in detail what went wrong, and what he ought to do to establish clear and solid boundaries with patients.”

#### Changes in personal circumstances, and current mental health

[25] Ms. Swayne and Ms. Siskind made note of the applicant’s personal circumstances at the time of his misconduct, and what he was now doing to manage. In 2009 he was in the midst of a separation and had been diagnosed by Dr. Cole with post-traumatic stress disorder related to physical and psychological abuse he experienced during his marriage. He was “in a weak emotional and confused state” and had not engaged in sufficient stress management or self-care. He was now applying “a rigorous self-care routine, which includes daily exercise and regular involvement in activities at his mosque, spending time with his partner and his family, and spending time at his vacation property.”

[26] At this point, the applicant has no physical or mental health issues that would affect his ability to return to work and practise medicine safely. As part of his stress management strategies, the applicant intends to continue his counselling sessions with Ms. Swayne every two to four weeks, and to meet with Ms. Siskind three times in his first year of practice and twice the following year.

#### Restitution

[27] The applicant provided evidence of financial restitution. Ms. Z brought a civil action against him, and he reached a settlement before trial that included a payment of \$75,000 to her. The applicant also complied with the Discipline Committee’s 2019 order to reimburse the College for therapy and counselling costs.

### Current knowledge, skill and judgment

[28] The applicant has taken steps in several areas to enhance his knowledge, skill and judgment.

[29] He has maintained a program of continuing medical education in accordance with the requirements of the College of Family Physicians of Canada, and has exceeded the minimum continuing medical education credits of that College. In 2011, he participated in the Comprehensive Family Practice Review Certificate Program, comprising 5 residential weekends of 15 hours each, focused on patient-centred care and the development of high-quality skills for 21<sup>st</sup> century practice. He has also followed several medical journals and newspapers since 2019.

[30] In April 2024, the applicant took seven seminars and wrote a final essay as part of the PROBE Ethics and Boundaries Program, covering topics including clinician-patient relationships, accountability within professions, and resources for applying professional ethics. The instructors summarized his performance as follows:

“[The applicant] concludes his essay by recognizing his vulnerabilities and what may have caused his lapse of judgement. He also provides insight into the changes he has made in his practice setting. He is confident these changes will make him less vulnerable to any future boundary crossing. While his ethical analysis could have been more robust, and he would benefit from a review of the principle-based framework, [the applicant] has demonstrated the ability to understand his misconduct from an ethical perspective. Therefore, [the applicant] has unconditionally passed the PROBE Program.”

[31] Since his revocation, the applicant has sought out several administrative positions in medical clinics and on medical boards. He worked for four years as a Physician Recruiter at Tecumseh Manning Medical Centre Clinic. As an employee of the clinic, the applicant interacted with the health care team and patients, and assisted with the relationships between staff and physicians. In 2024, he assumed the role of Operations Manager at the same clinic and was appointed President of a building committee for Total Medical & Healthcare Centre. In 2026, he was appointed President of the Centre, which provides a range of medical services in Windsor and Kingsville, Ontario.

### Decency, integrity and honesty

[32] The applicant submitted five affidavits from physicians and other health care professionals attesting to his good character and proficiency in family medicine during the period prior to his revocation. All of them were aware of the revocation of his certificate of registration. The affidavits speak highly of the applicant's skills in patient care, relationships with staff, and contribution to the community. Indeed, there was no suggestion at any time of deficiencies in these areas.

[33] The character letters also reflect the applicant's strong reputation in the health care community both before and after his revocation. On the evidence, we have every reason to expect that he will practise medicine with decency, integrity and honesty. In particular, his therapy, education and training on regulatory standards (particularly in the area of boundaries) provide considerable evidence that he will practise in accordance with the law. The expert reports he provided attest to his ability to communicate effectively and to display an appropriately professional attitude.

### Conclusion

[34] In our view, the applicant has satisfied his burden of proof for reinstatement as a registrant of the College. He meets the four general requirements for registration under O. Reg. 865/93 that we reproduced earlier in these reasons.

[35] Dr. Hasnain is suitable to practise, with regard to public protection and public confidence in the profession and the College's ability to govern itself. With his extensive and multi-faceted rehabilitation, he recognizes the circumstances that made him vulnerable to repeated boundary violations, and has undertaken considerable and longstanding measures to ensure that this does not happen again. The risk of future misconduct is therefore low, and in our view it can be managed with the TCLs jointly drafted by the College and the applicant.

[36] We accept the TCLs, which are incorporated into the Tribunal order and are reproduced as an appendix to these reasons.

[37] The order provides for three phases of clinical supervision by a supervisor who is acceptable to the College: high level supervision for at least two months, moderate level supervision for at least four months, and low level supervision for at least six months. At each level, supervision will only cease with the approval of the College. During these

three periods the clinical supervisor must review Dr. Hasnain's cases and send reports to the College on a wide range of topics, including the quality of Dr. Hasnain's treatment and documentation, his relationships with other health care staff and his management of patients. Dr. Hasnain must maintain a log of narcotic, controlled and all other monitored drugs on a specific "prescribing log" that is appended to the TCLs.

[38] Dr. Hasnain's practice will be assessed by a College-appointed assessor after satisfactory completion of low-level supervision. There may be unannounced inspections of his practice and his records at any point to ensure compliance with the order.

[39] There are specific professional course requirements, as well as an individualized education plan comprising a 13 page chart that is based on the CanMEDS Physician Competency Framework, an educational framework that identifies seven roles that lead to optimal health and health care outcomes.

[40] Dr. Hasnain is solely responsible for the costs and expenses that are required to implement the terms of the order.

### **Order**

[41] We direct the Registrar to issue a certificate of registration to Dr. Hasnain and to impose the TCLs set out in the appendix to these reasons.

## Appendix – Terms, Conditions and Limitations Imposed

### ***Clinical Supervision***

- (a) Prior to commencing practise, Dr. Hasnain shall retain at his own expense, a clinical supervisor acceptable to the College (the “**Clinical Supervisor**”) who has executed an undertaking in the form attached at **Schedule “A”**.
- (b) Dr. Hasnain shall only practise under the supervision of the Clinical Supervisor in accordance with the College-approved Individualized Educational Plan (the “**IEP**”) attached hereto as **Schedule “B”** (“**Clinical Supervision**”).
- (c) While under Clinical Supervision, Dr. Hasnain shall maintain a log of all prescriptions for narcotic drugs, narcotic preparations, controlled drugs, benzodiazepines and other targeted substances, and all other monitored drugs. These logs shall be submitted to the College with each Clinical Supervision report. A template log is included as **Schedule “C”**
- (d) Clinical Supervision shall cease only on approval of the College in its sole discretion in accordance with the terms outlined in this Order.

### ***High Level Supervision***

- (e) For a period of no less than two (2) months, Dr. Hasnain shall practise under high level supervision (“High Level Supervision”), during which time the Clinical Supervisor will act as the Most Responsible Physician (“MRP”).
- (f) While Dr. Hasnain is under High Level Supervision (and his Clinical Supervisor is the MRP), he will not practise medicine unless his Clinical Supervisor:
  - (i) is onsite and available at all times;
  - (ii) reviews his cases and management decisions at the end of each day;
  - (iii) provides feedback to him on his diagnoses, documentation and treatment plans.
- (g) After one (1) month of High Level Supervision, the Clinical Supervisor will send a report to the College commenting on:
  - (i) Dr. Hasnain’s management of patients;
  - (ii) procedures or presentations that Dr. Hasnain is competent to perform and/or assess;
  - (iii) procedures or presentations for which Dr. Hasnain needs further education, if any;
  - (iv) the appropriateness of Dr. Hasnain’s prescribing practices;
  - (v) topics reviewed with Dr. Hasnain and his success in implementing changes in practice;

- (vi) review of current practice guidelines with Dr. Hasnain;
  - (vii) Dr. Hasnain's quality of documentation;
  - (viii) Dr. Hasnain's receptiveness to feedback and suggestions; and
  - (ix) all information that might assist the College in evaluating Dr. Hasnain's standard of practice, as well as Dr. Hasnain's participation in and compliance with the requirements set out in the Order.
- (h) After two (2) months of High Level Supervision, and every additional month of High Level Supervision thereafter, the Clinical Supervisor will send a report to the College commenting on the elements in 2(g) above, and their opinion regarding whether Dr. Hasnain is ready to transition to Moderate Level Supervision.
  - (i) After a minimum of two (2) months of High Level Supervision, if the Clinical Supervisor is satisfied that Dr. Hasnain's care and treatment of patients meets the standard of practice of the profession, the Clinical Supervisor may recommend to the College that Dr. Hasnain commence Moderate Level Supervision as set out below.

***Moderate Level Supervision***

- (j) Upon the recommendation of the Clinical Supervisor and the approval of the College, in its sole discretion, Dr. Hasnain may commence moderate level supervision ("**Moderate Level Supervision**").
- (k) For a period of no less than four (4) months, Dr. Hasnain shall practise under Moderate Level Supervision, during which time Dr. Hasnain will act as the MRP.
- (l) During Moderate Level Supervision, the Clinical Supervisor shall be available at all times while Dr. Hasnain is practising, either on site or by telephone. For greater clarity, Dr. Hasnain shall not practise unless the Clinical Supervisor is immediately available.
- (m) The Clinical Supervisor shall:
  - (i) directly observe a minimum of one half (1/2) day of patient encounters per week during the first month of Moderate Level Supervision;
  - (ii) meet with Dr. Hasnain at least weekly during the first two (2) months of Moderate Level Supervision and biweekly thereafter;
  - (iii) review a selection of cases at each meeting (minimum of ten (10) cases per meeting) and provide feedback to Dr. Hasnain on documentation and care. The charts reviewed should represent a variety of common conditions managed in a family practice and are to be selected in the sole discretion of the Clinical Supervisor
  - (iv) provide a report to the College after the completion of the first two (2) months of Moderate Level Supervision, which shall include comment on:
    - a. Dr. Hasnain's management of patients;

- b. procedures or presentations that Dr. Hasnain is competent to perform and/or assess;
  - c. procedures or presentations for which Dr. Hasnain needs further education, if any;
  - d. the appropriateness of Dr. Hasnain's prescribing practices;
  - e. topics reviewed with Dr. Hasnain and his success in implementing changes in practice;
  - f. review of current practice guidelines with Dr. Hasnain;
  - g. Dr. Hasnain's quality of documentation;
  - h. Dr. Hasnain's receptiveness to feedback and suggestions; and
  - i. all information that might assist the College in evaluating Dr. Hasnain's standard of practice, as well as Dr. Hasnain's participation in and compliance with the requirements set out in the Order.
- (v) provide a report to the College after the completion of four (4) months of Moderate Level Supervision, and every two (2) months of Moderate Level Supervision thereafter, commenting on the elements in 2(m)(iv) and their opinion regarding whether Dr. Hasnain is ready to transition to Low Level Supervision;
- (vi) After a minimum of four (4) months of Moderate Level Supervision, if the Clinical Supervisor is satisfied that Dr. Hasnain's care and treatment of patients meets the standard of practice of the profession, the Clinical Supervisor may recommend to the College that Dr. Hasnain commence Low Level Supervision as set out below.

### ***Low Level Supervision***

- (n) Upon the recommendation of the Clinical Supervisor and the approval of the College, in its sole discretion, Dr. Hasnain may commence low level supervision ("**Low Level Supervision**").
- (o) During Low Level Supervision, the Clinical Supervisor must be available by phone or email to discuss cases, but the Clinical Supervisor need not be available in real time.
- (p) For a period of no less than six (6) months, Dr. Hasnain shall practise under Low Level Supervision, during which time Dr. Hasnain will act as the MRP.
- (q) During Low Level Supervision, the Clinical Supervisor shall:
  - (i) Meet with Dr. Hasnain at least once every four (4) weeks, at which meetings the Clinical Supervisor will:
    - a. Review a minimum of fifteen (15) charts. Charts reviewed should represent a variety of common conditions managed in a family

medicine practice and are to be selected in the sole discretion of Clinical Supervisor;

- b. Review and comment on Dr. Hasnain's documentation and care, and discuss any issues or concerns arising from this review with Dr. Hasnain;
  - c. Make recommendations to Dr. Hasnain for any practice improvements and ongoing professional development, and inquire into Dr. Hasnain's compliance with the recommendations.
- (ii) Provide a report to the College after three (3) months of Low Level Supervision which shall include comment on:
- i Dr. Hasnain's management of patients;
  - ii procedures or presentations that Dr. Hasnain is competent to perform and/or assess;
  - iii procedures or presentations for which Dr. Hasnain needs further education, if any;
  - iv the appropriateness of Dr. Hasnain's prescribing practices;
  - v topics reviewed with Dr. Hasnain and his success in implementing changes in practice;
  - vi review of current practice guidelines with Dr. Hasnain;
  - vii Dr. Hasnain's quality of documentation;
  - viii Dr. Hasnain's receptiveness to feedback and suggestions; and
  - ix all information that might assist the College in evaluating Dr. Hasnain's standard of practice, as well as Dr. Hasnain's participation in and compliance with the requirements set out in the Order.
- (iii) Provide a report to the College after six (6) months of Low Level Supervision, and every three (3) months of Low Level Supervision thereafter, commenting on the elements in 2(q)(ii) and their opinion regarding whether Dr. Hasnain is ready to transition to independent practice.
- (r) After a minimum of six (6) months of Low Level Supervision, if the Clinical Supervisor is satisfied that Dr. Hasnain's care and treatment of patients meets the standard of practice of the profession, the Clinical Supervisor may recommend to the College that Dr. Hasnain transition to independent practice.
- (s) Dr. Hasnain shall continue to practise under Low Level Supervision on the terms outlined above until the College, in its sole discretion, determines it is no longer necessary.

### **Assessment of Practice**

- (t) After the Clinical Supervisor has provided the recommendation outlined in subparagraph (r) above, and upon the approval of the College, Dr. Hasnain shall undergo an assessment of his practice (the “**Assessment**”) by a College-appointed assessor or assessors (the “**Assessor**”).
- (u) The Assessment shall include, at the discretion of the College, any one or more of the following: a review of Dr. Hasnain’s patient charts, direct observation of Dr. Hasnain’s practice, an interview with Dr. Hasnain, interviews with colleagues and coworkers, feedback from patients, and any other tools deemed necessary by the College. Dr. Hasnain shall abide by all recommendations made by the Assessor.
- (v) The Assessor shall be provided with all information the College determines is relevant including this Order, including, but not limited to, materials related to Dr. Hasnain’s application for reinstatement and the Discipline Tribunal’s Reasons for Decision regarding reinstatement, copies of the reports of the Clinical Supervisor(s) referred to above, and the decision of the (then called) Discipline Committee of the College of Physicians and Surgeons of Ontario in *Ontario (College of Physicians and Surgeons of Ontario) v. Hasnain*, [2019 ONCPSD 2](#).
- (w) The Assessor shall submit a written report to the College regarding Dr. Hasnain’s standard of practice and this report may form the basis for further action by the College.
- (x) The College shall review the final assessment report of the Assessor and make a determination, in its sole discretion, as to whether Dr. Hasnain can enter independent practice. For clarity, Dr. Hasnain shall continue to practise under Clinical Supervision and shall not enter independent practice until the College, in its sole discretion, approves him to do so.

### **Other Elements of Clinical Supervision and Assessment**

- (y) Dr. Hasnain shall cooperate fully with the Clinical Supervision and abide by all recommendations of the Clinical Supervisor(s), including but not limited to, any recommended practice improvements and professional development.
- (z) The Clinical Supervisor shall immediately notify the College if they are concerned that Dr. Hasnain’s practice may fall below the standard of practice of the profession, Dr. Hasnain may not be in compliance with the provisions of this Order, or Dr. Hasnain’s patients may be exposed to risk of harm or injury.
- (aa) If a person who has given an undertaking in Schedule “A” to this Order is unable or unwilling to fulfill its provisions during High Level Supervision or Moderate Level Supervision Dr. Hasnain shall cease practising medicine immediately until he has obtained a Clinical Supervisor acceptable to the College, and this will constitute a term, condition, or limitation on his certificate of registration, which will be included on the College’s public register.
- (bb) If a person who has given an undertaking in Schedule “A” to this Order is unable or unwilling to fulfill its provisions during Low Level Supervision, Dr. Hasnain shall, within

fourteen (14) days of receiving notice of the same, ensure that he has delivered to the College an executed undertaking in the same form from a similarly qualified person who is acceptable to the College.

- (cc) If Dr. Hasnain is unable to obtain a Clinical Supervisor as set out in subparagraph (bb) of this Order within 14 days, he shall cease practising medicine until he has obtained a Clinical Supervisor acceptable to the College, and this will constitute a term, condition, or limitation on his certificate of registration, which will be included on the College's public register.
- (dd) The patient charts reviewed by the Clinical Supervisor pursuant to this Order shall be selected by the Clinical Supervisor in their sole discretion and based on the educational needs identified in the IEP and based on any concerns that may arise during the period of Clinical Supervision.
- (ee) Dr. Hasnain shall consent to the disclosure and sharing of information between the Clinical Supervisor(s), the Assessor(s), and the College as any of them deem necessary or desirable in order to fulfill their respective obligations.

### ***Professional Education***

- (ff) Dr. Hasnain shall participate in, and successfully complete, all aspects of the **IEP**, attached hereto as **Schedule "B"**, including but not limited to professional education stipulated in the IEP, which includes:
  - (i) CAMH Opioid Use Disorder Treatment Course:  
<https://www.camh.ca/en/education/academy/continuing-education-directory/opioid-use-disorder-treatment-oudt-course>
  - (ii) Harvard Medical School Course: Annual Evaluation and Treatment of Pain Conference
  - (iii) Addiction Medicine and Pain Management course approved by the College of Physicians and Surgeons of Ontario
  - (iv) a course in pharmacotherapy approved by the College

### ***Monitoring and Other Terms***

- (gg) Dr. Hasnain shall inform the College of each and every location where he practises, including but not limited to hospitals(s), clinic(s) and office(s), in any jurisdiction, within five (5) days of this Order. Going forward, he shall inform the College of any and all new Practice Locations in any jurisdiction five (5) days in advance of commencing practise at that location.
- (hh) Dr. Hasnain shall cooperate, and shall not interfere with, unannounced inspections of his practice and patient records by the College and to any other activity the College deems necessary for the purpose of monitoring Dr. Hasnain's compliance with the terms of this Order.
- (ii) Dr. Hasnain shall provide the College with his irrevocable consent to make enquiries of the Ontario Health Insurance Plan, and/or any person(s) or institution(s) that may

have relevant information, in order for the College to monitor his compliance with the terms of this Order.

(jj) Dr. Hasnain shall be solely responsible for any and all fees, costs, charges, expenses, etc. associated with implementing the terms of this Order.

1. **THE DISCIPLINE TRIBUNAL DIRECTS** the results of this proceeding to be included on the public register of the College.

## SCHEDULE "A"

### UNDERTAKING OF DR. \_\_\_\_\_ TO THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

1. I am a practising member of the College, certificate of registration number \_\_\_\_\_.
2. I have read the Order of the Ontario Physicians and Surgeons Discipline Tribunal dated \_\_\_\_\_ regarding the reinstatement of Dr. Haider Hasnain's certificate of registration (number 68746) (the "**Order**"), the Tribunal's Reasons for Decision in respect of same and any and all other material provided to me by the College
3. I understand the terms, conditions and limitations that the Tribunal directed the Registrar of the College to impose upon Dr. Hasnain's certificate of registration, as set forth in the Order. I also understand the concerns regarding Dr. Hasnain's return to practice.
4. I will review, as soon as practicable, any additional materials provided to me by the College, including the College's Guidelines for College - Directed Clinical Supervision.
5. I undertake that commencing from the date I sign this undertaking, I shall act as Dr. Hasnain's Clinical Supervisor ("**Clinical Supervisor**"), for at least twelve (12) months ("**Clinical Supervision**"), as outlined in the Order (including the Individualized Education Plan ("**IEP**") attached as Schedule "B" to the Order).
6. I understand that Dr. Hasnain will be:
  - (a) under High Level Supervision for a minimum of two (2) months (or longer as necessary);
  - (b) under Moderate Level Supervision for a minimum of four (4) months (or longer as necessary);
  - (c) under Low Level Supervision for a minimum of six (6) months (or longer as necessary).

#### **High Level Supervision**

7. I understand that during the period of High Level Clinical Supervision, I will be the Most Responsible Physician ("MRP").
8. During High Level Supervision, I shall:
  - (a) be onsite and available at all times during which Dr. Hasnain is practising. For greater clarity, Dr. Hasnain shall not practise unless I am immediately available.
  - (b) review all Dr. Hasnain's cases and management decisions with him each day and provide feedback to him on his diagnoses, documentation and treatment plans.
  - (c) after one (1) month, I shall provide a report to the College commenting on:
    - i Dr. Hasnain's management of patients;

- ii Procedures or presentations that Dr. Hasnain is competent to perform and/or assess
  - iii Procedures or presentations for which Dr. Hasnain needs further education if any;
  - iv The appropriateness of Dr. Hasnain's prescribing practices
  - v Topics reviewed with Dr. Hasnain and his success in implementing changes in practice
  - vi Review of current practice guidelines with Dr. Hasnain
  - vii Dr. Hasnain's quality of documentation
  - viii Dr. Hasnain's receptiveness to feedback and suggestions
  - ix all information that might assist the College in evaluating Dr. Hasnain's standard of practice, as well as Dr. Hasnain's participation in and compliance with the requirements set out in the Order.
- (d) After two (2) months, and every month of High Level Supervision thereafter I shall provide a report to the College commenting on the above and my opinion as to whether Dr. Hasnain is ready to transition to Moderate Level Supervision.

### **Moderate Level Supervision**

9. I understand that during the period of Moderate Level Clinical Supervision, Dr. Hasnain will be the MRP.
10. During Moderate Level Supervision, I shall be available at all times when Dr. Hasnain is practising, either on site or by telephone. For greater clarity, Dr. Hasnain shall not practise unless I am immediately available.
11. During the first month of Moderate Level Supervision I shall directly observe a minimum of one half (1/2) day of patient encounters per week.
12. During Moderate Level Supervision I will, at a minimum:
  - (a) Meet with Dr. Hasnain on at least a weekly basis for at least the first two (2) months of Moderate Level Supervision, and biweekly thereafter. At each meeting, I will:
    - i. review a minimum of ten (10) charts, selected in my sole discretion, which represent a variety of common conditions managed in a family medicine practice (with reference to the CFPC's [Priority Topics](#)). I will provide feedback to Dr. Hasnain on his documentation and care;
    - ii. make recommendations to Dr. Hasnain for any practice improvements and ongoing professional development, and inquire into Dr. Hasnain's compliance with the recommendations;

- iii. keep a log of all patient charts reviewed along with patient identifiers.
- (b) After two (2) months of Moderate Level Supervision I will provide a report to the College which shall include comment on:
- iv. Dr. Hasnain's management of patients;
  - v. Procedures or presentations that Dr. Hasnain is competent to perform and/or assess
  - vi. Procedures or presentations for which Dr. Hasnain needs further education if any;
  - vii. The appropriateness of Dr. Hasnain's prescribing practices
  - viii. Topics reviewed with Dr. Hasnain and his success in implementing changes in practice
  - ix. Review of current practice guidelines with Dr. Hasnain
  - x. Dr. Hasnain's quality of documentation
  - xi. Dr. Hasnain's receptiveness to feedback and suggestions
  - xii. all information that might assist the College in evaluating Dr. Hasnain's standard of practice, as well as Dr. Hasnain's participation in and compliance with the requirements set out in the Order.
- (c) After four (4) months of Moderate Level Supervision and every two (2) months of Moderate Level Supervision thereafter, I shall provide a report to the College commenting on the above and my opinion as to whether Dr. Hasnain is ready to transition to Low Level Supervision.

### **Low Level Supervision**

- 13. I understand that during the period of Low Level Clinical Supervision, Dr. Hasnain will be the Most Responsible Physician ("MRP").
- 14. During Low Level Supervision, I must be available by phone or by email to discuss cases, but need not be available in real time.
- 15. During Low Level Supervision, I will, at a minimum:
  - i meet with Dr. Hasnain at least once every four (4) weeks to review a minimum of fifteen (15) of his patient charts, selected in my sole discretion, and which represent a variety of common conditions managed in a family medicine practice (with reference to the CFPC's Priority Topics). I will provide feedback to Dr. Hasnain on his documentation and care;
  - ii make recommendations to Dr. Hasnain for any practice improvements and ongoing professional development, and inquire into Dr. Hasnain's compliance with the recommendations.

- iii keep a log of all patient charts reviewed along with patient identifiers.
  - (a) Provide a report to the College after three (3) months of Low Level Supervision, which shall include comment on:
    - i. Dr. Hasnain's management of patients;
    - ii. Procedures or presentations that Dr. Hasnain is competent to perform and/or assess
    - iii. Procedures or presentations for which Dr. Hasnain needs further education, if any;
    - iv. The appropriateness of Dr. Hasnain's prescribing practices
    - v. Topics reviewed with Dr. Hasnain and his success in implementing changes in practice
    - vi. Review of current practice guidelines with Dr. Hasnain
    - vii. Dr. Hasnain's quality of documentation
    - viii. Dr. Hasnain's receptiveness to feedback and suggestions; and
    - ix. all information that might assist the College in evaluating Dr. Hasnain's standard of practice, as well as Dr. Hasnain's participation in and compliance with the requirements set out in the Order.
  - (b) After a minimum of six (6) months, and every three (3) months of Low Level Supervision thereafter, I shall provide a report to the College commenting on the above and my opinion as to whether Dr. Hasnain is ready to transition to independent practice.
  - (c) Dr. Hasnain shall practice under Low Level Supervision on the terms outlined in the Order until the College, in its sole discretion, determines it is no longer necessary.
16. I further undertake that during the period of Clinical Supervision, I will, at a minimum:
- (a) Facilitate the education program set out in the Individualized Education Plan ("IEP") attached as Schedule "B" to the Order including but not limited to:
    - i. Reviewing and discussing with Dr. Hasnain:
      - 1. common primary guidelines (as further outlined in the IEP)
      - 2. common primary care problems (as further outlined in the IEP) and
      - 3. the following literature:
        - a. [CPSO Medical Records Documentation Policy](#)

- b. [CMPA – Good Practices – Physician-patient: Documentation and record keeping](#)
- c. [CPSO Professionalism](#);
- d. [CMA Code of Ethics](#);
- e. [Good Practices - Professionalism and Ethics, CMPA](#);
- f. The Time Management Guide, Royal College

- (b) Be solely responsible for selecting all charts to be reviewed by me, independent of Dr. Hasnain’s participation, on the basis of the educational needs identified in the IEP attached as Schedule “B” to the Order and any concerns that arise during the period of Clinical Supervision;
- (c) Discuss with Dr. Hasnain any concerns arising from such chart reviews, observation and other aspects of supervision;
- (d) Make recommendations to Dr. Hasnain for practice improvements and ongoing professional development and inquire into Dr. Hasnain’s compliance with my recommendations;
- (e) Perform any other duties, such as reviewing other documents or conducting interviews with staff or colleagues, that I deem necessary to Dr. Hasnain’s Clinical Supervision.

17. I undertake that I shall immediately notify the College if I am concerned that:

- (a) Dr. Hasnain’s practice may fall below the standard of practice of the profession;
- (b) Dr. Hasnain may not be in compliance with the provisions of the Order; or
- (c) Dr. Hasnain’s patients may be exposed to risk of harm or injury.

18. I acknowledge that Dr. Hasnain has consented to my disclosure to the College and all other Clinical Supervisors and Assessors of all information the College deems necessary or desirable including all information relevant to any of the following:

- (a) the Order;
- (b) the provisions of this, my Clinical Supervisor’s undertaking;
- (c) any Assessment of Dr. Hasnain’s practice;
- (d) monitoring compliance with the Order.

19. I acknowledge that all information that I become aware of in the course of my duties as Dr. Hasnain’s Clinical Supervisor is confidential information and that I am prohibited, both during and after the period of Clinical Supervision, from communicating it in any form and by any means except in the limited circumstances set out in section 36(1) of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18 (the “RHPA”).

20. I undertake to notify the College and Dr. Hasnain in advance wherever possible, but, in any case, immediately following any communication of information under section 36(1) of the RHPA.
21. I understand that Clinical Supervision shall cease only upon approval from the College.
22. I undertake to immediately inform the College in writing if Dr. Hasnain and I have terminated our Clinical Supervision relationship, or if I otherwise cannot fulfill the provisions of my undertaking.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 2026

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**Dr.**

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Witness (*print name*)

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Witness (*Signature*)

### SCHEDULE B

This individualized education plan template is based on the *CanMEDS Physician Competency Framework*, an educational framework identifying and describing seven roles that lead to optimal health and health care outcomes. Further information is available from the College of Family Physicians of Canada (<https://www.cfpc.ca/canmedsfm/>) and the Royal College of Physicians and Surgeons of Canada (<http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>).

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
<p><b>Medical Expert</b></p> <p>Areas to be enhanced, including but not limited to:</p> <p><b>A. Common Medical Conditions</b></p> <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Hypertension</li> <li>• Hyperlipidemia</li> <li>• Osteoporosis</li> <li>• Upper and Lower Respiratory tract infections</li> <li>• COPD</li> <li>• Asthma</li> </ul>	<p>Practice that meets the standard of a competent family physician in Ontario.</p>	<p><b><u>Clinical Supervision</u></b></p> <p>The supervision will be in three stages: High, Moderate and Low Level Supervision.</p> <p>Under all levels of supervision, Dr. Hasnain shall maintain a log of all prescriptions for narcotic drugs, narcotic preparations, controlled drugs, benzodiazepines and other targeted substances, and all other monitored drugs. These logs shall be submitted with each clinical supervision report.</p> <p><b>High Level Supervision</b></p> <p><b><i>High level supervision for a minimum of 2 months (or longer, as necessary).</i></b></p>	<p>Clinical supervision reports that demonstrate Dr. Hasnain’s commitment to learning and ongoing improvement and reflect ongoing discussion of educational resources outlined in the plan, with strategies to incorporate learning into practice.</p> <p>Evidence from CPSO-directed assessment of practice by CPSO-appointed assessor at</p>

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
<ul style="list-style-type: none"> <li>• Headache</li> <li>• Dizziness</li> <li>• Dyspepsia</li> <li>• Diarrhea and Constipation</li> <li>• Coronary Artery Disease</li> <li>• Congestive Heart Failure</li> <li>• Stroke/TIA</li> <li>• Insomnia</li> <li>• Neuromuscular Disorders</li> <li>• Common Skin Disorders</li> </ul> <p><b>B. Common Mental Health Conditions</b></p> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Anxiety</li> <li>• Substance abuse</li> <li>• Psychosis</li> <li>• Dementia</li> </ul> <p><b>C. Common Pediatric conditions</b></p> <ul style="list-style-type: none"> <li>• Common pediatric infections</li> <li>• Common pediatric rashes</li> </ul>		<p>Dr. Hasnain is never the Most Responsible Physician (MRP).</p> <p>Clinical Supervisor will be onsite and available at all times.</p> <p>All cases and management decisions are reviewed with the Clinical Supervisor each day where feedback will be provided to Dr. Hasnain on diagnosis, documentation and treatment plan.</p> <p>Clinical Supervisor to send a report to CPSO after 1 month of high level supervision commenting on:</p> <ul style="list-style-type: none"> <li>• management of patients</li> <li>• procedures or presentations that Dr. Hasnain is competent to perform and/or assess</li> <li>• procedures or presentations for which Dr. Hasnain needs further education, if any</li> <li>• appropriateness of prescribing practices</li> <li>• topics reviewed and success in implementing changes in practice</li> <li>• review of current practice guidelines</li> <li>• quality of documentation</li> <li>• Dr. Hasnain’s receptiveness to feedback and suggestions</li> </ul>	<p>conclusion of clinical supervision.</p>

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
<ul style="list-style-type: none"> <li>• Well baby/child</li> <li>• Abdominal pain</li> <li>• Asthma</li> <li>• Acne</li> <li>• Routine immunizations</li> </ul> <p><b>D. Health Prevention and Screening</b></p> <p><b>E. Women’s Health Preventative screening/Well Woman Care</b></p> <ul style="list-style-type: none"> <li>• Common gynecologic procedures</li> </ul> <p><b>F. Obstetrics</b></p> <ul style="list-style-type: none"> <li>• Pre-natal care</li> <li>• Obstetrical care</li> <li>• Post-natal care</li> </ul> <p><b>G. Men’s Health</b></p> <p><b>H. Travel Medicine</b></p> <p><b>I. Occupational Medicine/WSIB</b></p>		<p>Clinical Supervisor to send a report to CPSO after 2 months of high level supervision commenting on the above and:</p> <ul style="list-style-type: none"> <li>• support for Dr. Hasnain to transition to moderate level supervision</li> </ul> <p>Once the report is reviewed by the College and only if it is approved by the College in its sole discretion, Dr. Hasnain may transition to Moderate Supervision.</p> <p><b>Moderate Level Supervision</b></p> <p><b><i>Moderate level for a minimum of 4 months (or longer, as needed).</i></b></p> <p>Dr. Hasnain is the MRP.</p> <p>Clinical Supervisor is immediately available onsite or by phone at all times.</p> <p>Clinical Supervisor to meet and review a selection of cases weekly for first two months (minimum 10 cases per week) and biweekly thereafter and provides feedback to Dr. Hasnain on documentation and care.</p>	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
<p><b><i>J. Other needs as identified by supervisor</i></b></p>		<p>Charts reviewed should represent a variety of common conditions managed in a family medicine practice (reference the CFPC’s <a href="#">Priority Topics</a>).</p> <p>Clinical Supervisor will directly observe a minimum of one half day of patient encounters per week during the first month of moderate level supervision.</p> <p>Clinical Supervisor to send a report to CPSO after 2 months of moderate level supervision commenting on:</p> <ul style="list-style-type: none"> <li>• management of patients</li> <li>• procedures or presentations that Dr. Hasnain is competent to perform and/or assess</li> <li>• procedures or presentations for which Dr. Hasnain needs further education, if any</li> <li>• appropriateness of prescribing practices</li> <li>• topics reviewed and success in implementing changes in practice</li> <li>• review of current practice guidelines</li> <li>• quality of documentation</li> <li>• Dr. Hasnain’s receptiveness to feedback and suggestions</li> </ul> <p>Clinical Supervisor to send a report to CPSO after 4 months of moderate level supervision commenting on the above and:</p>	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
		<ul style="list-style-type: none"> <li>• support for Dr. Hasnain to transition to low level supervision</li> </ul> <p>Once the report is reviewed by the College, and only if it is approved by the College in its sole discretion, Dr. Hasnain may transition to Low Supervision.</p> <p><b>Low Level Supervision</b></p> <p><b><i>Low level supervision for a minimum of 6 months (or longer, as needed).</i></b></p> <p>Clinical Supervisor must be available by phone or email to discuss cases, but not necessarily in real time.</p> <p>Meet with Dr. Hasnain on a monthly basis to review a minimum of 15 charts to review documentation and care.</p> <p>Charts reviewed should represent a variety of common conditions managed in a family medicine practice (reference the CFPC’s <a href="#">Priority Topics</a>).</p> <p>Clinical Supervisor to send a report to CPSO after 3 months of low level supervision commenting on:</p> <ul style="list-style-type: none"> <li>• management of patients</li> <li>• procedures or presentations that Dr. Hasnain is competent to perform and/or assess</li> </ul>	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
		<ul style="list-style-type: none"> <li>• appropriateness of prescribing practices</li> <li>• procedures or presentations for which Dr. Hasnain needs further education, if any</li> <li>• topics reviewed and success in implementing changes in practice</li> <li>• review of current practice guidelines</li> <li>• quality of documentation</li> <li>• Dr. Hasnain’s receptiveness to feedback and suggestions</li> </ul> <p>Clinical Supervisor to send a report to CPSO after 6 months of low level supervision commenting on the above and:</p> <ul style="list-style-type: none"> <li>• support for Dr. Hasnain to transition to independent practice</li> </ul> <p>Low level supervision remains in place until the College determines, in its sole discretion, that it is no longer necessary.</p> <p><b>Courses:</b></p> <ul style="list-style-type: none"> <li>• CAMH Opioid Use Disorder Treatment Course:  <a href="https://www.camh.ca/en/education/academy/continuing-education-directory/opioid-use-disorder-treatment-oudt-course">https://www.camh.ca/en/education/academy/continuing-education-directory/opioid-use-disorder-treatment-oudt-course</a> </li> </ul>	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
		<ul style="list-style-type: none"> <li>• Harvard Medical School Course: <a href="#">Annual Evaluation and Treatment of Pain Conference</a></li> <li>• Addiction Medicine and Pain Management course approved by the College</li> <li>• A course in pharmacotherapy approved by the College</li> </ul> <p><b>Under all levels of supervision:</b></p> <p>Review, reflection, and discussion with Clinical Supervisor the common primary guidelines including but not limited to:</p> <ul style="list-style-type: none"> <li>• Diabetes Canada Guidelines</li> <li>• Osteoporosis Canada Guidelines</li> <li>• Hypertension Canada Guidelines</li> <li>• Canadian Cardiovascular Society Guidelines</li> <li>• Canadian Task Force on Preventive Health Care</li> <li>• Canadian Thoracic Society Guidelines (asthma and COPD)</li> <li>• Society of Obstetricians and Gynecologists Guidelines</li> <li>• Canadian Pediatric Society guidelines</li> <li>• Ontario Immunization Schedule</li> <li>• Cancer Care Ontario Screening Guidelines</li> <li>• Choosing Wisely Canada</li> </ul>	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
		<p>Review, reflection and discussion with clinical supervisor of common primary care problems including:</p> <ul style="list-style-type: none"> <li>• management of common infections and antibiotic stewardship (<a href="#">Public Health Ontario: Antimicrobial Stewardship in Primary Care</a> and MUMS Anti-infective guidelines for Community Acquired Infections)</li> <li>• Public Health Ontario: <a href="#">Infection Prevention and Control for Clinical Office Practice</a></li> <li>• CPSO: <a href="#">Infection Prevention and Control (IPAC) Standard</a></li> <li>• CPSO: <a href="#">Advice to the Profession: Infection Prevention and Control (IPAC) Standard</a></li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• UpToDate</li> <li>• CFPC Priority Topics</li> <li>• Toronto notes</li> <li>• RX files</li> <li>• Anti-infective Guidelines for community-acquired infections</li> <li>• MAINPRO-conferences/courses, family medicine conferences and review courses</li> <li>• Journals (CFPC, AFP, CMAJ)</li> </ul>	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
<p><b>Communicator</b></p> <p><b>(Medical Record Keeping)</b></p> <p><i>Areas to enhance include, but not limited to:</i></p> <ul style="list-style-type: none"> <li>Document clinical encounters in an accurate, complete and timely way, in accordance with CPSO policy and legal requirements</li> </ul>	<p>Documentation that meets the standard of a competent family physician in Ontario.</p>	<p>Review, reflection, and discussion with Clinical Supervisor:</p> <ul style="list-style-type: none"> <li>CPSO <i>Medical Records Documentation</i> <a href="#">policy</a></li> <li>CMPA - Good Practices - Physician-patient: <a href="#">Documentation and record keeping</a></li> </ul> <p><i>Suggested Resources:</i></p> <ul style="list-style-type: none"> <li>Rourke Baby Record: <a href="https://cps.ca/en/tools-ouils/rourke-baby-record">https://cps.ca/en/tools-ouils/rourke-baby-record</a></li> <li>Ontario Perinatal Records: <a href="https://pcmch.on.ca/wp-content/uploads/2022/02/OPR-2017.pdf">https://pcmch.on.ca/wp-content/uploads/2022/02/OPR-2017.pdf</a></li> <li>Greig Health Record: <a href="https://greighealthrecord.ca/">https://greighealthrecord.ca/</a></li> </ul>	
<p><b>Communicator</b></p> <p><b>(Non-Record Keeping)</b></p> <p><i>Areas to enhance include, but not limited to:</i></p>	<p>Communication skills that meet the standard of a family physician in Ontario.</p>	<p>Communicate with patients and their families in a professional, supportive manner, foster trust in the therapeutic relationship and respect patients’ privacy and autonomy in shared decision making.</p>	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
<ul style="list-style-type: none"> <li>Communicate with physicians and other members of the health care team effectively</li> </ul>		<p>Review challenging patients post-encounter to explore alternative approaches to optimise effective communication.</p> <p>Communicate effectively with members of the health care team. Supervisor to solicit feedback and discuss areas for improvement, if needed.</p> <p><i>Suggested resources:</i></p> <ul style="list-style-type: none"> <li>CPSO Patient Communication: <a href="https://www.cpso.on.ca/Physicians/Policies-Guidance/Statements-Positions/Getting-Communications-Right-with-Patients">https://www.cpso.on.ca/Physicians/Policies-Guidance/Statements-Positions/Getting-Communications-Right-with-Patients</a></li> <li>CFPC Patient Communication: <a href="https://portal.cfpc.ca/resourcesdocs/uploadedFiles/Education/Communication%20Skills.pdf">https://portal.cfpc.ca/resourcesdocs/uploadedFiles/Education/Communication%20Skills.pdf</a></li> <li>Good Practices - Physician-team – Team Communication, CMPA: <a href="https://www.cmpa-acpm.ca/en/education-events/good-practices/physician-team/team-communication">https://www.cmpa-acpm.ca/en/education-events/good-practices/physician-team/team-communication</a></li> </ul>	
<b>Collaborator</b>	Collaboration with patients, allied-health professionals and	Follow up on tracking referrals and obtaining consult reports that are relevant to the patient’s ongoing care and acknowledge review and follow up plan.	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
	consultants to optimize healthcare.	<p><i>Suggested resources:</i></p> <p>CPSO Inter-professional Collaboration:  <a href="https://dialogue.cpso.on.ca/2020/09/patient-safety-interprofessional-collaboration/">https://dialogue.cpso.on.ca/2020/09/patient-safety-interprofessional-collaboration/</a></p>	
<b>Health Advocate</b>	Timely and preventative health care measures that meets the standard of a competent family physician in Ontario.	<p>With assistance of the clinical supervisor and support staff, ensuring all patients are up-to-date on periodic health screening and exam.</p> <p><i>Suggested resources:</i></p> <ul style="list-style-type: none"> <li>• CTFPHC Periodic Health Exam:  <a href="http://www.canadiantaskforce.ca">www.canadiantaskforce.ca</a></li> <li>• CFPC Preventive Care:  <a href="https://portal.cfpc.ca/CFPC/Resources/EN/Periodic_Health_Examination/content_id_1184.aspx">https://portal.cfpc.ca/CFPC/Resources/EN/Periodic_Health_Examination/content_id_1184.aspx</a></li> </ul>	
<b>Leader</b>	Practice management that meets the standard of a	Collaborate with support staff to optimize call backs and follow up important results in an effective and	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
	<p>competent physician practising family medicine in Ontario.</p>	<p>timely manner. Use current, evidence-based practice to provide safe, cost effective treatment.</p> <p><i>Review of:</i></p> <ul style="list-style-type: none"> <li>• Canadian Medical Association’s Code of Ethics</li> <li>• CPSO Practice Guide</li> <li>• CPSO policies</li> <li>• General Preamble of the Ontario Schedule of Benefits</li> </ul>	
<p><b>Professional</b></p> <p><i>Areas to enhance include, but not limited to:</i></p> <ul style="list-style-type: none"> <li>• Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating responsibility, reliability, and self-discipline</li> <li>• Recognize and respond to ethical</li> </ul>	<p>Practice that meets the standard of a family physician in Ontario.</p>	<p>Review with the clinical supervisor any feedback from co-workers to identify any areas of improvement.</p> <p>Review, reflection, and discussion with education consultant and Clinical Supervisor:</p> <ul style="list-style-type: none"> <li>• CPSO Professionalism: <a href="https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Physician-Behaviour-in-the-Professional-Environmen">https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Physician-Behaviour-in-the-Professional-Environmen</a></li> <li>• CMA Code of Ethics: <a href="http://www.cma.ca/cma-code-ethics-and-professionalism">www.cma.ca/cma-code-ethics-and-professionalism</a></li> </ul>	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
<p>issues encountered in practice</p> <ul style="list-style-type: none"> <li>• Set priorities and manage time to ensure efficiency and quality of practice</li> </ul>		<ul style="list-style-type: none"> <li>• Good Practices - Professionalism and Ethics, CMPA: <a href="http://www.cmpa-acpm.ca/en/education-events/good-practices">www.cmpa-acpm.ca/en/education-events/good-practices</a></li> <li>• The Time Management Guide, Royal College: <a href="https://www.kobo.com/ca/en/ebook/the-time-management-guide">https://www.kobo.com/ca/en/ebook/the-time-management-guide</a></li> </ul>	
<p><b>Scholar-CPD</b></p> <p>Enhanced patient care based on up to date knowledge base and maintenance of professional standards.</p>	<p>Participation in CPD that meets the requirements as outlined in the CPSO's Quality Assurance Regulation.</p>	<p>Fulfill the CFPC's requirements for CPD cycles. Review CPD with clinical supervisor and direct learning towards knowledge gaps, while ensuring CPD activities reflect the full breadth of clinical practice.</p> <p>Engage with the CFPC's <a href="#">Self Learning Program</a>.</p> <p><i>Suggested resources:</i></p> <ul style="list-style-type: none"> <li>• CPSO CPD: <a href="https://www.cpso.on.ca/Physicians/Your-Practice/Quality-Management/Continuing-Professional-Development">https://www.cpso.on.ca/Physicians/Your-Practice/Quality-Management/Continuing-Professional-Development</a></li> </ul>	<p>Submission of detailed list of CPD activities completed.</p>

