

LEGAL REPORTING REQUIREMENTS

The law requires physicians to report certain events and clinical conditions to the College of Physicians and Surgeons of Ontario (“CPSO”), other health regulatory bodies (i.e., colleges) and agencies. This document summarizes some of the key legal reporting requirements.

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

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

Reports to CPSO and Other Health Regulatory Colleges

- Sexual Abuse of Patients
- Professional Misconduct, Incompetence or Incapacity
- Privacy Breaches
- Self-Reporting

Reports to Other Agencies

- Children in Need of Protection
- Transportation
- Births, Still-Births and Deaths
- Privacy Breaches – Information and Privacy Commissioner
- Occupational Health and Safety
- Controlled Drugs and Substances
- Diseases and Vaccines
- Long-Term Care and Retirement Homes
- Preferential Access to Health Care
- Health Card Fraud
- Community Treatment Orders
- 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 have reasonable grounds to believe that a
46 regulated health professional practising in the facility is incompetent or incapacitated
47 must file a written report with the appropriate college within 30 days, or immediately if
48 patients are likely to be harmed or 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 sections 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 sections 125(1) to (4) [Child, Youth and Family Services Act, 2017](#).

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 has or
107 appears to have a prescribed medical condition, functional or visual impairment.⁷

108 Physicians are not required to report:

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

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

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](#). Physicians may also 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 when determining whether a person has or appears to have a prescribed condition.

⁷ The prescribed conditions are outlined in s. 14.1(3) of the [Drivers’ Licences Regulation](#) enacted under the [Highway Traffic Act](#).

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

117 **Pilots or Air Traffic Controllers**

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

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

123 **Maritime Safety**

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

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

128 **Railway Safety**

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

132 Physicians must also:

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

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

136 **Births, Still-Births and Deaths**

137 **Live Births**

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

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

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 **Still-Births**

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

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

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

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

149 **Deaths**¹³

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

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

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

156 **Notification of Coroner**

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

160 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](#).

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

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

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

168 Custodians must also:

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

173 See sections 3, 12(2) and (3), and 55.5(7) [Personal Health Information Protection Act,](#)
174 [2004](#) (PHIPA) and sections 6.3, 6.4, and 18.3 [General Regulation](#), enacted under PHIPA.

175 **Occupational Health and Safety**

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

181 See sections 29(1), (2) and (7) [Designated Substances Regulation](#), enacted under the
182 [Occupational Health and Safety Act](#) (OHSA), and sections 352(9) and (11) [Construction](#)
183 [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.

184 **Controlled Drugs and Substances**

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

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

192 **Diseases and Vaccines**

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

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

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

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

204 See sections 25(1), 26, 30 and 34(1) and (2) [Health Protection and Promotion Act](#)
205 (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).

206 **Eyes of Newborns**

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

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

212 **Rabies**

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

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

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

219 **Reactions to Vaccines**

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

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

228 See sections 38(1) and (3) [Health Protection and Promotion Act](#).

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

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

- 233 • a resident may have experienced or may experience harm as a result of improper
234 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.

235 • a resident's money may have been misused.

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

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

241 **Preferential Access to Health Care**

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

245 See sections 17(1) and (2) [Commitment to the Future of Medicare Act, 2004](#), (CFMA)
246 and section 7(1) [General Regulation](#), enacted under the CFMA.

247 **Health Card Fraud**

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

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

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

256 See section 43.1 [Health Insurance Act](#) (HIA) and section 1(1) [Health Fraud Regulation](#),
257 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 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.

258 **Community Treatment Orders**

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

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

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

266 **Provincial Correctional Facilities**

267 Physicians who treat offenders in a correctional facility³¹ must file a report with the
268 Superintendent:

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

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

276 See sections 4(3) to (5), [General Regulation](#), enacted under the [Ministry of Correctional](#)
277 [Services Act](#), and section 37(1) [Health Protection and Promotion Act](#) (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.