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

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

Definitions

Public Health Emergency: A current or impending situation that constitutes a danger of major proportions with the potential to result in serious harm to the health of the public. They are usually caused by forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.¹ They are declared by government and public health authorities at the federal, provincial and municipal levels.²

Policy

Providing Physician Services

1. In fulfilling their individual commitment to patients, professional commitment to colleagues, and collective commitment to the public, physicians must be available to provide physician services during public health emergencies. Physician services include:
   - providing direct medical care to people in need, and
   - performing administrative or other indirect activities that support the response effort.³
2. When deciding what role to take during public health emergencies, physicians must do so in accordance with the values, principles, and duties of medical professionalism.
3. Physicians providing direct medical care to people in need must do so in accordance with relevant legislation and emergency management plans.
4. Physicians must document these patient encounters to the best of their ability given the circumstances.
5. There may be reasons related to the physicians’ own health, that of family members or others close to them⁴ which may place limits...
on the physicians’ ability to provide direct medical care to people in need during a public health emergency. In those instances, physicians who have a personal health and/or ability limitation must engage in indirect activities that support the response effort during public health emergencies.  

**Planning, Preparation, and Staying Informed**

6. Physicians are **advised** to prepare for the occurrence of public health emergencies by, for example, participating in simulation exercises and other emergency planning and preparation activities, and taking advantage of training offered to them for tasks which they may be required to perform during public health emergency.

7. Physicians are **advised** to be proactive and inform themselves of the information available which will assist them in being prepared for a public health emergency.  

8. During public health emergencies, physicians **must** make reasonable efforts to access relevant information and stay informed.

**Practicing Outside of Scope of Practice**

9. During public health emergencies, it may be necessary for physicians to temporarily practice outside their scope, but physicians **must** only do so if:
   a. the medical care needed is urgent,
   b. a more skilled physician is not available, and,
   c. not providing medical care may result in greater risk or harm to the patient or public than providing it.

10. To ensure competence while temporarily practising outside of one’s scope of practice, physicians **must** exercise their professional judgement and work with their health care colleagues to determine what appropriate medical care they can provide to persons in need of care, in accordance with relevant legislation and emergency management plans.

11. Once the public health emergency is over, physicians **must not** practise outside of their scope, unless they elect to change their scope of practice in accordance with College policy.

**Endnotes**

1. Adapted from *Emergency Management and Civil Protection Act*, R.S.O. 1990, Chapter E.9


3. See the *Advice to the Profession: Public Health Emergencies* for further guidance.

4. As defined in the College's *Physician Treatment of Self, Family Members and Others Close to Them* policy.

5. See the *Advice to the Profession: Public Health Emergencies* for further guidance.

6. Including legislation, emergency management plans developed by federal, provincial and municipal governments, directives from public health agencies, and advice provided by the CMPA.

7. Governments and public health authorities are responsible for ensuring that physicians receive timely, accurate and complete information both prior to and during public health emergencies.

8. In non-emergency situations, there are clear expectations for physicians around scope of practice. A physician must practice only in the areas of medicine in which the physician is educated and experienced and must comply with the College's *Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice* policy when changing their scope of practice.