



Navigating WSIB for Family Physicians: Improving Patient Access and Your Practice

PANELISTS

Dr. Aaron Thompson • Dr. Craig Winsor

WITH

Dr. Stephanie Zhou • Dr. Vanessa Redditt

Ontario College of
Family Physicians  *Thriving Family Physicians
in a Healthy Ontario*

 Family & Community Medicine
UNIVERSITY OF TORONTO

**Mental Health
and Addictions**

March 25, 2026

Practising Well: Your Community of Practice

Please introduce yourself in the chat!

Your name,
Your community,
Your X (Twitter)
handle

Interested in becoming a
speaker at our CoPs?
Send us an email with your
name & topic(s) of interest to
practisingwell@ocfp.on.ca

@OntarioCollege
#PractisingWell

Your Panelists: Disclosures

Dr. Aaron Thompson

Relationships with financial sponsors (including honoraria):

- CoP Speaker - OCFP Practising Well
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- Chair, Royal College of Physicians and Surgeons of Canada (RCPSC), Specialty Committee Occupational Medicine
- Chief Medical Officer- Workplace Safety and Insurance Board (WSIB), Ontario
- Assessor, College of Physicians and Surgeons of Ontario (CPSO)
- Occupational Medicine Consultant, Wawanesa Insurance
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Relationships with financial sponsors (including honoraria):

- CoP Speaker- OCFP Practising Well
- Contract Consultant- Transport Canada Civil Aviation Medicine - Aviation Medical Officer
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- Occupational Health and Disability Management Advisor for Industry – including School Boards, Transportation Companies, Governmental Agencies
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- Facilitator- University Toronto Occupational Medicine Residency Program

Disclosures

Dr. Stephanie Zhou @stephanieyzhou

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- Ontario Medical Association – Honoraria for practice management lectures
- Department of Family and Community Medicine (University of Toronto), Dept of Medical Imaging, Dept of Ob/Gyn for practice management lectures
- Toronto Public Health – Board of Directors Member
- McMaster University, Queen’s University, McGill University, Toronto Metropolitan University, OntarioMD & Dr. Bill, Canadian Society of Allergy & Immunology, Canadian Fertility & Andrology Society, and Women in Academic Medicine - Honoraria for teaching financial literacy, billing, and practice management.

Dr. Vanessa Redditt

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians

Mitigating Bias

Disclosure of financial support



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Potential conflicts



N/A

Mitigating potential bias



The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.

Content has been developed according to the standards and expectations of the Mainpro+ certification program.

The program content was reviewed by the SPC.

Practising Well Self-Learning Program

The Practising Well CoP is certified for self-learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self-learning program is certified for up to 63 Mainpro+ credits.



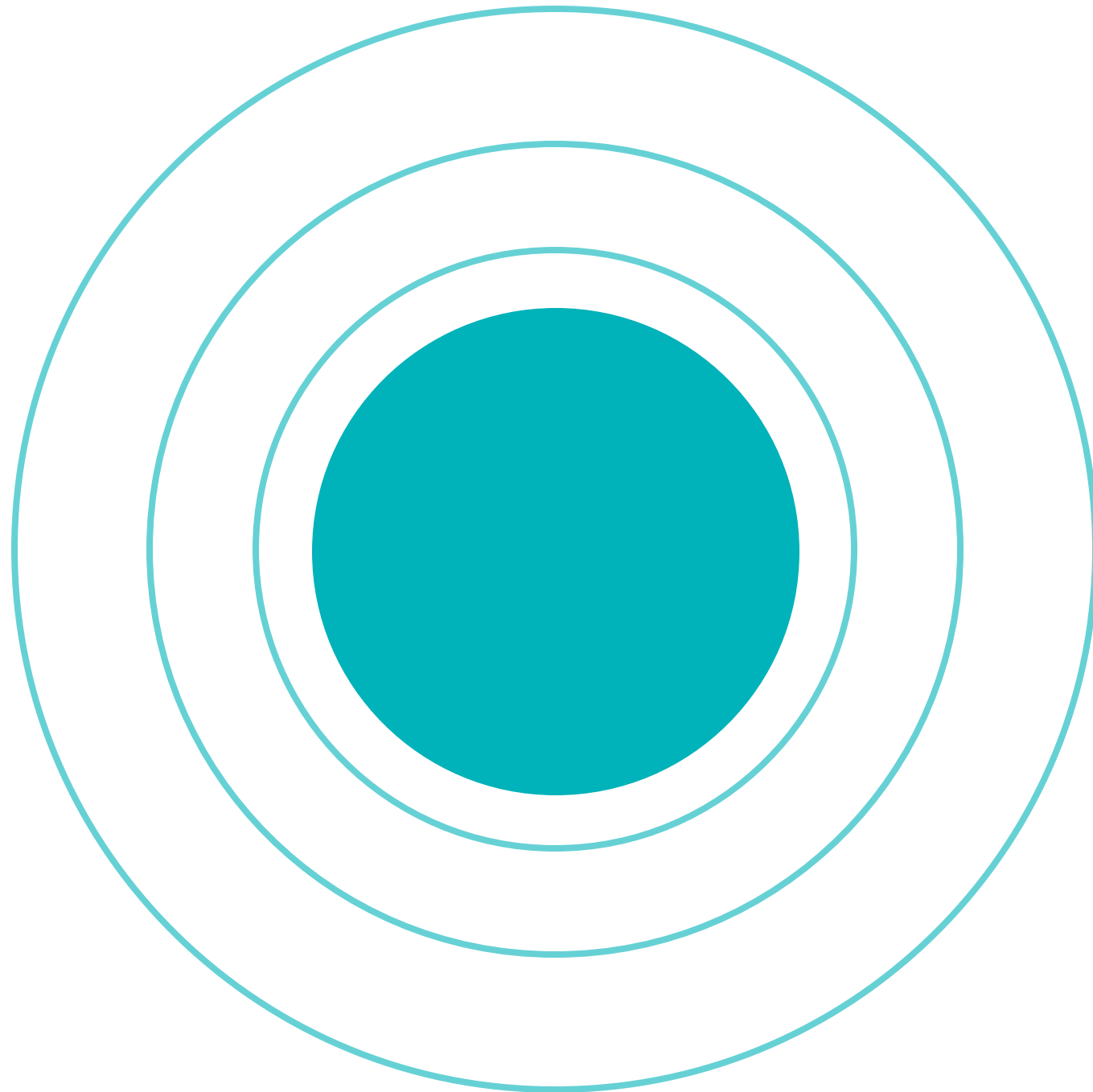
**Learn More and
Participate**

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



Your Panelists



Dr. Aaron Thompson

Dr. Craig Winsor

Navigating WSIB for Family Physicians: Improving Patient Access and Your Practice

WSIB and Completing Forms

Dr. Aaron Thompson

WSIB mandate as per WSIA



1. Promote health and safety in workplaces to prevent and reduce the number of workplace injuries and occupational diseases



2. Facilitate return to work and recovery of patients who sustain personal injury or who suffer from an occupational disease



3. Facilitate work transition services for workers when required




4. Provide compensation and benefits to workers and to survivors of deceased workers

2024 Overview ⓘ

  **321k**
Businesses covered


 **159k**
Registered claims


 **\$2.04B**
Premiums

Allowed claims

Lost time
43,332

No lost time
67,948

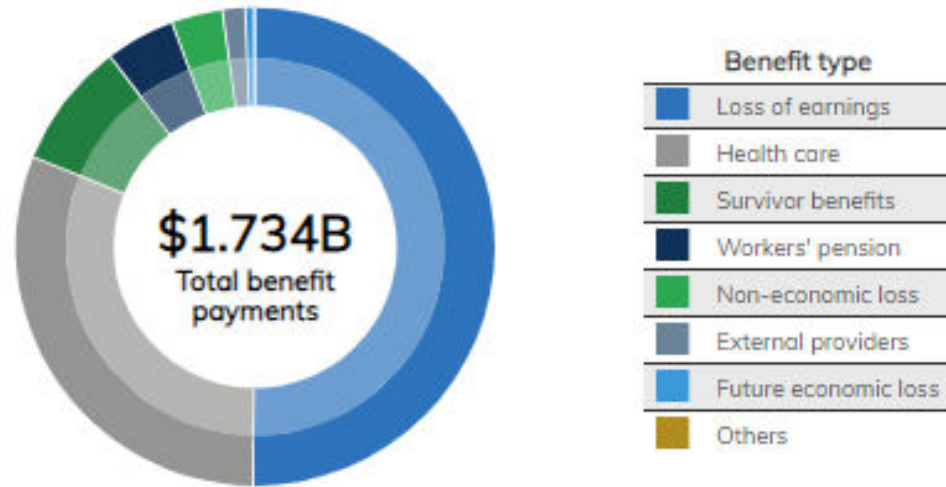
 Mental stress claims **1,508**

 Occupational diseases **14,482**

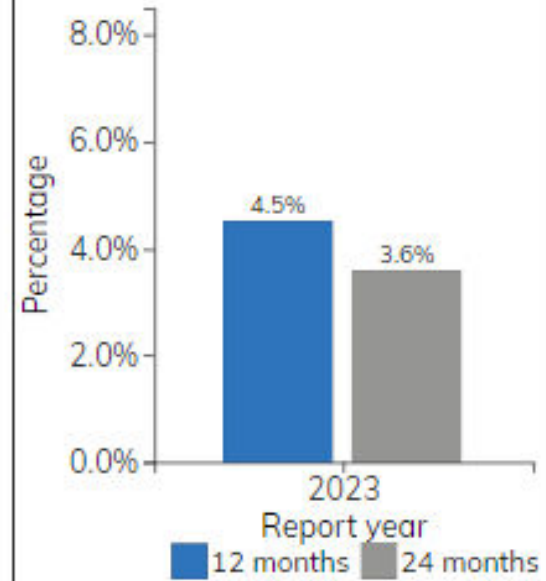
 Traumatic fatalities **40**

 COVID-19 claims **2,199**

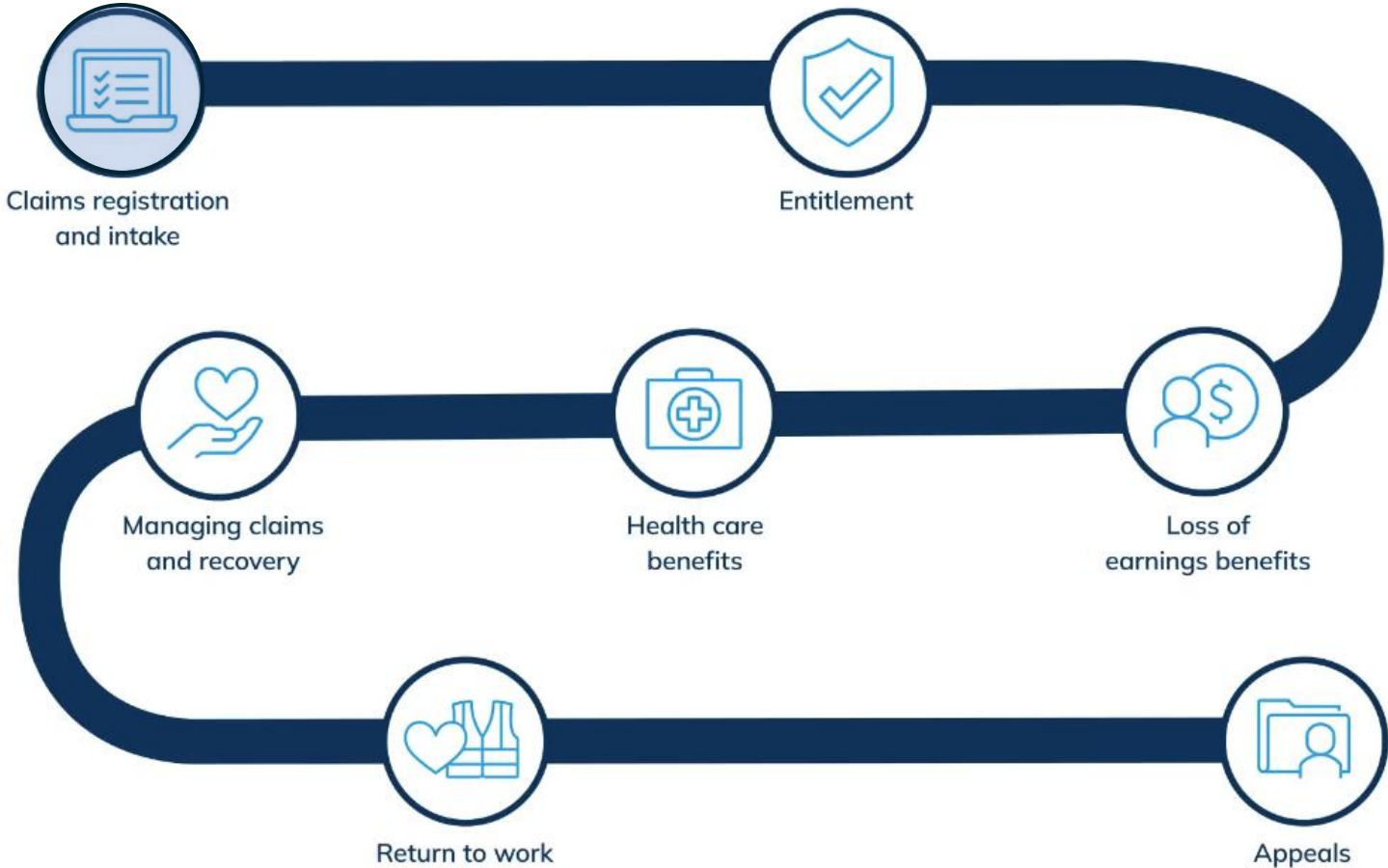
Benefit costs (2024) ⓘ



Durations (2023) ⓘ



Life of a Claim



Claims Registration and Intake



Worker

- Duty to report workplace injury*

Form 6



Employer

- Duty to report workplace injury*

Form 7



Health Care Provider

- Duty to provide clinical information if patient claiming WSIB

Form 8

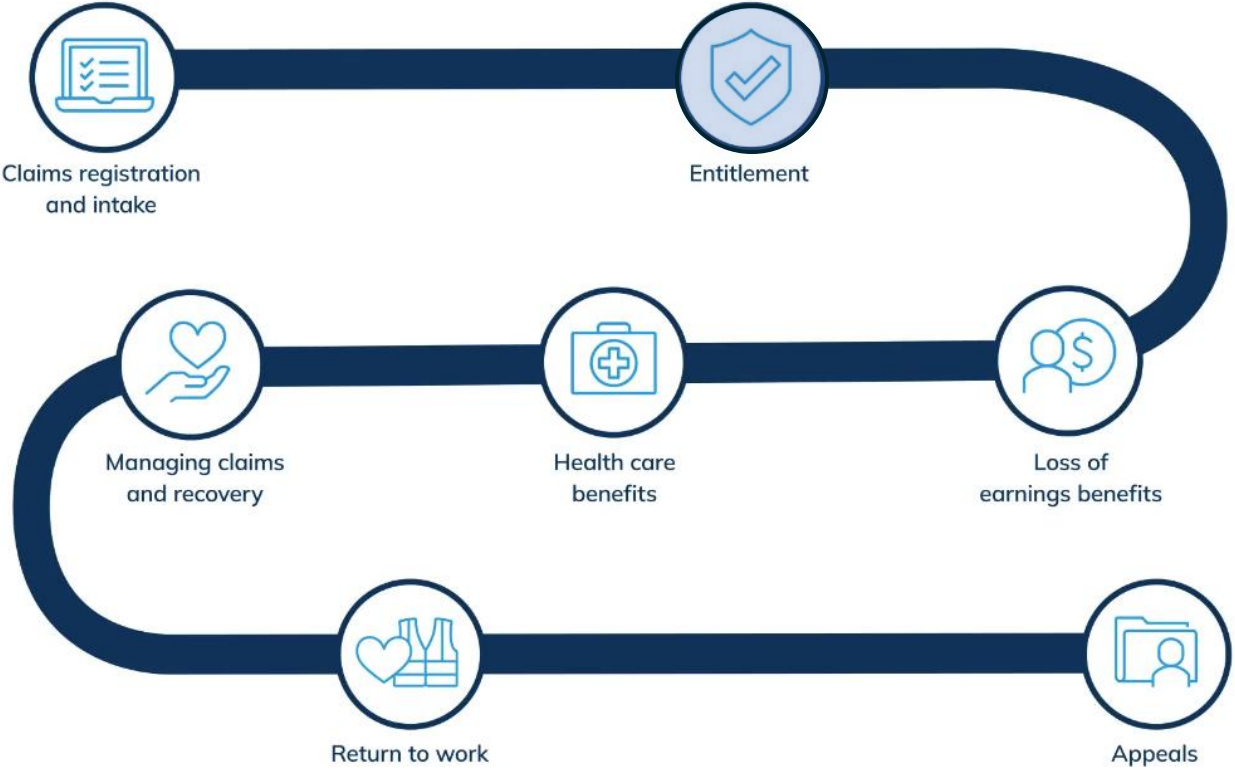


WSIB Case Manager

- Is condition work-related?
- Is return to work possible?

*if injury requires more than first aid OR results in lost time from work OR work disability for more than 7 days.

Life of a Claim

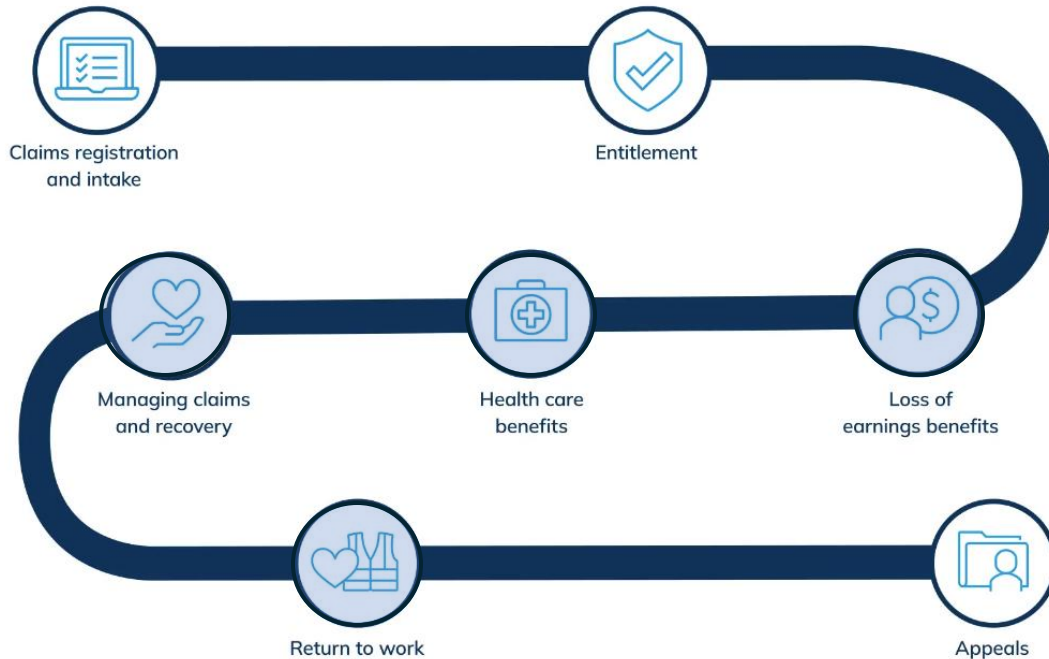


Entitlement



- All decision-makers use the same criteria for ruling on initial entitlement to WSIB benefits. This system is known as the "five-point check system."
- An allowable claim must have the following five points
 1. an employer (see 12-01-01, Who is an Employer?)
 2. a worker (see 12-02-01, Workers and Independent Operators)
 3. personal work-related injury
 4. proof of accident, and
 5. compatibility of diagnosis to accident or disablement history.

Care Navigation and Managing Recovery



Navigators and Decision Makers

- Case Manager
- Nurse

Internal Supports

- Clinical Services - PT, OT, Psychologists, Physician Specialists
- Return to Work – RTWS and WTS

External Supports

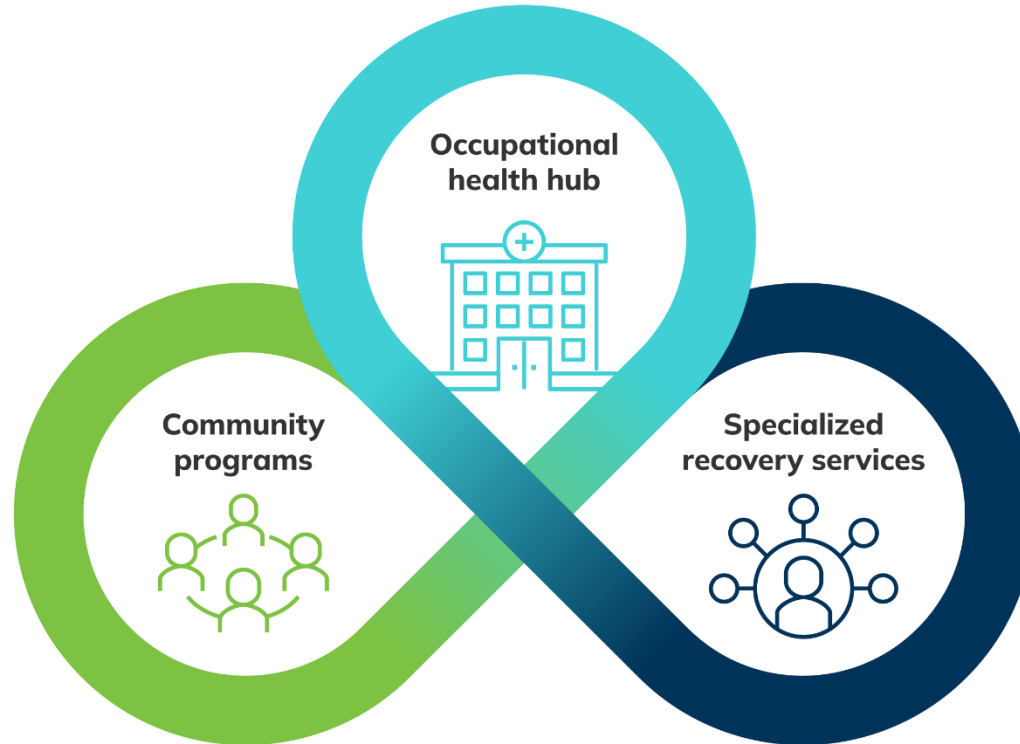
- Health Care Programs – Programs of Care, Occupational Health Assessment Program, Specialty Clinics

WSIB Health Care Services

WSIB health care programs continuum

Physician-led assessment and consultation services to support recovery and return-to-work education and planning

First line programs of care:
Musculoskeletal,
mild traumatic brain injury
and interdisciplinary team
**Community mental health
program**



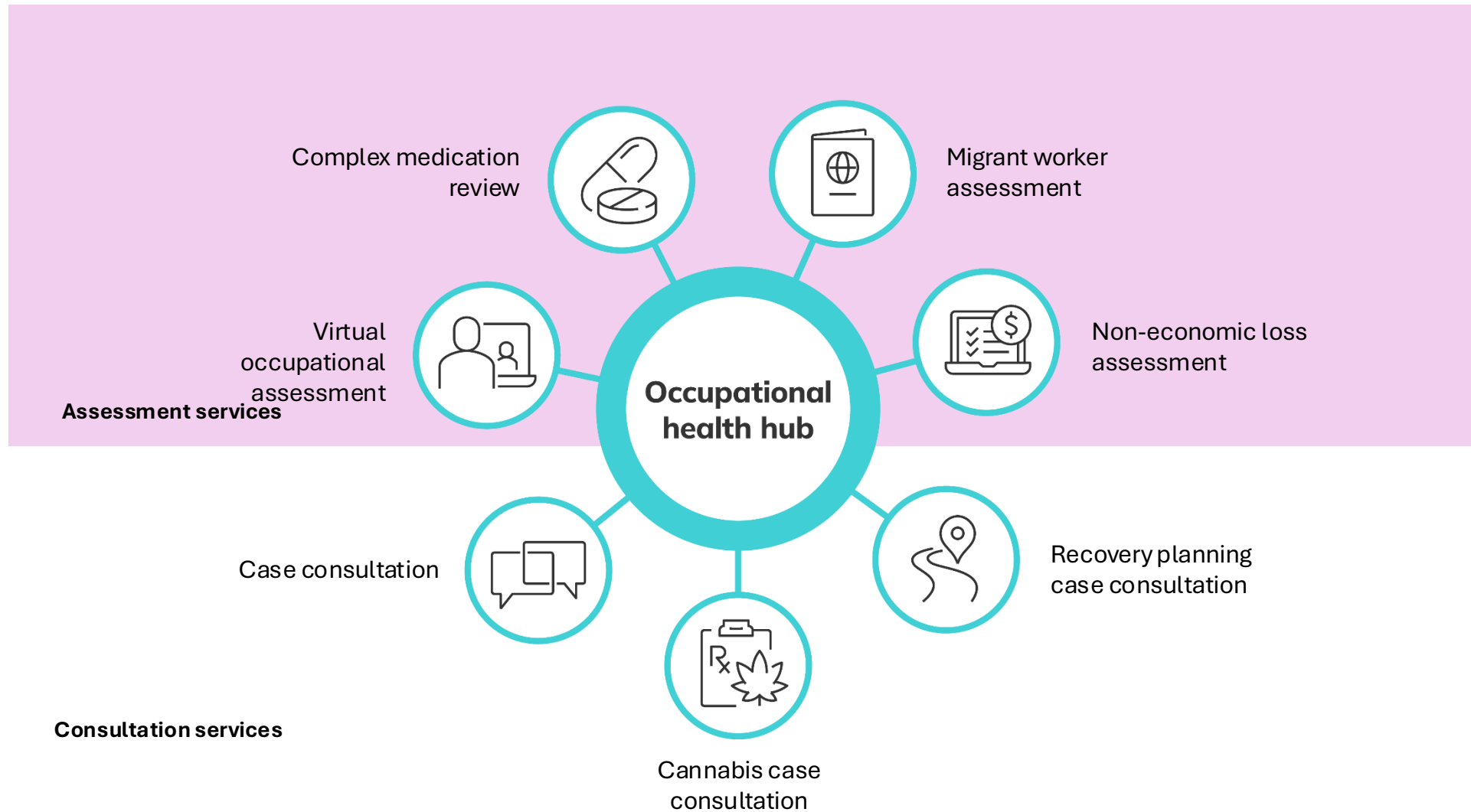
**Enhanced
specialized care
programs**

OHUB: Occupational health assessment program

- Physician led, with expertise in occupational rehabilitation, assessment and consultation services to support recovery and return-to-work education and planning
- Better distinction between Occupational Health Hub (OHUB) and Specialized Recovery Services (SRS) assessment services
- All in-person MSK and mTBI assessment now within SRS, where you will see a range of specialists, to ensure the right level of care at the right time
- Permanent virtual assessment within OHUB providing early education and triage for next steps
- Assessments are distinct for the purpose of **education, triage** or to address a **specific focus** (i.e., migrant worker, non-economic loss, complex med)

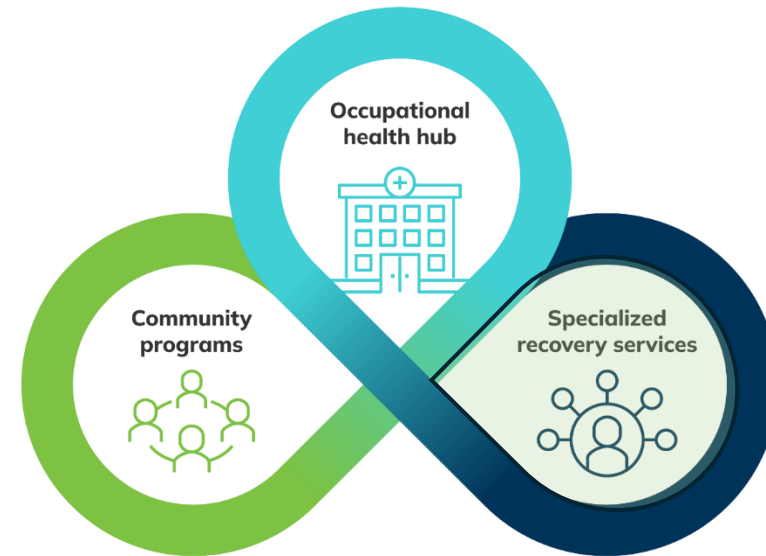


OHUB: Occupational health hub

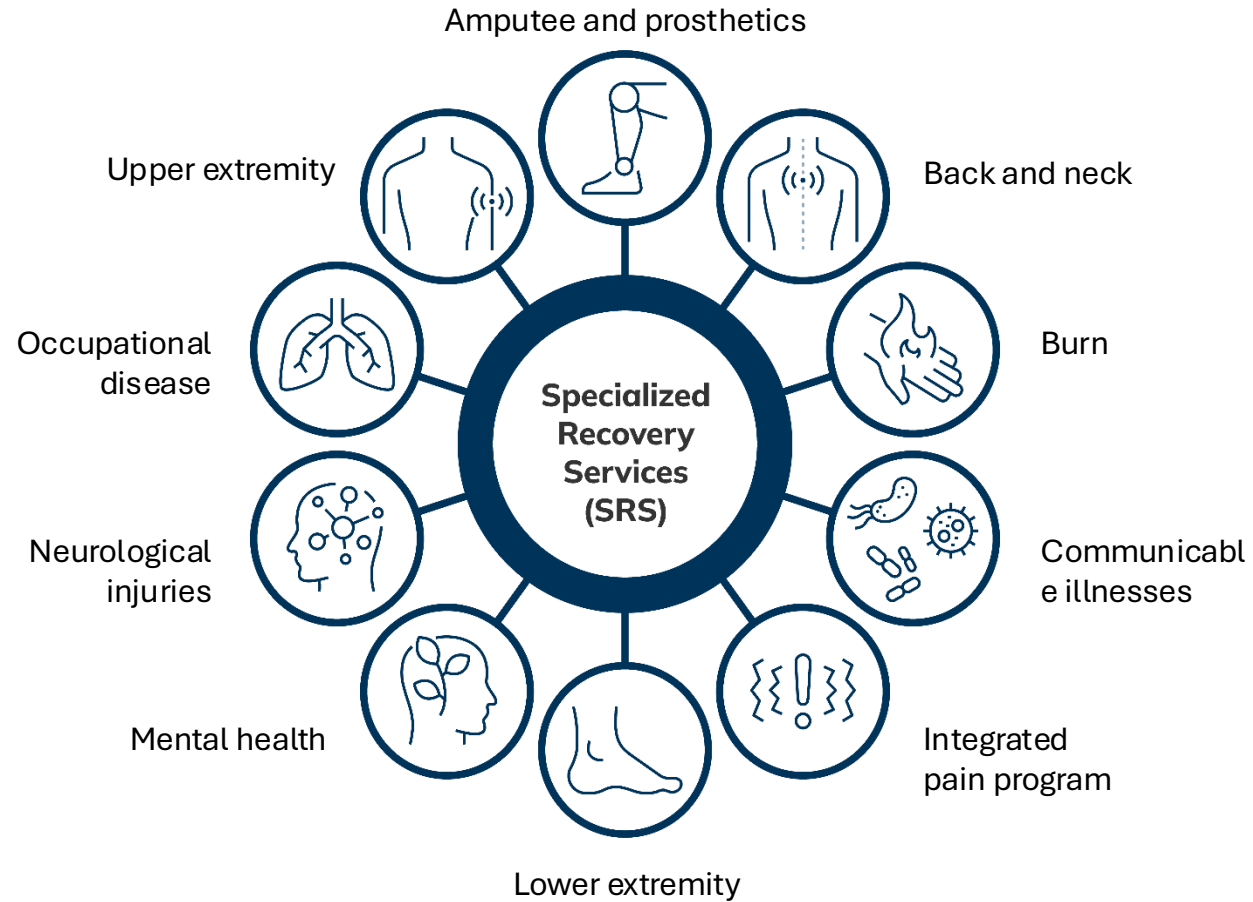


Specialized Recovery Services

- Broad scope of physicians completing assessments to maximize resources and ensure right care at right time
- Functional recovery coordinator embedded in all programs
- Increased access to specialized expertise across the province
- Mental health providers have expanded
- New programs introduced
- Pain
- Communicable illness
- Expanded neurological injuries – moderate/severe and spinal cord
- Expanded access to French language services
- Providers will no longer comment on RTW recommendation. Will focus only on providing holistic functional abilities



Specialized care programs



Role of the treating physician in workers compensation

Legal obligations

Under the Workplace Safety and Insurance Act (WSIA):

- **Submit patient health information when it is requested by the WSIB**
- “Every health care practitioner shall promptly give the Board such information relating to the worker as the Board may require” – Section 37(1)

- **Describe a patient’s functional abilities on WSIB forms**
- “A health professional shall give such information concerning the worker’s functional abilities. The information must be provided on the prescribed form” – Section 37(3)

Professional standards



**Diagnose and
treat**



**Advise and
support**



**Communicate
appropriate
information**



**Facilitate safe
and timely return
to work**

- **Our role is vital and multifaceted**

Prescribe Return to Work

1. Restriction
Must not do; will worsen prognosis
2. Limitation
Physically cannot do; needs to be accommodated
3. Abilities
Enables employer to focus on abilities to facilitate RTW

Effectively complete forms

Common Forms you will complete for your WSIB patients

- Work related injuries and illness should be billed via the WCB
- WCB has separate schedule of benefits
 - In Ontario, schedule of fees for assessment and treatment is equivalent to OHIP
 - Separate fee schedule for forms

SERVICE CODE	DESCRIPTION	FEE
8M	Health Professional's Report (paper submission)	\$65.00
8ME	Health Professional's Report (electronic submission)	\$85.00
CMS8	Health Professional's Report for Occupational Mental Stress (paper submission)	\$85.00
26M	Health Professional's Progress Report (paper submission)	\$45.00
26ME	Health Professional's Progress Report (electronic submission)	\$60.00
26	Narrative Progress Report	\$23.54
M630	Cannabis Initial Assessment Form	\$85.00
M631	Follow-up Cannabis Assessment Form	\$65.00
M639	Opioid Assessment Form	\$65.00
M641	Hospital Emergency Department Consultation Report	\$47.09
M642	X-ray report	\$23.54
M644	Operative Report	\$23.54
M645	In-office interview with WSIB representative	\$29.15
M647	Consultation Report	\$47.09
M648	Medical Clearance for Functional Abilities Evaluation (FAE) (Form 0298A)	\$23.54
M649	Complex Report	\$112.10

- **Jennifer is a 28-year-old millwright. She presents to your clinic with a 5-day history of right elbow pain.**
- **Jennifer noted the pain for the first time about 5 days ago while she was at work. At the time, she was dismantling a piece of equipment that required a number of screws and bolts to be removed. She developed pain in her right elbow region before lunch and so took an early lunch to try to relieve the discomfort. With rest it improved somewhat, and she returned to her work after lunch and it returned almost immediately.**
- **That night she went curling and had to stop at the sixth end because her arm was so sore.**
- **The following day at work, she was unable to do her work effectively because it hurt too much to hold and use her tools.**
- **PMHx unremarkable. One episode right elbow pain four years ago during a ten day paddling trip. She is on no medications.**
- **On exam, tenderness at lateral epicondyle and increased pain with resisted wrist extension, in keeping with lateral epicondylitis.**
- **Preliminary management you advise: a tennis elbow band, ice, ibuprofen and rest. You recommend that she not do any significant activity with her right hand.**
- **She asks you about what she should do about work?**



- What are your obligations with regards to reporting to WSIB?
- Do you think her current epicondylitis is exclusively work related? If not, is there anything else you need to do or advise?
- Jennifer believes that her workplace will not have work for her with the specific limitations and that they will tell her to stay home. What are the workplace obligations regarding accommodation?
- If this becomes a chronic problem for her, what are the additional resources to which you could refer her?
- Let's complete the WSIB form for her. What limitations would you advise?



What do you recommend regarding **return to work**?



2. **This worker can resume Regular duties. Start date**

dd	mm	yyyy
<input type="text"/>	<input type="text"/>	<input type="text"/>

This worker can begin Modified duties. Start date

dd	mm	yyyy
<input type="text"/>	<input type="text"/>	<input type="text"/>

This worker is not able to work because of the workplace injury/illness.

Please provide explanation

What **functional abilities** would you indicate?



3. Please indicate the worker's status and functional abilities in relation to the workplace injury and diagnosis.

A. Full Functional Abilities

B. Worker Functional Abilities

Bend/Twist
Climb
Kneel
Lift

Able to

Not Able to

Operate Heavy Equipment
Operate a Motor Vehicle
Push/Pull
Sit

Able to

Not Able to

Stand
Use of Public Transportation
Use of Upper Extremities
Walk

Able to

Not Able to

C. Other Limitations: eg. Environmental Conditions, Medication, Use of Protective Equipment.

Please describe:

33

F. Return To Work Information - Must be completed by a Health Professional

Incident

When work injury/illness occurs, focus on return to usual activity including return to safe and appropriate work is best practice. Most workers who experience soft tissue injury are able to remain at work.

1. Have you discussed return to work with your patient? yes no

2. This worker can resume Regular duties. Start date If graduated hours required please specify

This worker can begin Modified duties. Start date If graduated hours required please specify

This worker is not able to work because of the workplace injury/illness.
Please provide explanation

3. Please indicate the worker's status and functional abilities in relation to the workplace injury and diagnosis.

A. Full Functional Abilities

B. Worker Functional Abilities	Bend/Twist	<input type="checkbox"/>	<input type="checkbox"/>	Operate Heavy Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Stand	<input type="checkbox"/>	<input type="checkbox"/>		
	Climb	<input type="checkbox"/>	<input type="checkbox"/>		Operate a Motor Vehicle	<input type="checkbox"/>		<input type="checkbox"/>	Use of Public Transportation	<input type="checkbox"/>	<input type="checkbox"/>
	Kneel	<input type="checkbox"/>	<input type="checkbox"/>		Push/Pull	<input type="checkbox"/>		<input type="checkbox"/>	Use of Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>
	Lift	<input type="checkbox"/>	<input type="checkbox"/>		Sit	<input type="checkbox"/>		<input type="checkbox"/>	Walk	<input type="checkbox"/>	<input type="checkbox"/>

C. Other Limitations: eg. Environmental Conditions, Medication, Use of Protective Equipment.

Please describe:



F. Return To Work Information - Must be completed by a Health Professional

When work injury/illness occurs, focus on return to usual activity including return to safe and appropriate work is best practice. Most workers who experience soft tissue injury are able to remain at work.

1. Have you discussed return to work with your patient? yes no

2. This worker can resume Regular duties. Start date If graduated hours required please specify

This worker can begin Modified duties. Start date If graduated hours required please specify

This worker is not able to work because of the workplace injury/illness.
 Please provide explanation

3. Please indicate the worker's status and functional abilities in relation to the workplace injury and diagnosis.

A. Full Functional Abilities

B. Worker Functional Abilities		Able to	Not Able to		Able to	Not Able to		Able to	Not Able to
Bend/Twist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Operate Heavy Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Operate a Motor Vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Use of Public Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Push/Pull	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Use of Upper Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lift	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Walk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Other Limitations: eg. Environmental Conditions, Medication, Use of Protective Equipment.

Please describe:

Your Panelists



Dr. Aaron Thompson

Dr. Craig Winsor

Navigating WSIB for Family Physicians: Improving Patient Access and Your Practice

Objectives

To review:

- Considerations for the Physician's role in Return to Work
- Considerations for assessing Substance Use Disorder (SUD)
- Considerations for treatment and follow up of SUD cases
- Considerations for return to work with SUD



Return to Work

Physician role – appropriate advice for workplace restrictions and limitations based on medical impairment

Limitations – functional, physical, cognitive barriers that reduce the employee’s capability (what the employee cannot do or can only do with difficulty – “can only lift 10 pounds”) ...cannot do

Restrictions – safety focused constraints designed to prevent injury or harm (“do not lift over 10 pounds”) ...must not do

Much more difficult with cognitive / mental health issues – “No work stress” notes!!

Shiftwork notes – need to have some “objective” medical basis!

Workplace accommodation – the Employer’s responsibility (M/GRTW)

Return to Work

What do you do with.... (cases I have seen!)

The teacher or factory work who smells of alcohol in the workplace and is found to have a container of alcohol in their desk/locker?

The police officer or firefighter charged with a DUI (driving under the influence)?

The doctor/nurse/other health care worker/ hospital staff found taking controlled substances from the workplace?

Cases referred for recurrent workplace absenteeism? Poor work performance? Conflict in the workplace?

Is the workplace safety critical / sensitive?

Critical – Aviators, ATC, Police, Firefighters, Commercial Drivers, Heavy Equipment Operators, Crane Operators, Railway Operators, Marine Environments

Sensitive – Doctors, Nurses, Psychologists, Hospital Staff, Construction Workers

Others? – Educators / Nursing Home Staff / Social Workers– work with “Vulnerable Populations” (require a police check)

Is the workplace safety critical / sensitive?

The Canadian Human Rights Commission defines a safety-sensitive position as “one that, if not performed in a safe manner, can cause direct and significant damage to property, and/or injury to the employee, others around them, the public and/or the immediate environment”. These occupations or fields of work include, but are not limited to airline pilots, heavy equipment operators, train conductors, construction, mechanics, commercial drivers, military and law enforcement officers, nuclear safety personnel, and some tasks/roles within healthcare.

The CHRC also defines an occupational group described as “decision-critical” workers, whose work does not meet the full definition of safety-sensitive work. In this group, impairment may also impact performance, quality, and reliability of work as well as attendance and interpersonal relationships.

Substance Use Disorder Assessment

DSM Criteria

Consider the workplace components – occupational difficulties, risk physical harm, failure to meet obligations

Getting an assessment – RAAM clinics, CSAM, Homewood, Bellwood, OMA Addiction Medicine Section, Private (non-OHIP treatment) Centres

Role of Family Physician and Occupational Health Physicians

Substance Use Disorder Assessment

DSM 5 Criteria

Had times when you ended up using more or longer than you intended?

More than once wanted to cut down or stop, or tried to, but couldn't?

Spent a lot of time using? Or being sick or getting over other aftereffects?

Wanted to use so badly you couldn't think of anything else?

Found that using – or being sick from using – often interfered with taking care of your home or family?
Or caused job troubles? Or school problems?

Continued to use even though it was causing troubles with your family or friends?

Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to use?

Substance Use Disorder Assessment

DSM 5 Criteria

More than once gotten into situations while or after using that increased your chances of getting hurt (such as driving, operating machinery, swimming...)

Continued to use even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?

Had to use much more than you once did to get the effect you want? Or found that your usual amount had much less effect than before?

Found that when the effects of the substance was wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart or a seizure? Or sensed things that were not there?

Substance Use Disorder Assessment

DSM 5 Criteria

The presence of at least 2 of these symptoms indicates a Substance Use Disorder

The severity is defined as:

- Mild 2-3 symptoms
- Moderate 4-5 symptoms
- Severe 6 or more symptoms

Considerations:

- DSM 5 eliminated legal problems as a criterion
- Symptoms are to occur within the past 12 months (...but do we ignore past medical history when evaluating a medical impairment? Do we ignore the history of an MI with a stent 18 months ago when a patient presents with an episode of chest pain?)
- Cannabis use – the “long-acting” narcotic



Treatment Considerations for RTW (particularly when safety critical /sensitive)

An assessment for substance use disorder by an appropriately trained/experienced/certified health professional (SAP - Substance Abuse Professional*) – preferably a physician or psychologist (to formally identify and diagnose medical impairment if present)

An assessment for an In-Patient or Intensive Out-Patient Program (if indicated by the above assessment)

Report of treatment plan and program if so indicated – including abstinence from all substances of abuse if also so indicated

Confirmation of participation in recommended treatment plan

A formal Aftercare Program (continued participation and monitoring from the treatment program) – usually for a minimum of 1 year

Participation in a community-based support program(s) - AA, NA, CA, SMART, Red Road

Medical monitoring should also be considered for cases with recurrent episodes or increased risk (this can include substance monitoring, clinical laboratory monitoring, and / or other medical monitoring device methods)

Treatment Considerations for RTW (particularly when safety critical /sensitive)

SAP - Substance Abuse Professional

A SAP can be a licensed physician, licensed or certified social worker, psychologist, or employee assistance professional who is involved in the return-to-duty process.

SAPs may be certified through the Canadian Addictions Counsellors Certifications Federation (CACCF).

They have extensive experience and training in assessing and treating substance use disorders.

Safety Considerations (Restrictions) for RTW (when safety critical /sensitive)

No driving or operating mechanized equipment

No work at heights (including ladders) without fall arrest gear

No work with high voltage

No work in potentially hazardous environments (around moving equipment or vehicles)

No access to controlled substances or medications

No solo custody work children/students/minors/other vulnerable populations

? Work in critical health care settings – ER, ICU, OR, NICU

SUD Guidelines for the Workplace

OEMAC (Occupational and Environmental Medical Association of Canada) 2025 Statement Cannabis Use

...to refrain from engaging in safety sensitive or decision critical tasks for a minimum of 24 hours following cannabis consumption or for longer if concerns about impairment persist

The ACOEM (American College of Occupational and Environmental Medicine) Practice Guidelines: Opioids and Safety-Sensitive Work (July 2014)

...concluded that “Acute or chronic opioid use is not recommended for patients who perform safety-sensitive jobs”

...conclude that while there may be some patients performing their jobs while taking opioids “there are no validated tools to assess whether they can perform their job safely

...also notes some concerns for opioid replacement therapy in the workplace (e.g. methadone)

Accessing Benefits

Rarely through WSIB

May be accessed through STD Benefits if available

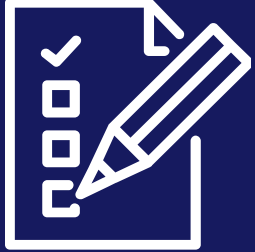
OHIP covered assessments through RAAM (Rapid Access Addiction Medicine) Clinics

OHIP Funded Treatment Services – CAMH, Homewood, Bellwood, Lakeshore, others

Private Treatment Services

Resources

Tools



Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resource	Link
Impaired at Work. A Guide to Accommodating Substance Dependence. Canadian Human Rights Commission (2017)	https://www.chrc-ccdp.gc.ca/sites/default/files/documents/impaired-at-work-guide.pdf
Ontario College of Family Physicians – Mental Health and Addictions Community of Practice (CoP) - Various past sessions	https://ontariofamilyphysicians.ca/supports-for-family-doctors/mental-health-and-addictions-supports/community-of-practice/past-events/
<u>College of Family Physicians of Canada (CFPC)</u> offers a Certificate of Added Competence (CAC) in Addiction Medicine	https://www.cfpc.ca/CFPC/media/PDF/MIGS-2021-Addiction-Medicine-ENG-Final.pdf
CCFP Practical Approach to Substance Use Disorders (2021)	https://www.cfpc.ca/CFPC/media/PDF/MIGS-2021-Addiction-Medicine-ENG-Final.pdf
OMA Mental Health and Addiction Care in Ontario	https://www.oma.org/advocacy/mental-health-and-addiction-care/

Tools and Resources

Resource	Link
OMA: Addiction Medicine Practising Doctors	173 Addiction Medicine doctors provide prevention, evaluation, diagnosis and treatment for patients with substance use disorder. They also work to de-stigmatize addiction and they help family members who are affected by a loved one's substance use. Doctors practising addiction medicine also provide support/treatment for non-substance related addictive disorders.
Canadian Society of Addiction Medicine CSAM	https://csam-smca.org/
Centre for Addiction and Mental Health CAMH	https://www.camh.ca/
Addiction Medicine Canada	https://addictionmedicinecanada.org/
Family and Community Medicine University of Toronto Enhanced Skills Program	The Addiction Medicine program is a one-year program aimed at providing the family physician with skills to treat patients with substance abuse disorders https://dfcm.utoronto.ca/enhanced-skills-program-addiction-medicine

Resources

Education



Links to resources shared today will be sent to participants following the session.

Upcoming Community of Practice Events



Return-to-Work Planning in Family Medicine: Practical WSIB Considerations

April 22, 2026

8:00am – 9:00am



[Register Now](#)

REGISTER TODAY!

Ontario College of
Family Physicians



Health Equity Community of Practice for Family Physicians

April 30, 2026 | 12 P.M. - 1 P.M. EST

Caring for Adults with Intellectual and Developmental Disabilities



[Click here](#) or scan the QR code

Upcoming Changing the Way We Work Community of Practice

Infectious Disease & Assessment Tools on Conflicting Guidelines
with Dr. Daniel Warshafsky, Erik Hellsten & Dr. Donna Reynolds

March 27, 2026
8:00am – 9:00am

[Register Now](#)



The Changing the Way We Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 32 credits.

Osteoporosis and Fracture Prevention Workshop

What you'll gain:

- A **practical toolkit** with resources and video content to support you in your practice.
- **Expert insights** from facilitators sharing the latest updates from the 2023 clinical practice guideline.
- A **collaborative learning experience** designed specifically for family physicians.

March 30, 2026 | 1:30PM - 4:30PM

\$195 + HST

Take advantage of this opportunity to earn up to 6.5 Mainpro+ credits. Limited spots.

[Registration now open](#)



Scan to
learn more



Care When You Need It

No patient should be waiting without answers.

Together, we can build a system that gets patients the care they need, when they need it.

[Send a Letter to Your MPP](#)

[Spread the Word](#)



Mentorship Program - Connect with a Peer Guide!

Interested in continuing your learning journey while prioritizing your own well-being?

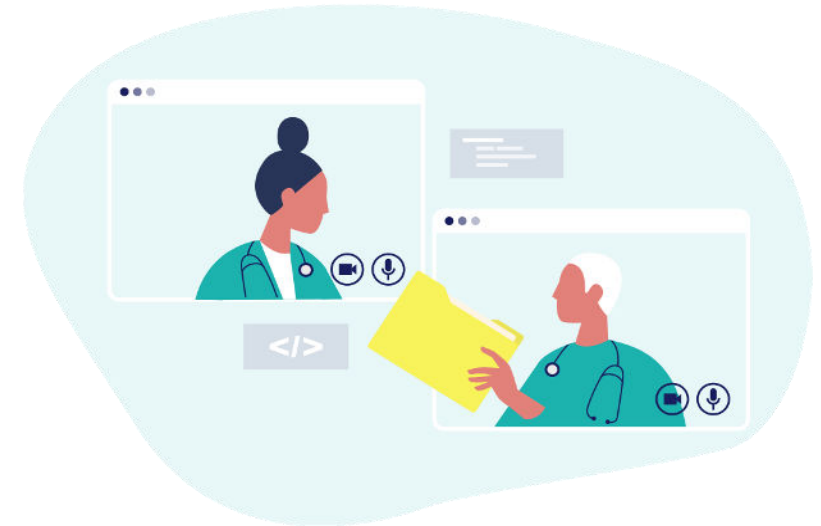
Connect with another family physician through OCFP's one-to-one mentorship program for educational support on topics related to physician wellness, mental health, chronic pain and substance use disorders.

Examples of topics Peer Learners have explored:

- Guidance for setting boundaries/work-life balance
- Managing chronic pain and long-term use of opioids



Scan the QR code for more information!



[Peer Connect](#)



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