

COVID-19 Community of Practice for Ontario Family Physicians

October 27, 2023

**Dr. Janine McCready
Dr. Daniel Warshafsky
Dr. Joan Chan**



Respiratory and Flu Season: Counselling Kids & Balancing Workload



Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians



Respiratory and Flu Season: Counselling Kids & Balancing Workload

Moderator:

- Dr. Tara Kiran, Fidani Chair of Improvement and Innovation, University of Toronto and Family Physician, St. Michael's Academic FHT, Toronto, ON

Panelists:

- Dr. Janine McCready, Toronto, ON
- Dr. Daniel Warshafsky, Toronto, ON
- Dr. Joan Chan, Guelph, ON

Host:

- Dr. Mekalai Kumanan, Cambridge, ON

The COVID-19 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.

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.

First Nations, Inuit & Métis (FNIM) living on urban and related homelands:

- Increase the number and size of IPHCOs, to match the needs of FNIM in Ontario.
- Ensure FNIM specific funding streams match the FNIM population while restructuring and updating provincial and federal funding models to be flexible and protect Indigenous health sovereignty and self-determination.
- Develop and implement quality assurance systems that document and respond to incidents of anti-Indigenous racism and differential adherence to clinical practice guidelines.
- Ensure adequate and inclusive FNIM representation at all decision-making tables that will impact FNIM health and wellbeing.



Changing the way we work

A community of practice for family physicians during COVID-19

At the conclusion of this series participants will be able to:

- Identify the current best practices for delivery of primary care within the context of COVID-19 and how to incorporate into practice.
- Describe point-of-care resources and tools available to guide decision making and plan of care.
- Connect with a community of family physicians to identify practical solutions for their primary care practice under current conditions.

Disclosure of Financial Support

This CPD program has received in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto in the form of logistical and promotional support.

Potential for conflict(s) of interest:

N/A

Mitigating Potential Bias

- The Scientific Planning Committee has full control over the choice of topics/speakers.
- Content has been developed according to the standards and expectations of the Mainpro+ certification program.
- The program content was reviewed by a three-member national/scientific planning committee.

Planning Committee: Dr. Tara Kiran (DFCM), Dr. Mekalai Kumanan (OCFP); Dr. Ali Damji (DFCM), Dr. Harry O'Halloran, Kimberly Moran (OCFP), Mina Viscardi-Johnson (OCFP), Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>



Dr. Janine McCready– Panelist

Infectious Disease Physician, Michael Garron Hospital



Dr. Daniel Warshafsky– Panelist

Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health



Dr. Joan Chan – Panelist

Family Physician, Guelph Family Health Team



Dr. Mekalai Kumanan – co-Host

Twitter: @MKumananMD

President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Chief of Family Medicine, Cambridge, ON

Speaker Disclosure

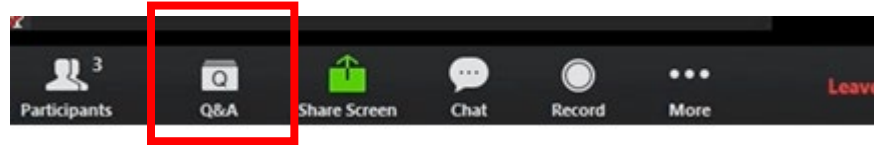
- Faculty Name: **Dr. Janine McCready**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: N/A
- Faculty Name: **Dr. Daniel Warshafsky**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: N/A
 - Others: N/A
- Faculty Name: **Dr. Joan Chan**
- Relationships with financial sponsors:
 - Grants/Research Support: Dr. Joan M Chan MPC
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: CME workshops and coaching to clinicians

Speaker Disclosure

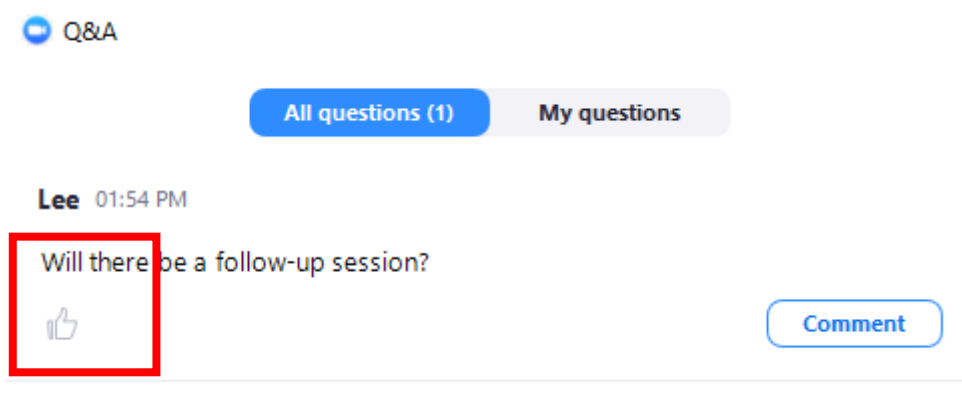
- Faculty Name: **Dr. Mekalai Kumanan**
- Relationships with financial sponsors:
 - Grants/Research Support: N/A
 - Speakers Bureau/Honoraria: Ontario College of Family Physicians
 - Others: Chief of Family Medicine, Cambridge Memorial Hospital
- Faculty Name: **Dr. Tara Kiran**
- Relationships with financial sponsors:
 - Speakers Bureau/Honoraria: St. Michael's Hospital, University of Toronto, Health Quality Ontario (HQP), Canadian Institutes for Health Research (CIHR).Ontario College of Family Physicians (OCFP), Ontario Medical Association (OMA), Doctors of BC, Nova Scotia Health Authority, Osgoode Hall Law School, Centre for Quality Improvement and Patient Safety, Vancouver Physician Staff Association, University of Ottawa, Ontario Health, Canadian Medical Association, McMaster University, Queen's University, North American Primary Care Research Group.
 - Grants/Research Support: Canadian Institute for Health Research, Ministry of Health and Long-Term Care, St. Michael's Hospital Foundation, St. Michael's Hospital Medical Services Association, Women's College Hospital Academic and Medical Services Group Innovation Fund, University of Toronto, Health Quality Ontario, Ontario Ministry of Health, Gilead Sciences Inc., Staples Canada, Max Bell Foundation.

How to Participate

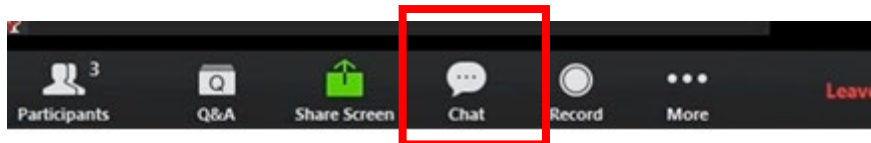
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guests questions. Upvote a question if you want to ask a similar question or want to see a guest's question go to the top and catch the panels attention.



- Please use the chat box for networking purposes only.





Dr. Janine McCready– Panelist

Infectious Disease Physician, Michael Garron Hospital



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Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health



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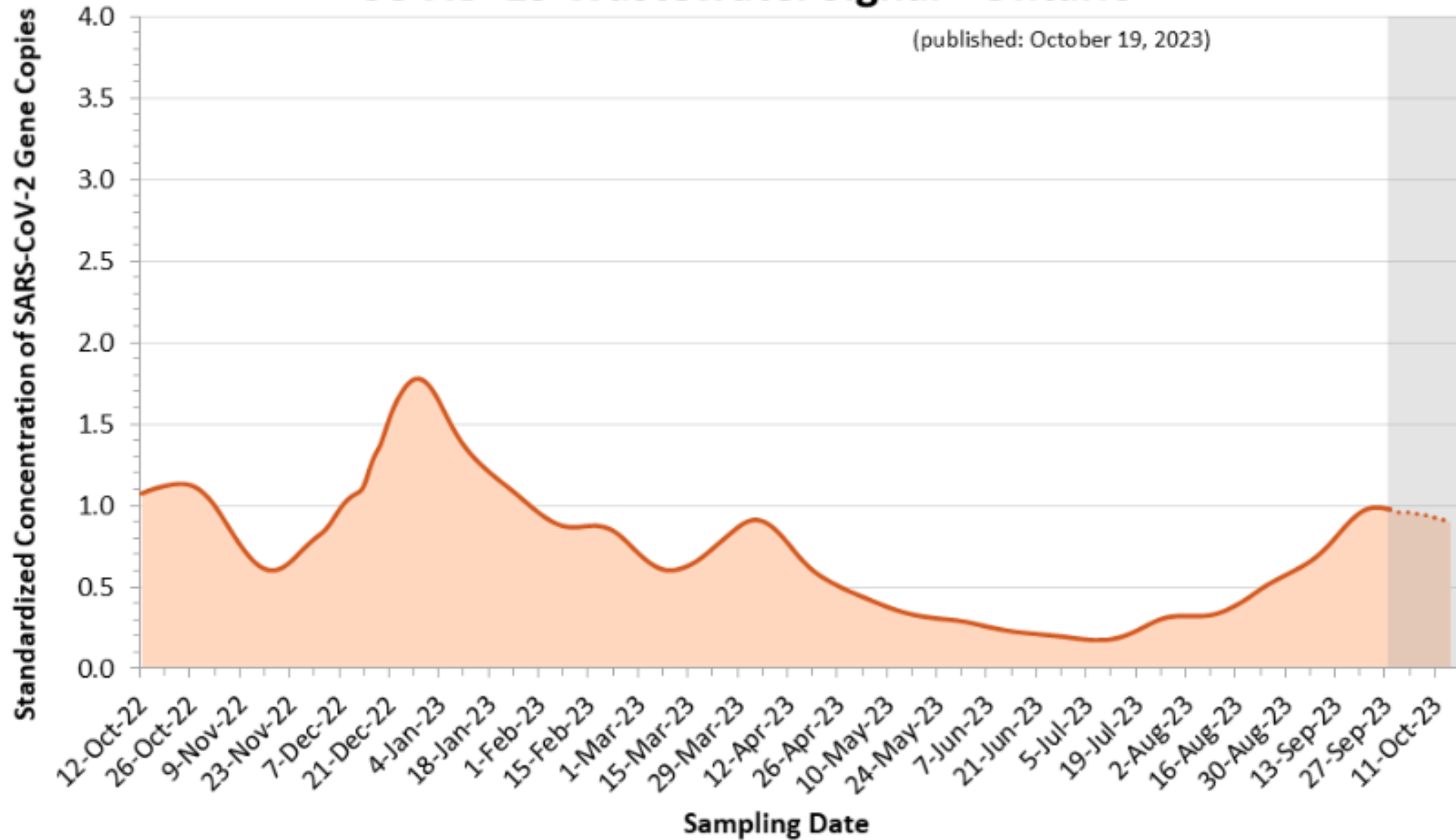
Dr. Mekalai Kumanan – co-Host

Twitter: @MKumananMD

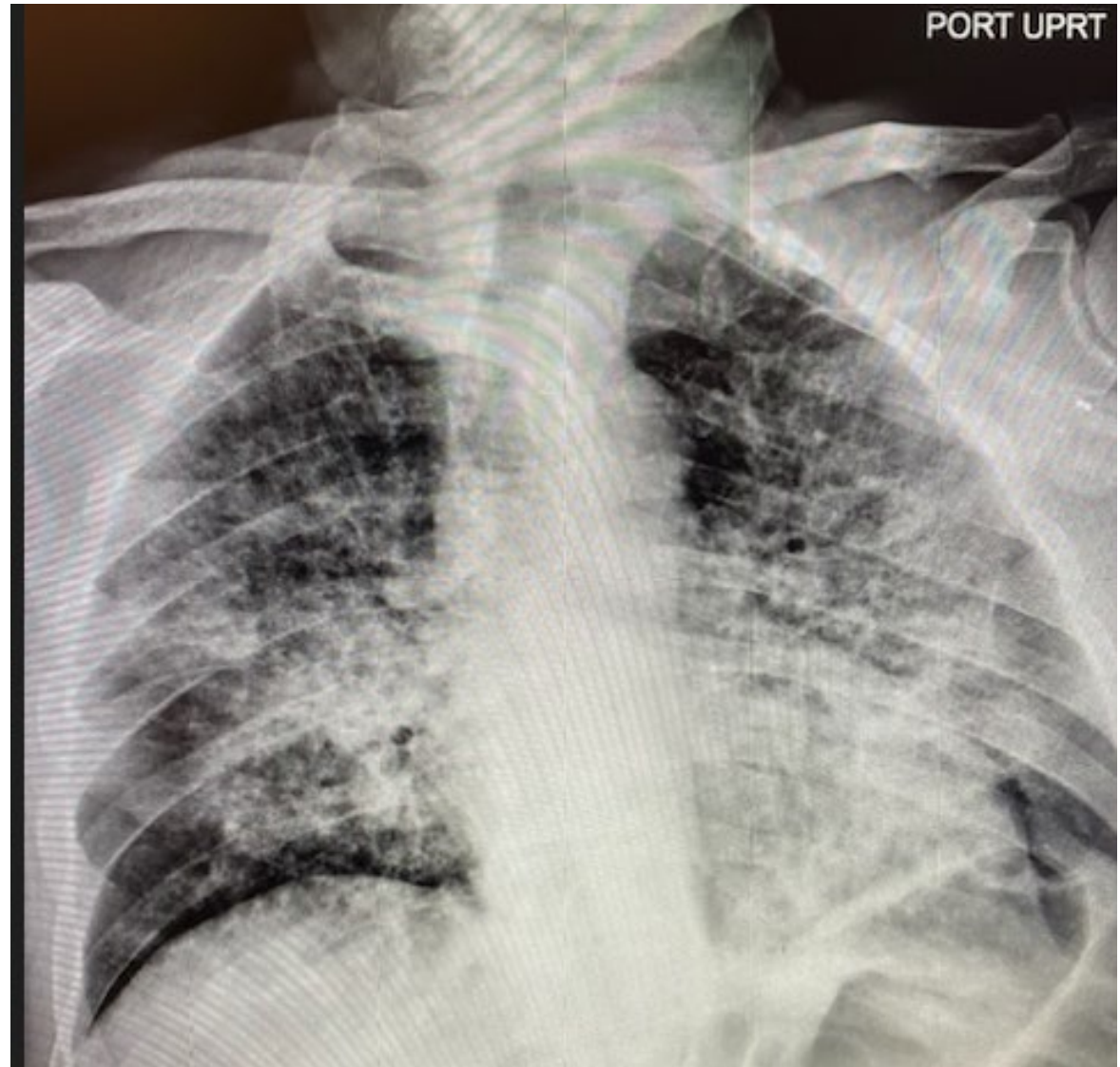
President, Ontario College of Family Physicians
Family Physician, Two Rivers Family Health Team
Chief of Family Medicine, Cambridge, ON

COVID-19 Wastewater Signal - Ontario

(published: October 19, 2023)



Variety of Presentations



Beginning in the fall of 2023 for those previously vaccinated against COVID-19, NACI recommends a dose of the XBB.1.5-containing formulation of COVID-19 vaccine for individuals in the authorized age group if it has been at least 6 months* from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection (whichever is later).

Immunization is particularly important for those at increased risk of COVID-19 infection or severe disease, for example:

- Adults 65 years of age or older;
- Residents of long-term care homes and other congregate living settings;
- Individuals with underlying medical conditions that place them at higher risk of severe COVID-19;
- Individuals who are pregnant;
- Individuals in or from First Nations, Métis and Inuit communities**;
- Members of racialized and other equity-deserving communities;
- People who provide essential community services.

Other pediatric vaccine preventable diseases: Annual hospitalizations per 100,000 population prior to recommended vaccines compared to COVID-19

	Hepatitis A ¹	Varicella ² (Chickenpox)	Vaccine-type Invasive Pneumococcal Disease ³	COVID-19 ⁴
Age	5–14 years	0–4 years	0–4 years	6 months–<18 years
Time period	2005	1993–1995	1998–1999	2021–2022 2022–2023
Hospitalization Burden (Annual rate per 100,000 population)	<1	29-42	40 ⁵	≤4 years: 92–220 5–11 years: 15–47 12–17 years: 20–80

¹ <https://www.cdc.gov/mmwr/preview/mmwrhtml/ss5603a1.htm>

² Davis MM, Patel MS, Gebremariam A. Decline in varicella-related hospitalizations and expenditures for children and adults after introduction of varicella vaccine in the United States. *Pediatrics*. 2004;114(3):786-792. doi:10.1542/peds.2004-0012

³ Centers for Disease Control and Prevention (CDC). Direct and indirect effects of routine vaccination of children with 7-valent pneumococcal conjugate vaccine on incidence of invasive pneumococcal disease--United States, 1998-2003. *MMWR Morb Mortal Wkly Rep*. 2005 Sep 16;54(36):893-7. PMID: 16163262.

⁴ COVID-NET data October 2021 – September 2022 and October 2022 – July 2023. COVID-19 rates have not been adjusted for reason for admission. COVID vaccine first introduced in 12-17 years in May 2021; in 5-11 years in November 2021 and in 6 months – 4 years in June 2022

Pediatric vaccine preventable diseases: Deaths per year in the United States prior to recommended vaccines compared to COVID-19

	Hepatitis A ¹	Meningococcal (ACWY) ²	Varicella ³	Rubella ⁴	Rotavirus ⁵	COVID-19 ⁶
Age	<20 years	11–18 years	5–9 years	All ages	<5 years	6 months–<18 years
Time period	1990–1995	2000–2004	1990–1994	1966–1968	1985–1991	2022
Average deaths per year	3	8	16	17	20	≤1 year: 156 1–4 years: 101 5–19 years: 292

¹Vogt TM , Wise ME, Bell BP, Finelli L. Declining hepatitis A mortality in the United States during the era of hepatitis A vaccination. J Infect Dis 2008; 197:1282–8.

²National Notifiable Diseases Surveillance System with additional serogroup and outcome data from Enhanced Meningococcal Disease Surveillance for 2015–2019.

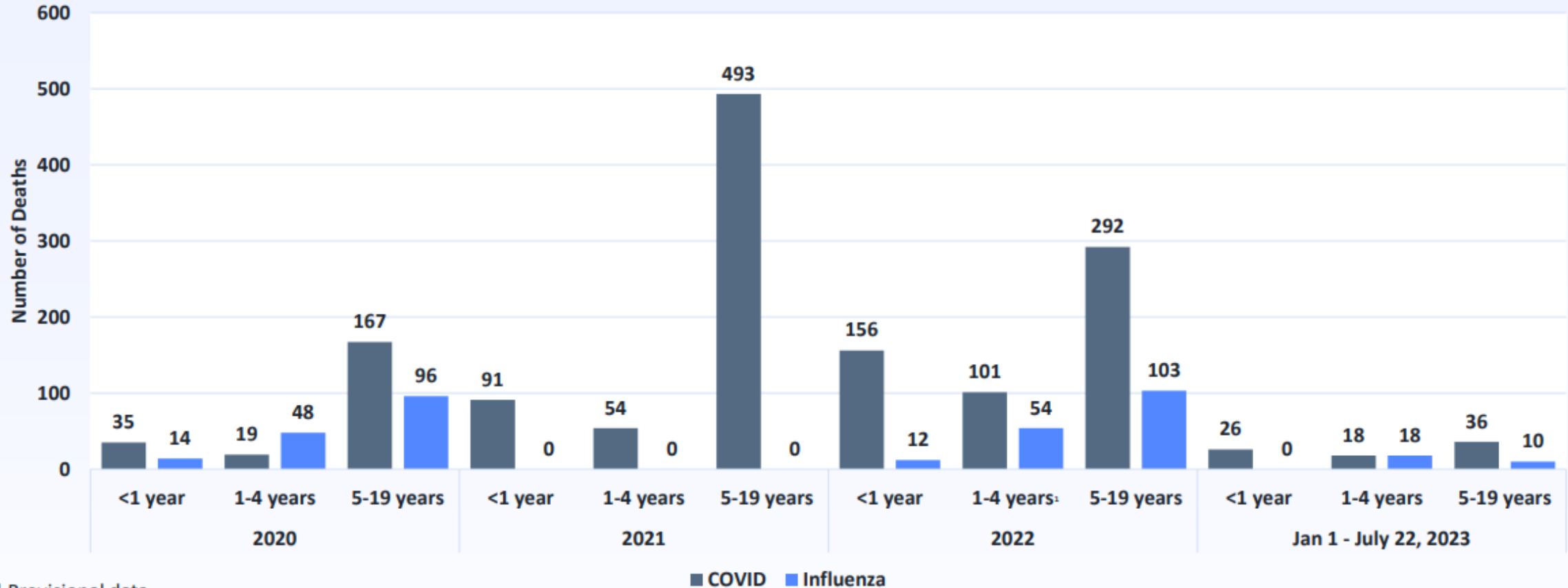
³Meyer PA, Seward JF, Jumaan AO, Wharton M. Varicella mortality: trends before vaccine licensure in the United States, 1970–1994. J Infect Dis. 2000;182(2):383–390. doi:10.1086/315714

⁴Roush SW , Murphy TV; Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. JAMA 2007; 298:2155–63.

⁵Glass RI, Kilgore PE, Holman RC, et al. The epidemiology of rotavirus diarrhea in the United States: surveillance and estimates of disease burden. J Infect Dis. 1996 Sep;174 Suppl 1:S5–11

⁶<http://wonder.cdc.gov/mcd-icd10-provisional.html> on Aug 1, 2023 . COVID vaccine first introduced in 12–17 years in May 2021; in 5–11 years in November 2021 and in 6 months – 4 years in June 2022

COVID-19 and Influenza -associated deaths in persons ages ≤19 years (by underlying cause of death), by age group and year – National Vital Statistics System



¹ Provisional data

² Partial data

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Multiple Cause of Death Files, 2018-2021, and from provisional data for years 2022-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes influenza codes (J09-J11) or COVID-19 code (U07.1) as the underlying cause of death. Accessed at <http://wonder.cdc.gov/mcd-icd10-provisional.html> on Aug 25, 2023 4:53:59 PM

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/11-COVID-Wallace-508.pdf>

Among children ≤17 years who died in-hospital, 50% had no underlying conditions

COVID-NET: Underlying Medical Conditions among Patients with In-Hospital Death among Children and Adolescents Ages ≤17 Years, January 2022–June 2023

Age category	% with no underlying conditions	Of those with no underlying conditions, what % died in-hospital?	% of those who died in-hospital with no underlying conditions
≤17 years	51%	1%*	50%

Limited to COVID-NET hospitalizations with COVID-19-related illness as likely reason for admission

* Relative standard error >30; indicates estimate might be unstable due to low sample size (n=24).

Specified Serious Adverse Events (Myocarditis/Pericarditis), Infants and Children

- A single observational study from the Vaccine Safety Datalink (VSD) evaluated chart-reviewed cases of myocarditis occurring among children aged 5-11 years following a monovalent booster based on events occurring in a 7-day risk interval after vaccination vs. a comparison interval in vaccinated individuals.

Table. Incidence Rate of Verified Myocarditis/Pericarditis in the 0 to 7 Days After mRNA COVID-19 Vaccination among Persons Aged 5-11 Years by Age Group and Sex.

Age group	Cases/Monovalent Booster Doses Administered	Incidence Rate/Million Doses (95% CI)
Pfizer		
Male		
5-11 y	0/50415	0.0 (0.0-59.4)
Female		
5-11 y	0/49261	0.0 (0.0-60.8)

Source: Goddard et al. Incidence of Myocarditis/Pericarditis Following mRNA COVID-19 Vaccination Among Children and Younger Adults in the United States. *Annals of Internal Medicine*. <https://www.acpjournals.org/doi/10.7326/M22-2274>

Calculating Risk: Myocarditis and COVID-19 vaccines

- Limited data to inform myocarditis risk after bivalent COVID-19 vaccine booster dose
 - Myocarditis rates following **booster doses** in adolescent and young adult males are **lower** than rates following **primary series**, but estimates are limited by fewer numbers of doses for both the bivalent boosters and the previous monovalent boosters administered in VSD¹
- Myocarditis risk **lower** with **longer time between doses**
 - Rates of myocarditis **lower** with **extended interval** between dose 1 and dose 2 for primary series²
 - Longer interval between updated doses may also impact myocarditis rates
- Most individuals with myocarditis/pericarditis have **fully recovered** at follow-up³
- The risk of adverse cardiac outcomes were **1.8 – 5.6 times higher** after SARS-CoV-2 infection than after mRNA COVID-19 vaccination among males ages 12-17 years⁴

¹ <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-02/slides-02-24/COVID-02-Shimabukuro-508.pdf>

² <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-02-04/11-COVID-Moulia-508.pdf>

³ <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-02-04/04-COVID-Kracalic-508.pdf>

⁴ https://www.cdc.gov/mmwr/volumes/71/wr/mm7114e1.htm?s_cid=mm7114e1_w



Key messages

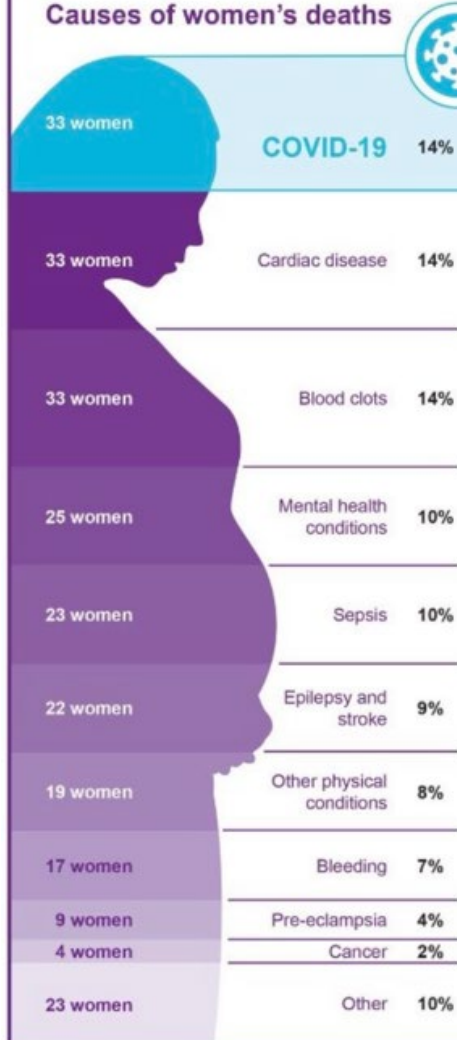
from the surveillance report 2023



In 2019-21, **241 women died** during or up to six weeks after pregnancy among 2,066,997 women giving birth in the UK.

11.7 women per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy.

Causes of women's deaths

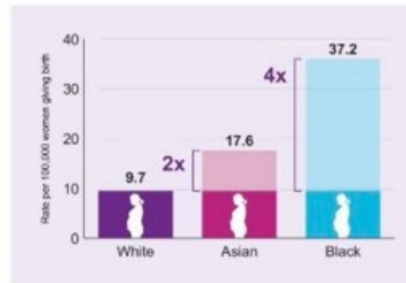


COVID-19 14%

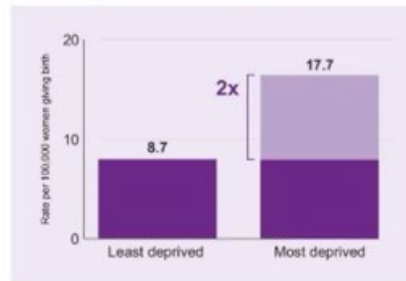
When maternal deaths due to COVID-19 are excluded, **10.1 women** per 100,000 died during pregnancy or up to six weeks after childbirth or the end of pregnancy

Inequalities in maternal mortality

Ethnic group



Living in more deprived areas



Newborn and Early Infant Outcomes Following Maternal COVID-19 Vaccination During Pregnancy

Sarah C. J. Jorgensen, PharmD, MPH¹; Samantha S. M. Drover, PhD²; Deshayne B. Fell, PhD^{2,3,4}; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

JAMA Pediatr. Published online October 23, 2023. doi:10.1001/jamapediatrics.2023.4499

- 142 006 infants total: 85 670 born after COVID-19 vaccine doses in utero vs 56,336 babies unvaccinated pregnancies

Table 3. Association Between COVID-19 Vaccination During Pregnancy and Neonatal and Infant Outcomes

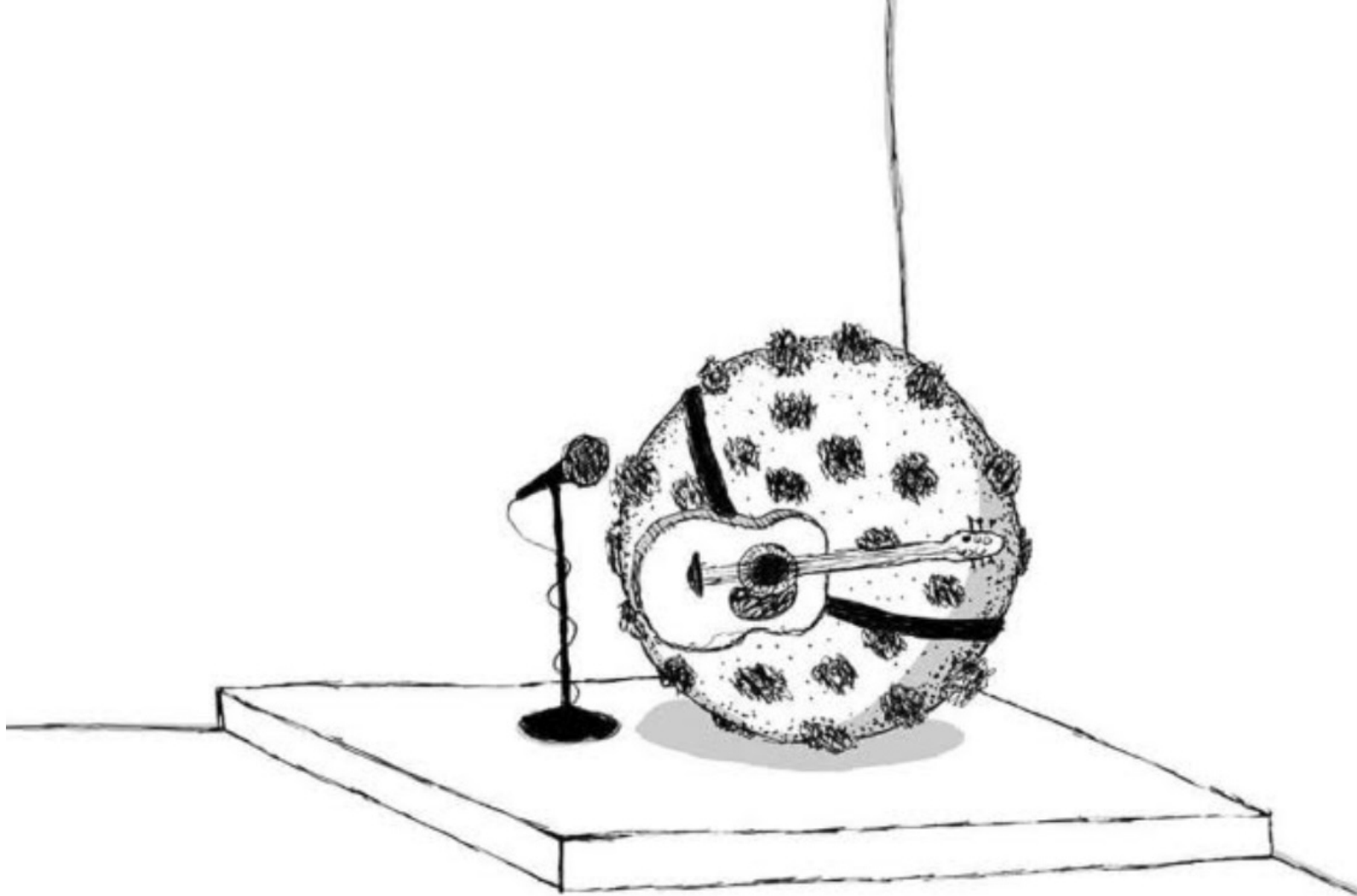
Outcome	No./total No. (%)		Risk ratio or hazard ratio (95% CI)	
	Vaccine exposed	Unexposed	Crude	Adjusted ^a
Severe neonatal morbidity	6229/85 670 (7.3)	4697/56 336 (8.3)	0.87 (0.84-0.90)	0.86 (0.83-0.90)
Neonatal death	74/85 670 (0.09)	91/56 336 (0.16)	0.53 (0.39-0.73)	0.47 (0.33-0.65)
Neonatal intensive care unit admission	9721/85 670 (11.4)	7391/56 336 (13.1)	0.86 (0.84-0.89)	0.86 (0.83-0.89)
Neonatal readmission	4664/84 798 (5.5)	2820/55 417 (5.1)	1.08 (1.03-1.13)	1.03 (0.98-1.09)
Discharged within 7 d after birth	4588/82 581 (5.6)	2769/53 330 (5.2)	1.07 (1.02-1.12)	1.03 (0.97-1.08)
Hospital admission up to 6 mo of age	5361/63 834 (8.4)	3941/48 625 (8.1)	1.04 (1.00-1.08)	1.01 (0.96-1.05)
Discharged within 7 d after birth	5020/61 426 (8.2)	3611/46 007 (7.9)	1.04 (1.00-1.09)	1.01 (0.97-1.06)

Other Prevention Measures & Testing

- When to Mask?
 - Kids
 - Vulnerable populations
- Testing
 - Eligible for treatment
 - Help to guide timing of next vaccine



- Where to find tests?
 - <https://www.ontario.ca/assessment-centre-locations/>
 - <https://www.ontario.ca/page/covid-19-coronavirus>
 - <https://www.toronto.ca/community-people/health-wellness-care/health-programs-advice/respiratory-viruses/covid-19/covid-19-what-you-should-do/covid-19-testing/>



*"This one's dedicated to all the people that didn't believe
in me when I was getting started."*

OCFP Respiratory Illness Resources

*** NEW AS OF Oct 20, 2023

Health Canada has authorized Moderna and Pfizer as a one-dose COVID-19 vaccine to target the XBB.1.5 subvariant. Both are now being shipped and distributed across Ontario. See OCFP's updated [vaccine](#) and [patient-facing vaccine](#) resources.

OCFP's [IPAC guidance](#) has been updated to reflect the [high-risk season](#) for respiratory illnesses.

As per [guidance from public health](#), universal masking is not required at this time, but recommended in clinical settings. In all practices, mask wearing should be mandatory for patients with signs and symptoms of infectious respiratory diseases. Download this OCFP poster to remind patients to wear a mask, in [English](#) and [French](#).

A poster titled "Respiratory Illness Season" with a background image of a bowl of soup, a lemon, and a thermometer. The text on the poster reads: "As more people spend time indoors, we can expect to see a seasonal rise in COVID-19, RSV, flu and other common colds and viruses. The OCFP is sharing tips to help you stay healthy and manage your illness if you do get sick." Below this is a list of resources with expandable icons (+):

- Stay up-to-date with vaccines
- If you get sick: Managing colds, RSV, flu and COVID-19
- Take action to stay healthy this fall and winter
- Information for those at a high risk of complications

[stayhealthyontario.ca](https://www.ontariofamilyphysicians.ca/stayhealthyontario.ca)

<https://www.ontariofamilyphysicians.ca/education-practice-supports/respiratory-illness-season-tools-and-resources>

Arexvy RSV Vaccine Update

- RSV vaccine authorized for use in adults 60 years of age and older and available for prescription.
- Pharmacists cannot (yet) administer however, family doctors can prescribe Arexvy and write on the prescription a direct order (i.e. “*please administer vaccine*”) to the pharmacist to administer¹.
- [Proposed Regulatory Amendments](#) would permit pharmacists, registered pharmacy students, interns, and pharmacy technicians to administer the RSV vaccine are still pending.

¹This can reduce barriers to access for patients and avoid multiple trips to the primary care provider, however, advise patients that pharmacists may charge patients for this service.”

New Unattachment Data Released By OCFP

- 11 Interviews over two days, resulting in 78 stories, with a total potential reach of almost 60M.
- Globe & Mail, CBC Radio, Global News, CTV and more.
- Thank you to those who have shared and engaged on social media.

One in four Ontarians may be without a family doctor by 2026, analysis says

KELLY GRANT > HEALTH REPORTER

PUBLISHED YESTERDAY

UPDATED 3 HOURS AGO



Creating Your Surge Capacity

Strategies to Make Space in Your
Overloaded Work Day



**Doing it all is
literally
impossible...even
before everyone
got sick in
September**

**Anything you do is
valuable and more
than enough**

**What if your baseline schedule
allowed you to be working UNDER
your maximum capacity?**

*What would have to change in order for your schedule to
reflect this?*

Honouring your capacity is good patient care:

- Less distracted mistakes**
- More emotional bandwidth**
- More creative decision making**
- YOU DON'T LEAVE MEDICINE**

QUIT/PAUSE

**BARE
MINIMUM**

DELEGATE

PROTECT

QUIT/PAUSE

Specialist's work
Committees

BARE MINIMUM

Inbox
Everything else

DELEGATE

Forms
Charting

PROTECT

Patient Connection
Rest & Pleasure

Thank you!



@JOANCHANMD

JOANCHANMD.COM

**PODCAST: THE OTHER HUMAN IN
THE ROOM**



Wondering if you should get boosted this Fall?

What if I recently had Covid?

Is the booster
Omicron-specific?

What about boosters
for my kids?

Our doctors are here to answer your vaccine questions.

I can help. Let's talk.

Our VaxFacts+ Clinic will connect you with qualified doctors who understand that you may have questions or are looking for more information about COVID-19 vaccines. They are ready to talk, listen and help you get the facts.



Schedule a one-to-one phone conversation.

BOOK ONLINE

shn.ca/VaxFacts



Questions about your health?

Speak with an expert physician!



Our trusted doctors are here to listen and answer your questions about:



VACCINES

Including
COVID-19, RSV, flu,
immunizations



CANCER SCREENING

For colon, breast
and cervical



PREVENTATIVE HEALTH COUNSELLING

For topics such as infectious
diseases, health risk factors,
and community resources



Schedule a one-to-one phone conversation.

BOOK ONLINE:

shn.ca/VaxFacts





CanTreatCOVID

Canadian Adaptive Platform Trial of Treatments
for COVID in Community Settings

- Canada-wide study evaluating effectiveness of COVID-19 medications
- By primary care providers, for primary care providers
- Eligible: Adults with a positive COVID test, aged 50+ years or 18-49 years with one or more chronic condition(s)
- Enrollment underway – to refer your patients (patients may self-refer):
 - Phone: **1-888-888-3308 (Monday - Friday, 8 am to 6 pm ET)**
 - Email: info@CanTreatCOVID.org
 - Website: **CanTreatCOVID.org/contact**
- More information:
 - FAQs: <https://www.dfcm.utoronto.ca/sites/default/files/inline-files/CanTreatCOVID%20Study%20Info%20FAQ.pdf>
 - COVID-19 CoP session, “COVID Therapeutics” – Jan. 20, 2023:
<https://www.dfcm.utoronto.ca/past-covid-19-community-practice-sessions>

Sentinel Practitioner Surveillance Network (SPSN)

Administered by the British Columbia Centre for Disease Control (BCCDC) and Public Health Ontario (PHO)

Benefits

- Specimens submitted inform local respiratory virus surveillance and assist in estimating influenza and COVID-19 vaccine effectiveness.
- Enables accurate measurement of circulating respiratory viruses in Ontario and BC which also contributes to our national surveillance.

Eligibility and Compensation

- Provider of primary patient care in the community
- Able to collect specimens for respiratory virus testing in your practice
- \$20 compensation for each specimen submitted with a completed questionnaire
- CFPC Members and Non-Member Mainpro+ participants can submit the total number of hours of participation as non-certified credits in Mainpro+

More Info

- For more details and consent form, please [Click Here to Start the Survey](#)
- Contact: Ontario Vaccine Effectiveness Coordinator Mandy Kwok, 647-792-3627 / mandy.kwok@oahpp.ca.

Ontario College of
Family Physicians





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- **Strengthen your skills** on health topics that matter to you and your practice.
- **Connect and network** with your family medicine community.



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Opening Keynote



Dr. Hayley Wickenheiser

Family Physician Resident, Olympic Gold Medalist, Hockey Hall of Famer and Senior Director of Player Development for the Toronto Maple Leafs

Ontario College of
Family Physicians



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Learn more and apply now

Visit our [program page](#) to learn more about curriculum, faculty and fees.

Deadline to apply is November 17.

Questions? Contact ocfpcme@ocfp.on.ca

Developed in partnership with **Rotman**



Questions?

Webinar recording and curated Q&A will be posted soon

<https://www.dfcm.utoronto.ca/covid-19-community-practice/past-sessions>

Our next Community of Practice: November 17, 2023

Contact us: ocfpcme@ocfp.on.ca

Visit: <https://www.ontariofamilyphysicians.ca/tools-resources/covid-19-resources>

The COVID-19 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..

Post session survey will be emailed to you. Mainpro+ credits will be entered for you with the information you provided during registration.