Changing the Way We Work Community of Practice for Ontario Family Physicians

Sept 26, 2025

Dr. Daniel Warshafsky
Dr. Hemant Shah

Infectious Disease & Liver Disease

Family & Community Medicine
UNIVERSITY OF TORONTO

Ontario College of
Family Physicians

Infectious Disease & Liver Disease

Moderator:

- Dr. Eleanor Colledge, CPD Program Director, University of Toronto and Family Physician, South East Toronto Family Health Team, Toronto, ON

Panelists:

- Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health at the Office of the Chief Medical Officer of Health, Toronto, ON
- Dr. Hemant Shah, Hepatologist; Vice President, Academics, William Osler Health System; Adjunct Associate Professor, University of Toronto; Associate Clinical Professor, Toronto Metropolitan University, Toronto, ON

Host:

- Dr. Jobin Varughese, OCFP President, Family Physician, Interim Assistant Dean of Primary Care Education for the School of Medicine at Toronto Metropolitan University (TMU), Brampton, ON

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.

Self-learning program

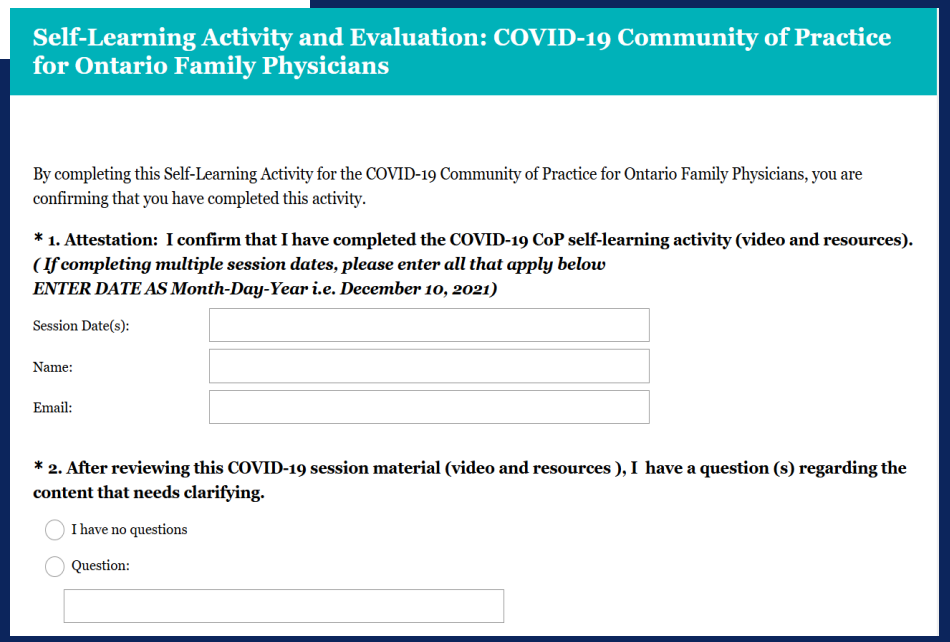
The session materials, including recordings, tools, and resources are available as self-learning modules.

This one-credit-per-hour Group Learning program has been certified by the College of Family Physicians of Canada and the Ontario Chapter for up to 80 credits.

To participate in this self-learning:

- Select the dates/sessions you wish to participate in. You are welcome to complete as many sessions as you wish.
- Watch the video recording of the live session.
- Review the session tools and resources.
- Complete the self-learning post-session activity, click the button below.

Complete self-learning activity



Self-Learning Activity and Evaluation: COVID-19 Community of Practice for Ontario Family Physicians

By completing this Self-Learning Activity for the COVID-19 Community of Practice for Ontario Family Physicians, you are confirming that you have completed this activity.

*** 1. Attestation: I confirm that I have completed the COVID-19 CoP self-learning activity (video and resources).**
(If completing multiple session dates, please enter all that apply below
ENTER DATE AS Month-Day-Year i.e. December 10, 2021)

Session Date(s):

Name:

Email:

*** 2. After reviewing this COVID-19 session material (video and resources), I have a question (s) regarding the content that needs clarifying.**

- I have no questions
- Question:

Missed a session and want to earn credits?

The Self-learning Program lets you earn credits for watching past sessions. Just click the link and fill out a 60 second form!

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.

Changing the way we work

A community of practice for family physicians

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

- Identify the current best practices for delivery of primary care 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. Jobin Varughese (OCFP), Dr. Ali Damji (DFCM), Dr. Eleanor Colledge (DFCM), Dr. Harry O'Halloran, Julia Galbraith (OCFP), Pavethra Yogeswaran (OCFP), Marisa Schwartz (DFCM), Erin Plenert (DFCM)

Previous webinars & related resources:'

https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions

Dr. Daniel Warshafsky – Panelist

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

Dr. Hemant Shah – Panelist

Hepatologist;
Vice President, Academics, William Osler Health System;
Adjunct Associate Professor, University of Toronto;
Associate Clinical Professor, Toronto Metropolitan University

Speaker Disclosure

- 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. Hemant Shah**
- Relationships with financial sponsors:
    - Grants/Research Support: N/A
    - Speakers Bureau/Honoraria: Ontario College of Family Physicians
    - Others: Program Funding: Ministry of Health and Long-Term Care

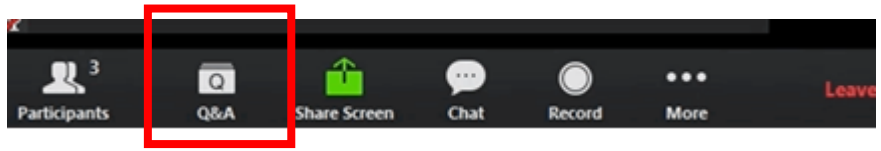
Speaker Disclosure

- Faculty Name: **Dr. Jobin Varughese**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: Toronto Metropolitan University, School of Medicine (Interim Assistant Dean of Primary Care Education), William Osler Health System (Associate Vice President of Academics)

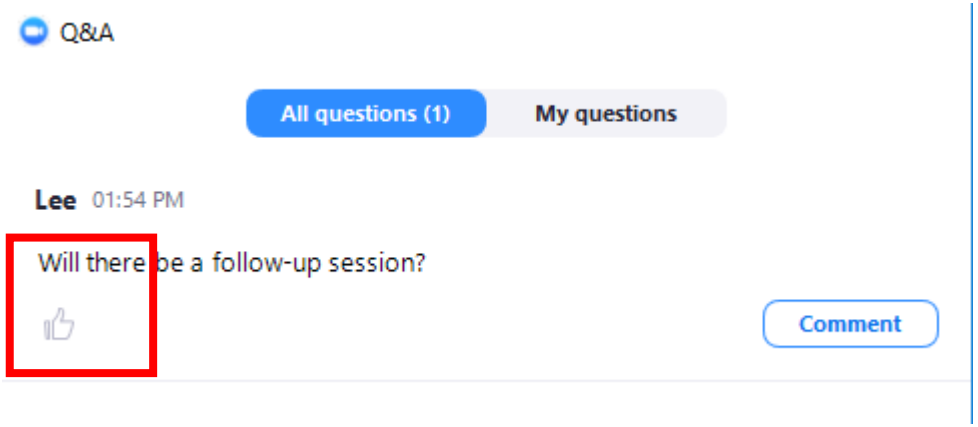
- Faculty Name: **Dr. Eleanor Colledge**
- Relationships with financial sponsors:
  - Grants/Research Support: N/A
  - Speakers Bureau/Honoraria: Ontario College of Family Physicians
  - Others: The Foundation for Medical Practice Education (McMaster University)

How to Participate

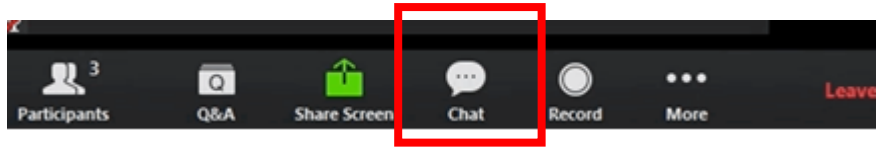
- All questions should be asked using the Q&A function at the bottom of your screen.



- Press the thumbs up button to upvote another guest's 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.



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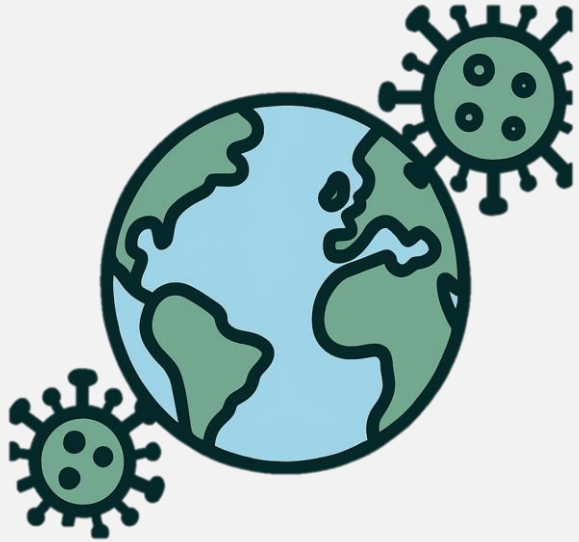
Early Signals From the Southern Hemisphere

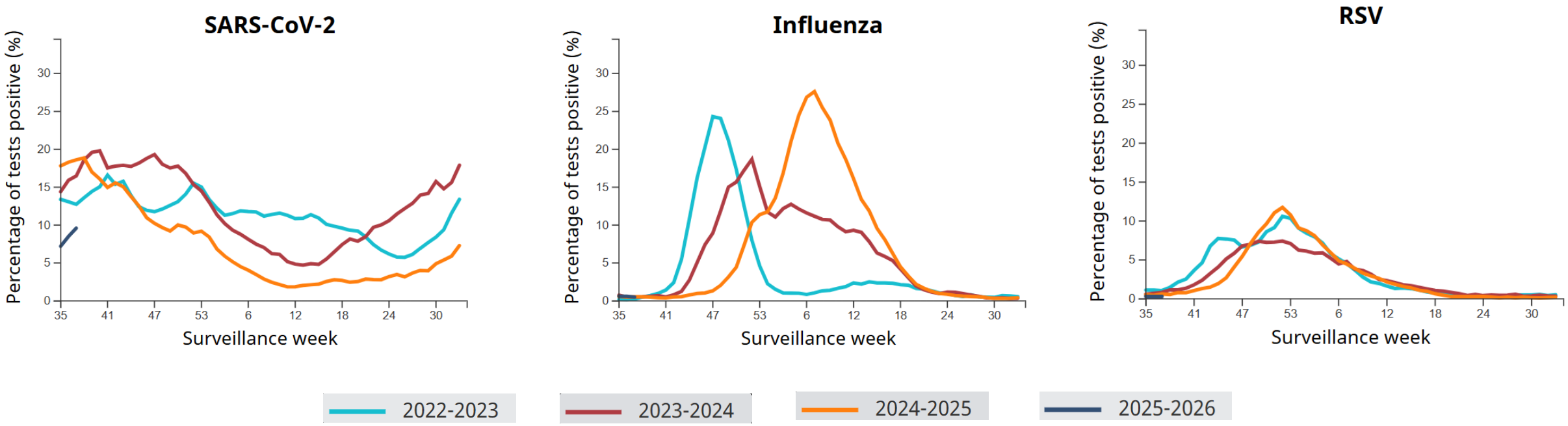
- In the Southern Hemisphere, the timing of the respiratory season is typically April to September of a calendar year.

- Overall, the trends illustrate a typical respiratory season this year:
  - **COVID-19:** Activity remains low across jurisdictions, with NB.1.8.1 dominant in Australia. Vaccine uptake in Australia has declined, especially among younger adults.
  - **Influenza:** Elevated influenza activity in Australia with a slower decline post-peak; A(H1N1) is dominant in both Australia and New Zealand. Vaccine strains are well-matched, but coverage is lower than previous years.
  - **RSV:** Trends are typical, declining or low, with highest impact on children under 5 and those aged 16 or younger in Australia.



- Important note: The experiences of the Southern Hemisphere can provide some insight; however, the exact trajectories of respiratory virus activities are hard to predict and do not accurately forecast the upcoming respiratory season in Canada.

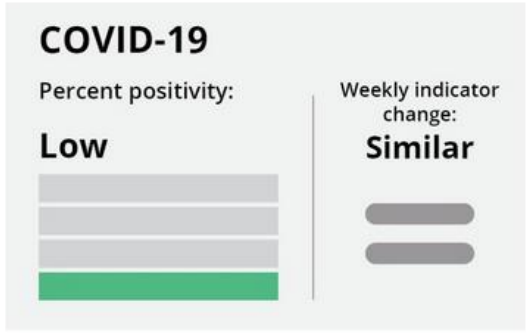
Recap: Recent Respiratory Seasons in Canada



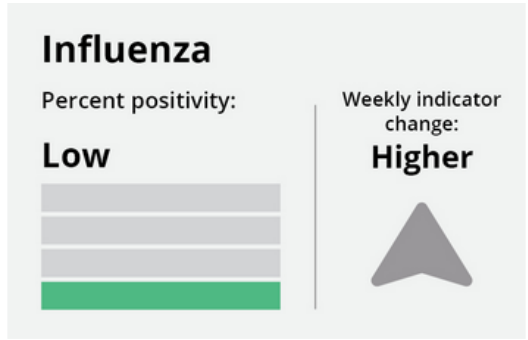
- **COVID-19** continue to be in large part driven by emergence of new dominant strains with waves occurring in both winter and summer
- **Influenza** and **RSV** patterns are gradually returning to more typical respiratory seasons, with peaks in February and December, respectively

Source: Government of Canada - Canadian respiratory virus surveillance report

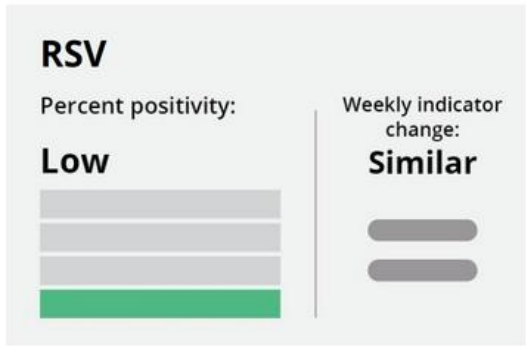
Current Status in Ontario
Weekly summary – September 7-13, 2025 (surveillance week 37)



- Percent positivity: 9.0% (overall low but increasing since mid-August)
- Outbreaks: 30
- Hospital bed occupancy: 219
- XFG was the most prevalent lineage (40.1%) and is projected to increase



- Percent positivity: 0.4%
- Outbreaks: 0
- Hospital bed occupancy: 3

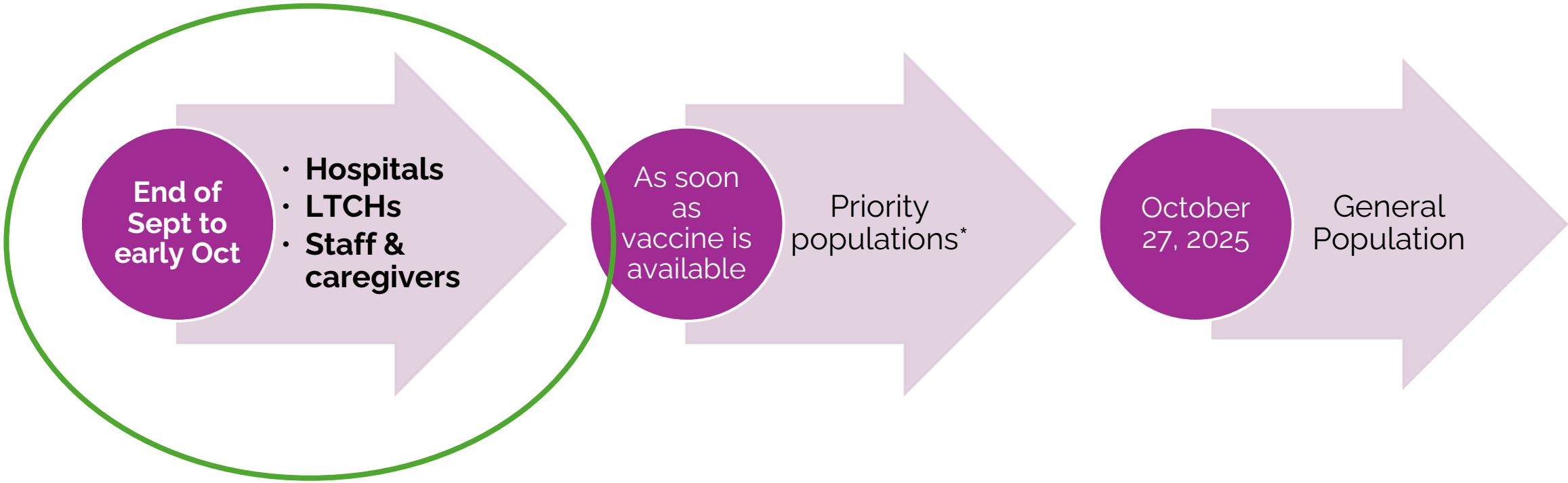


- Percent positivity: 0.1%
- Outbreaks: 0
- Hospital bed occupancy: 4

Source: [Public Health Ontario – Ontario Respiratory Virus Tool]

Ontario

2025/26 COVID-19 and Influenza Immunization Program Rollout



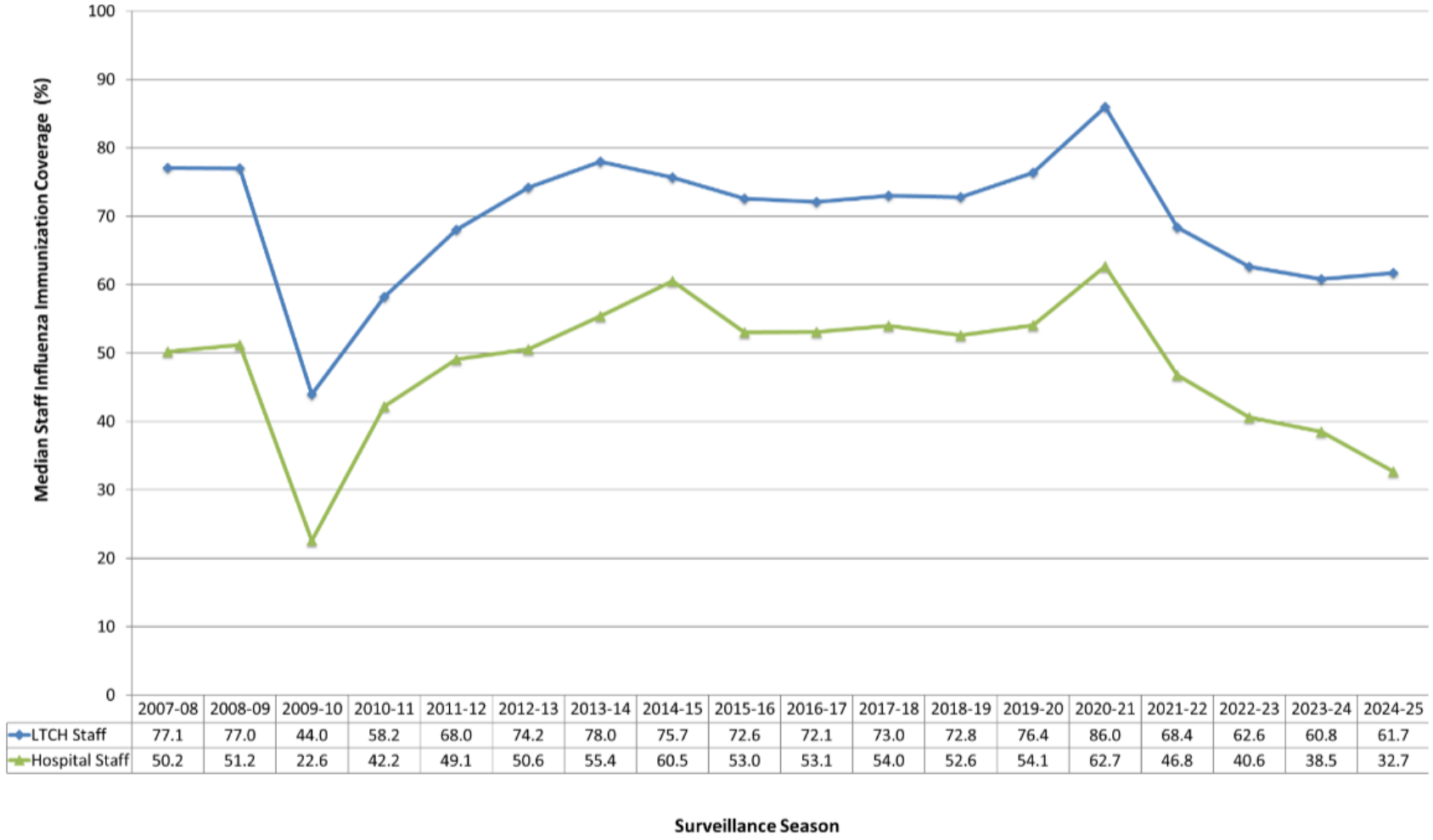
- **The initial supply** of COVID-19 and flu vaccines will be made available for **high risk and priority groups** who live, work, or study in Ontario – **including residents, staff, and caregivers in LTCH**:
  - **COVID-19 vaccines** will be available starting the week of **September 22**
  - **Flu vaccines** will be available starting the week of **September 29**

UIIP and COVID-19 2025-26 Products

Vaccine Product	Eligibility	Format
UIIP		
TIV Standard Dose	6mos+	MDV, PFS
TIV-Adj Senior Dose	65yrs+	PFS
TIV-HD Senior Dose	65yrs+	PFS
COVID-19 (LP.8.1)		
Pfizer/Moderna	12yrs+	MDV
Pfizer/Moderna	12yrs+	PFS
Moderna	6mos – 12yrs	MDV
Pfizer	5yrs – 11yrs	SDV

Staff Influenza Immunization Coverage Among Hospitals and Long-Term Care Homes in Ontario

Figure A: Median Staff Influenza Immunization Coverage Among Hospitals and LTCHs, by Respiratory Virus Surveillance Season: Ontario, 2007-08 to 2024-25 Seasons



	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
LTCH Staff	77.1	77.0	44.0	58.2	68.0	74.2	78.0	75.7	72.6	72.1	73.0	72.8	76.4	86.0	68.4	62.6	60.8	61.7
Hospital Staff	50.2	51.2	22.6	42.2	49.1	50.6	55.4	60.5	53.0	53.1	54.0	52.6	54.1	62.7	46.8	40.6	38.5	32.7

- Median staff influenza immunization coverage has been consistently higher in LTCH than hospitals
- In 2024/25
  - LTCH staff: 61.7%
  - Hospital staff: 32.7%

Source: Public Health Ontario - Surveillance Report (June 2025)

Ontario

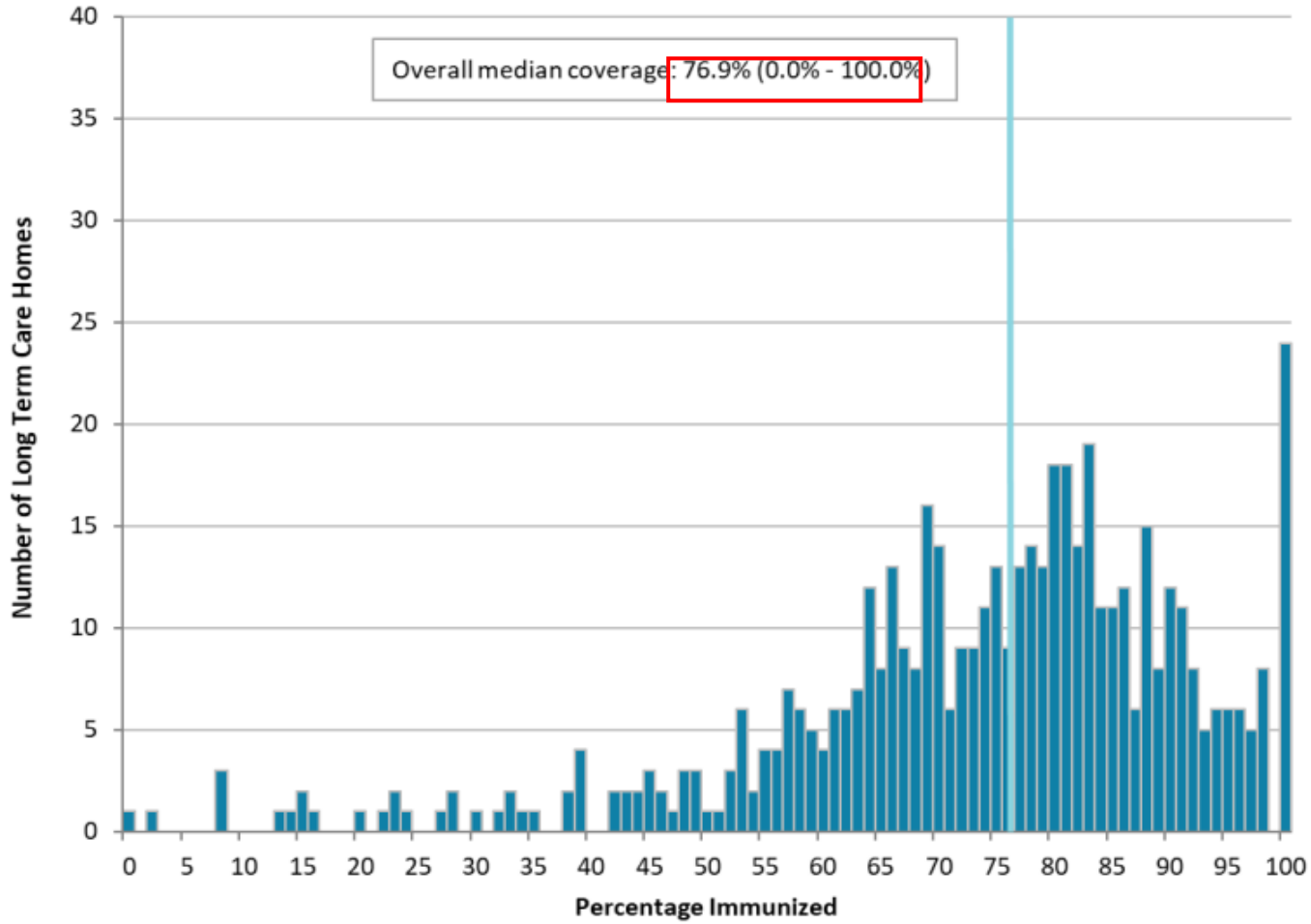
High-Risk Older Adults RSV Immunization Program

- First introduced during the 2023/24 respiratory season – **expanded eligibility this year**
- **Products:** Arexvy (GSK) and Abrysvo (Pfizer) – both products were used in previous years
- **Eligibility:**
  - **All adults aged 75 and older (**new for the 2025-26 season**)**
  - Individuals 60 years of age and older who are also:
    - residents of long-term care homes, Elder Care Lodges, or retirement homes including similar settings (e.g., co-located facilities).
    - patients in hospital receiving alternate level of care (ALC) including similar settings (for example, complex continuing care, hospital transitional programs)
    - Patients with glomerulonephritis (GN) who are moderately to severely immunocompromised
    - patients receiving hemodialysis or peritoneal dialysis
    - recipients of solid organ or hematopoietic stem cell transplants
    - individuals experiencing homelessness
    - individuals who identify as First Nations, Inuit, or Métis
- Studies on RSV vaccine efficacy have demonstrated a multi-year protection. As such, **if an individual previously received a dose of RSV vaccine, they do not need to receive another dose.** The need for and timing for subsequent doses is unknown at this time. Studies are ongoing to determine the duration of protection.

RSV Vaccine Uptake Among LTCH Residents in 2024/25

2023-24 median RSV vaccine coverage among LTCH residents was 70.9%
(for 401/626 homes with results available)

Resident RSV immunization coverage among reporting LTCHs (n=510), 2024-25 respiratory virus surveillance season



Note: Among 626 long-term care homes in Ontario used as the denominator, 510 (81.5%) reported data and were included in the analysis.

Graph courtesy of Public Health Ontario

Ontario

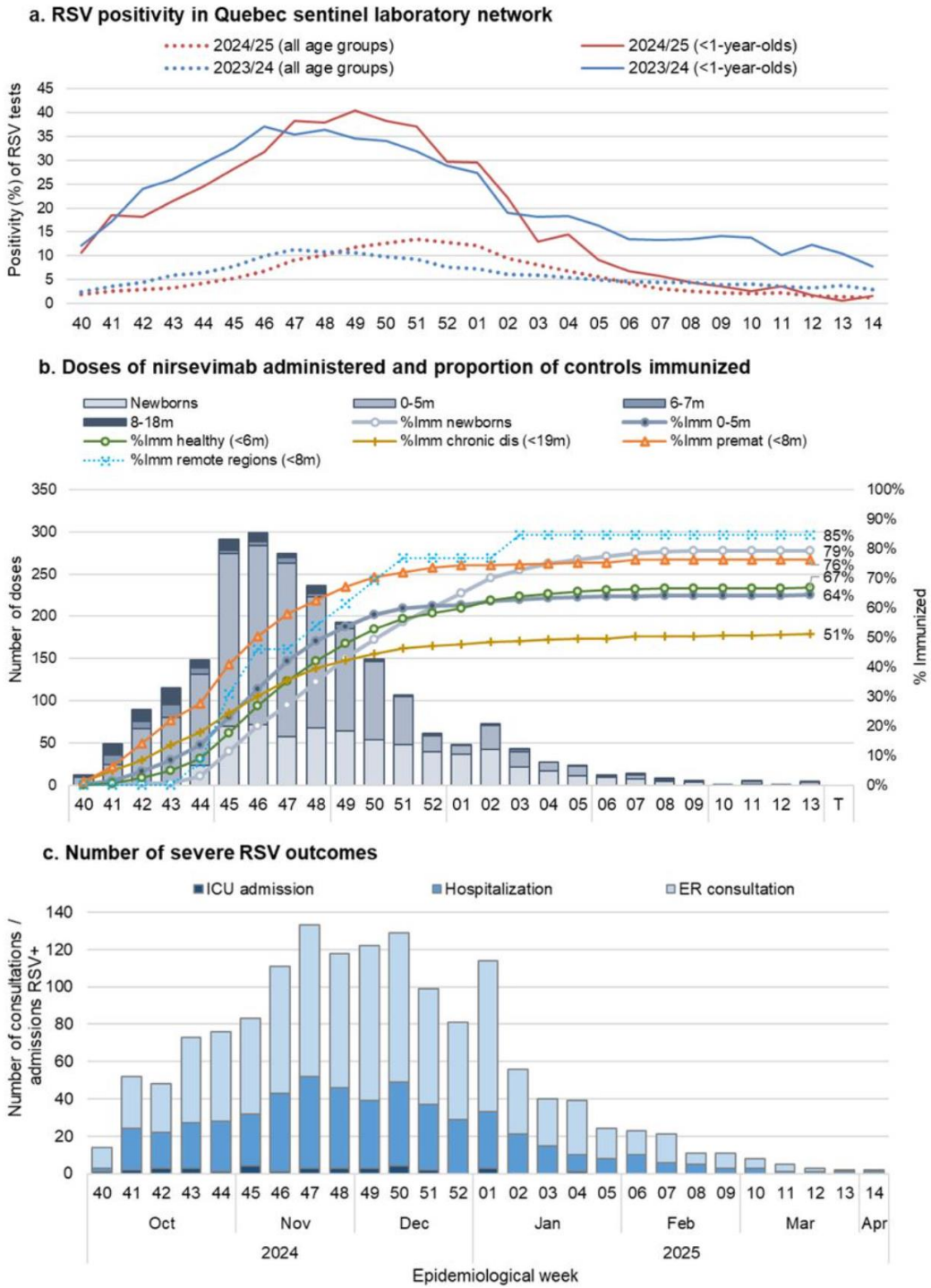
RSV Prevention Program – Infants and High-Risk Children

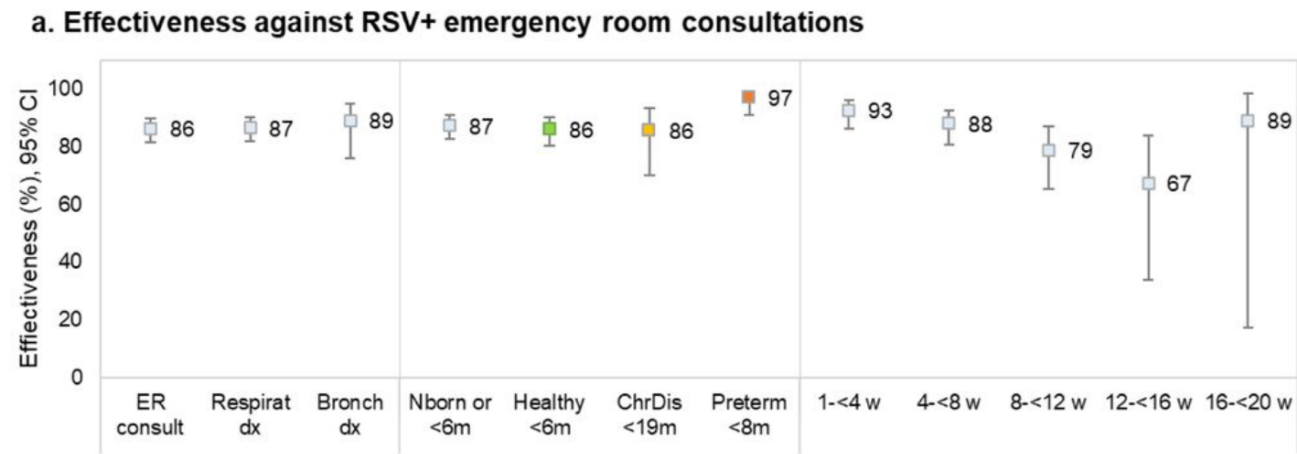
- **Products:**
  - Infant RSV – Beyfortus 50mg – PFS
  - Infant RSV – Beyfortus 100mg – PFS

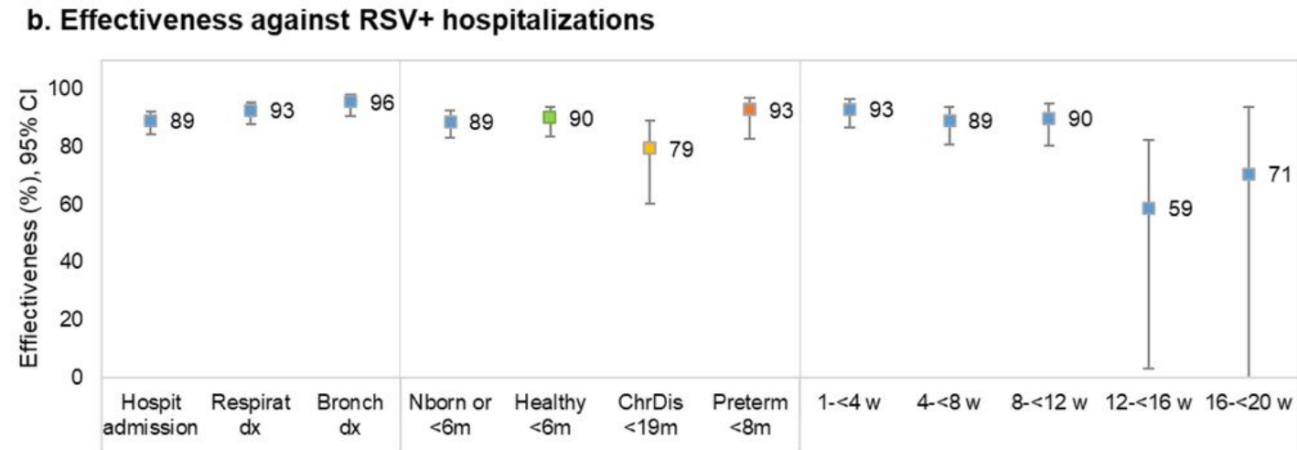
- **Infant RSV Guidance for Health Care Providers**
  - Vaccination in pregnancy (Abrysvo):
    - No change in recommendations
    - Immunization with Beyfortus preferred but pregnant person can choose Abrysvo

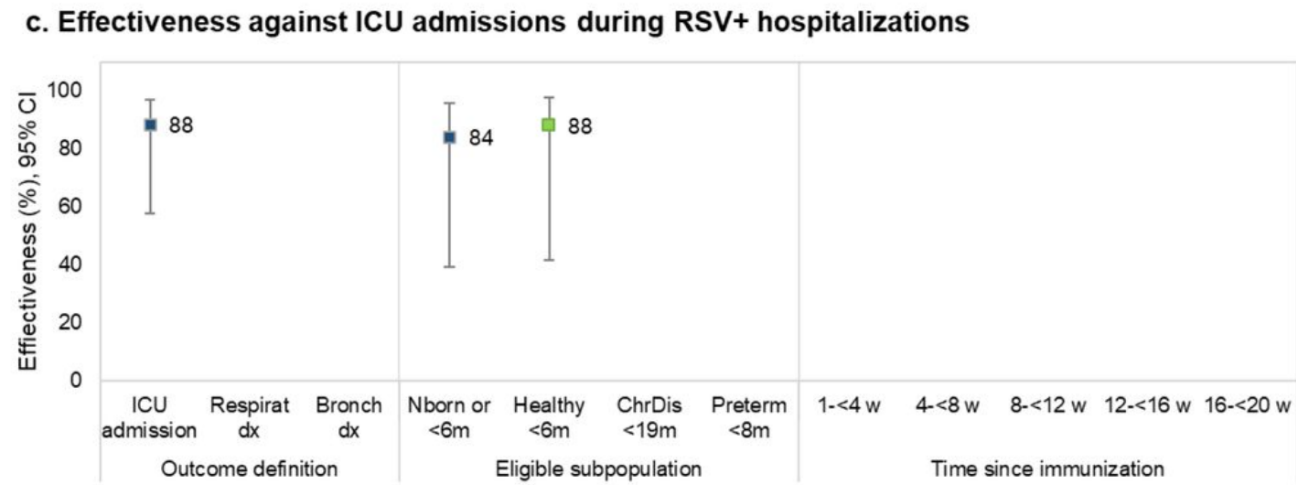
  - Infant eligibility and high-risk children eligibility (Beyfortus):
    - Change in infant eligibility – infants born on or after April 1 (i.e., after the RSV season) up to 8 months of age
    - High-risk eligibility remains unchanged

- Program start expected October 1, 2025


a. RSV positivity in Quebec sentinel laboratory network
2024/25 (all age groups)
2023/24 (all age groups)
2024/25 (<1-year-olds)
2023/24 (<1-year-olds)
Positivity (%) of RSV tests
40 41 42 43 44 45 46 47 48 49 50 51 52 01 02 03 04 05 06 07 08 09 10 11 12 13 14
b. Doses of nirsevimab administered and proportion of controls immunized
Newborns
0-5m
6-7m
8-18m
%Imm newborns
%Imm 0-5m
%Imm healthy (<6m)
%Imm chronic dis (<19m)
%Imm premat (<8m)
%Imm remote regions (<8m)
Number of doses
% Immunized
85%
79%
76%
67%
64%
51%
40 41 42 43 44 45 46 47 48 49 50 51 52 01 02 03 04 05 06 07 08 09 10 11 12 13 T
c. Number of severe RSV outcomes
ICU admission
Hospitalization
ER consultation
Number of consultations / admissions RSV+
40 41 42 43 44 45 46 47 48 49 50 51 52 01 02 03 04 05 06 07 08 09 10 11 12 13 14
Oct
Nov
Dec
Jan
Feb
Mar
Apr
2024
2025
Epidemiological week


a. Effectiveness against RSV+ emergency room consultations
Effectiveness (%), 95% CI
86
87
89
87
86
86
97
93
88
79
67
89
ER consult
Respirat dx
Bronch dx
Nborn or <6m
Healthy <6m
ChrDis <19m
Preterm <8m
1-<4 w
4-<8 w
8-<12 w
12-<16 w
16-<20 w


b. Effectiveness against RSV+ hospitalizations
Effectiveness (%), 95% CI
89
93
96
89
90
79
93
93
89
90
59
71
Hospit admission
Respirat dx
Bronch dx
Nborn or <6m
Healthy <6m
ChrDis <19m
Preterm <8m
1-<4 w
4-<8 w
8-<12 w
12-<16 w
16-<20 w


c. Effectiveness against ICU admissions during RSV+ hospitalizations
Effectiveness (%), 95% CI
88
84
88
ICU admission
Respirat dx
Bronch dx
Nborn or <6m
Healthy <6m
ChrDis <19m
Preterm <8m
1-<4 w
4-<8 w
8-<12 w
12-<16 w
16-<20 w
Outcome definition
Eligible subpopulation
Time since immunization

Program Timing

	Sept 15th Week	Sept 22nd Week	Sept 29th Week	Oct 6th Week	Oct 13th Week	Oct 20th Week	Oct 27th Week
Flu			Distribution and start administration				General population
COVID-19		Distribution and start administration					
RSV Older Adult	Distribution and start administration						
RSV infant / HR		Distribution		Start administration Oct 1			

Delivery timing

- Influenza
  - Objective is to maximize HD and Adj vaccine doses for early delivery; quantity TBC with manufacturers for early delivery.
- COVID-19
  - Market withdrawal of current Pfizer vaccines sent August 28.

Antiviral Medications for COVID-19 and Influenza

- Antiviral treatments are available for those eligible with symptoms and a positive test result (PCR, rapid molecular test, rapid antigen test). They can prevent severe illness and are most effective if they are taken in the first few days of symptom onset.

- **Patients should ensure that they have access to antiviral medications, pre-assess patients for eligibility, and address any logistical challenges with administration (i.e., Remdesivir IV) in advance to ensure timely initiation when required**

Virus	Medication	Route of administration	Additional comments
COVID-19	Paxlovid	Oral	For more information, please see Ontario Health's COVID-19 Clinical Guidelines and Resources page, which provides summary of recommendations for treatment.
	Remdesivir	Intravenous	
Influenza	Tamiflu (Oseltamivir)	Oral	May be used for: • Treatment of symptomatic individuals who have tested positive for flu • Prophylaxis of asymptomatic individuals in outbreak settings – DIRECTED BY PUBLIC HEALTH For more information, please see Public Health Ontario's At a Glance – Influenza Antiviral Treatment
	Relenza (Zanamivir)	Oral inhalation	

- Note: antiviral medications are NOT a replacement for vaccines and other preventive measures!

Source: Ministry of Health - COVID-19 Testing and Treatment

Ontario

Access to Testing/PPE/VAS for Primary Care Providers

- **Test-to-Treat policy** for the 2025-26 respiratory virus season. This means that tests are available to:
  - Ensure those who are eligible for COVID-19 antiviral treatment can access a publicly funded test, and to
  - Support outbreak prevention and management in high-risk congregate living settings (e.g., LTC).

- For the 2025-26 respiratory virus season:
  - Therapeutics-eligible Ontarians can access PCR testing at participating pharmacies and primary care providers.
  - Residents of Long-term care and retirement homes are eligible for multiplex (COVID/ Flu/ RSV) PCR testing.
  - Rapid antigen tests (RATs) are available to healthcare providers, long-term care homes and other high-risk congregate living settings.

- Providers can continue to order RATs, PPE, and Vaccine Ancillary Supplies (syringes, needles, alcohol swabs, etc.) through the Supply Ontario Portal at **no cost** to the provider

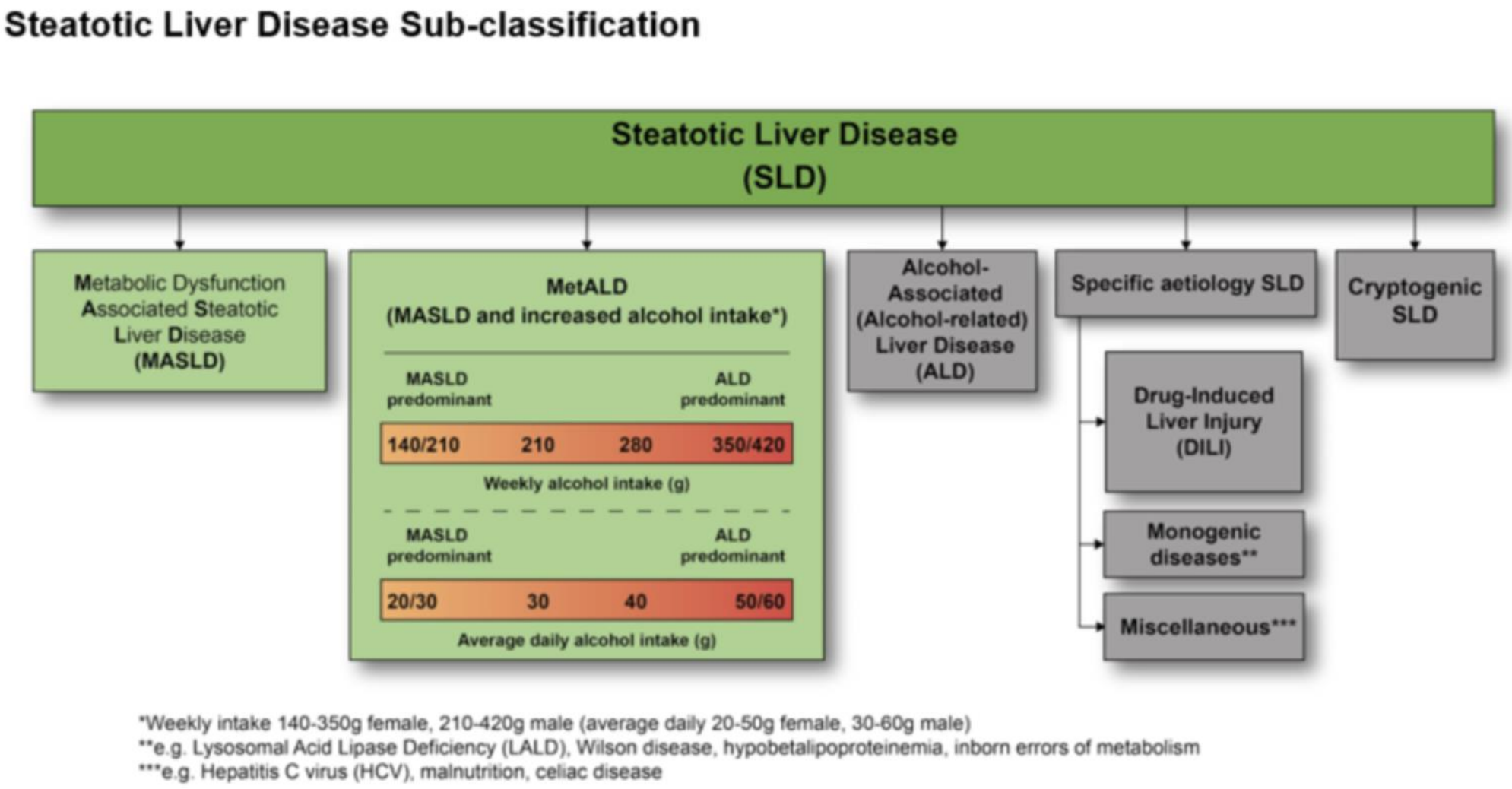
Metabolic Associated Steatotic Liver Disease

Hemant Shah MD MScCH HPTE
Hepatology
Vice President, Academics
William Osler Health System

Learning Objectives

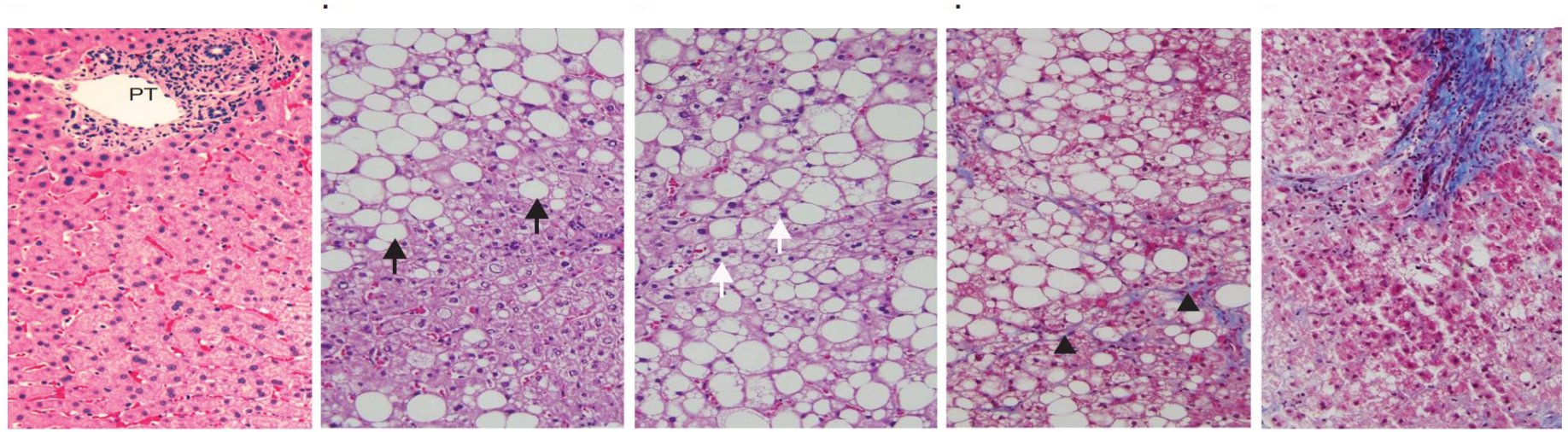
- Understand how to use the nomenclature for metabolic-associated steatotic liver disease (MASLD)
- Improve your ability to risk stratify your patients with MASLD in primary care
- Activate your abilities to prescribe management of MASLD

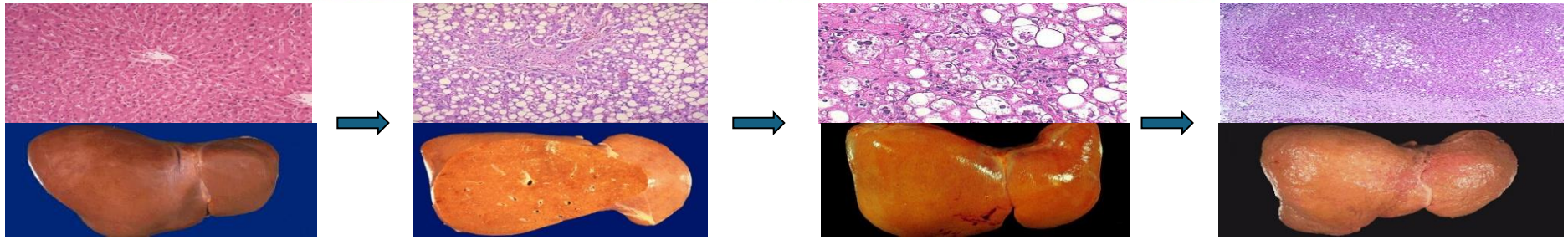
Updated Nomenclature



Rinella et al J Hep 2023

MASLD is a spectrum





Normal

Steatosis
("MAS")

10-15% normal
70-80% obese

Steatohepatitis
(MASH)

2-3% normal
15-20% in severely obese (BMI > 35)

Cirrhosis

<1% normal
3-5% obese

Banini & Sanyal Am J Gastroenterol 2017

Clinical Features

Symptoms

- Mainly asymptomatic
- Uncommonly:
  - RUQ discomfort
  - Fatigue
  - Malaise

Signs

- Hepatomegaly (75%)
- If cirrhosis:
  - Splenomegaly
  - Stigmata of Cirrhosis

Labs/Imaging

- ALT>AST unless cirrhosis
- 20% have GGT/ALP elevation
- Ferritin often high (50-60%)
- Echogenic liver on imaging

Screening your patients

Screen IF any of the following:

1. Presence of T2DM
2. Obesity (BMI > 30) AND one of IGT, HTN, Abnormal lipids
3. Elevation of AST/ALT >6 months without another explanation

HOW to screen:

Options:

1. Ultrasound liver looking for fat
2. Risk stratify everyone in the at-risk group

**NO CONSENSUS

Younossi et al. Gastroenterology. 169; 5, 1017-1032.

MASLD is a diagnosis of EXCLUSION

- Exclude ALWAYS:
  - Viral hepatitis (HBSAg, anti-HBs, anti-HBc, anti-HCV)
  - Hemochromatosis (especially in Caucasians)

- Exclude if relevant:
  - Drug
  - Autoimmune hepatitis (IgG, ANA, SMA)
  - Wilson’s Disease (ceruloplasmin, urine copper)
  - Others

MASLD & Mortality – Why to Risk Stratify

1. The more fibrosis, the higher the overall risk of death from all causes

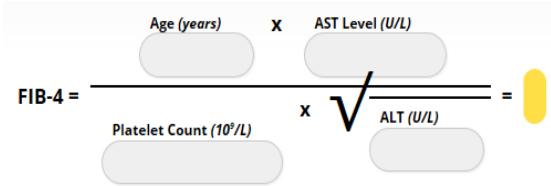
2. Most common cause of death is CARDIAC

3. Patients with MASH and fibrosis have increased liver-related mortality; simple steatosis without fibrosis does not increase liver-related mortality

Chalasani et al Gastro 2012

USE FIB-4 or NAFLD Score to Risk Stratify

- NAFLD Fibrosis Score
  - Age
  - BMI
  - Hyperglycemia
  - Platelet count
  - Albumin
  - AST/ALT ratio
- FIB-4 score
  - AST
  - Platelet
  - ALT
  - Age



Comparable AUROC scores
NFS 0.81, FIB-4 0.82
*Inexpensive
*Online (app-based calculators)

IF THERE IS FIBROSIS, THEY HAVE MASH

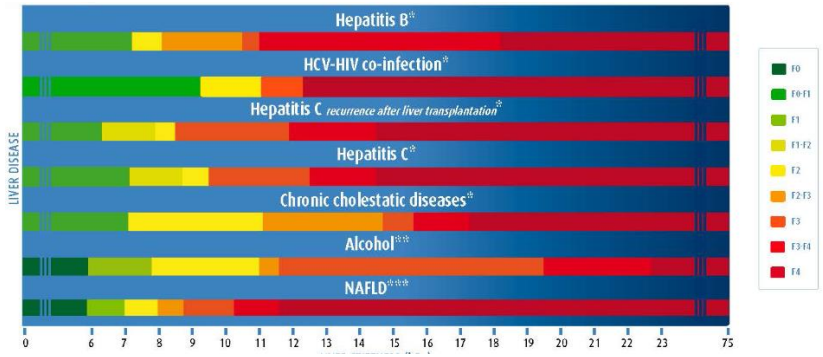
These scores are most useful for ruling **out** advanced fibrosis/cirrhosis

Angulo Hepatology 2007
McPherson Gut 2010

What about Fibroscan?

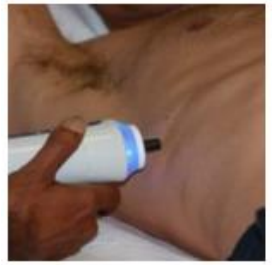
For Fibrosis

- Estimates fibrosis stage accurately
- AUROC for F3 or higher disease 0.93 in MASLD



For Steatosis (CAP)

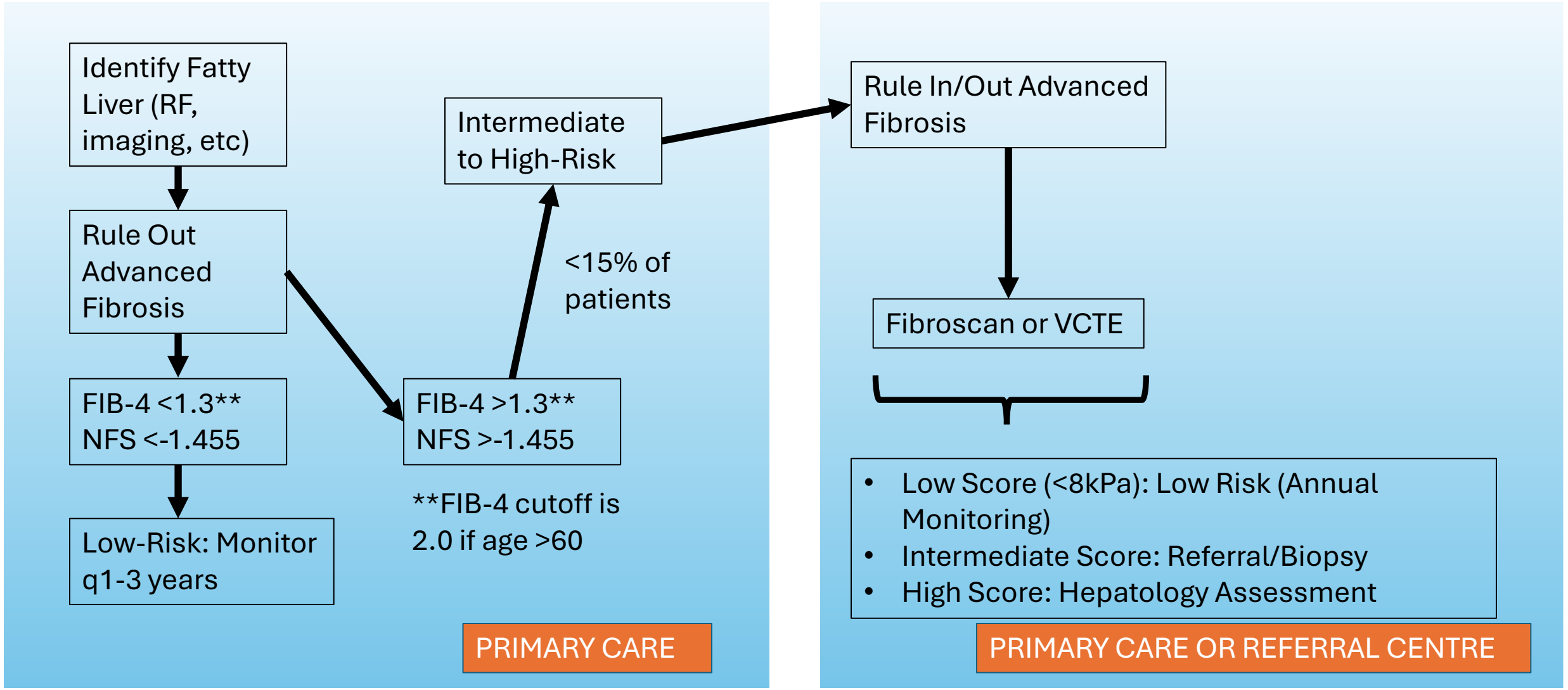
- Can pick up subtle fat levels
- AUROC score for S1 and greater 0.86



Beware technical limitations: obesity; pregnancy; inflammation

Wong, Hepatol 2010, Karlas, J Hepatol 2017

A Care Pathway for MASLD



Treatment of MASLD/MASH

Proven

- Lifestyle, diet and exercise
- Weight loss surgery (if BMI >35)
- Semaglutide/GLP-1s
- THR-β Agonist (Resmetirom) – NOT IN CANADA

Probable/Specific Patients

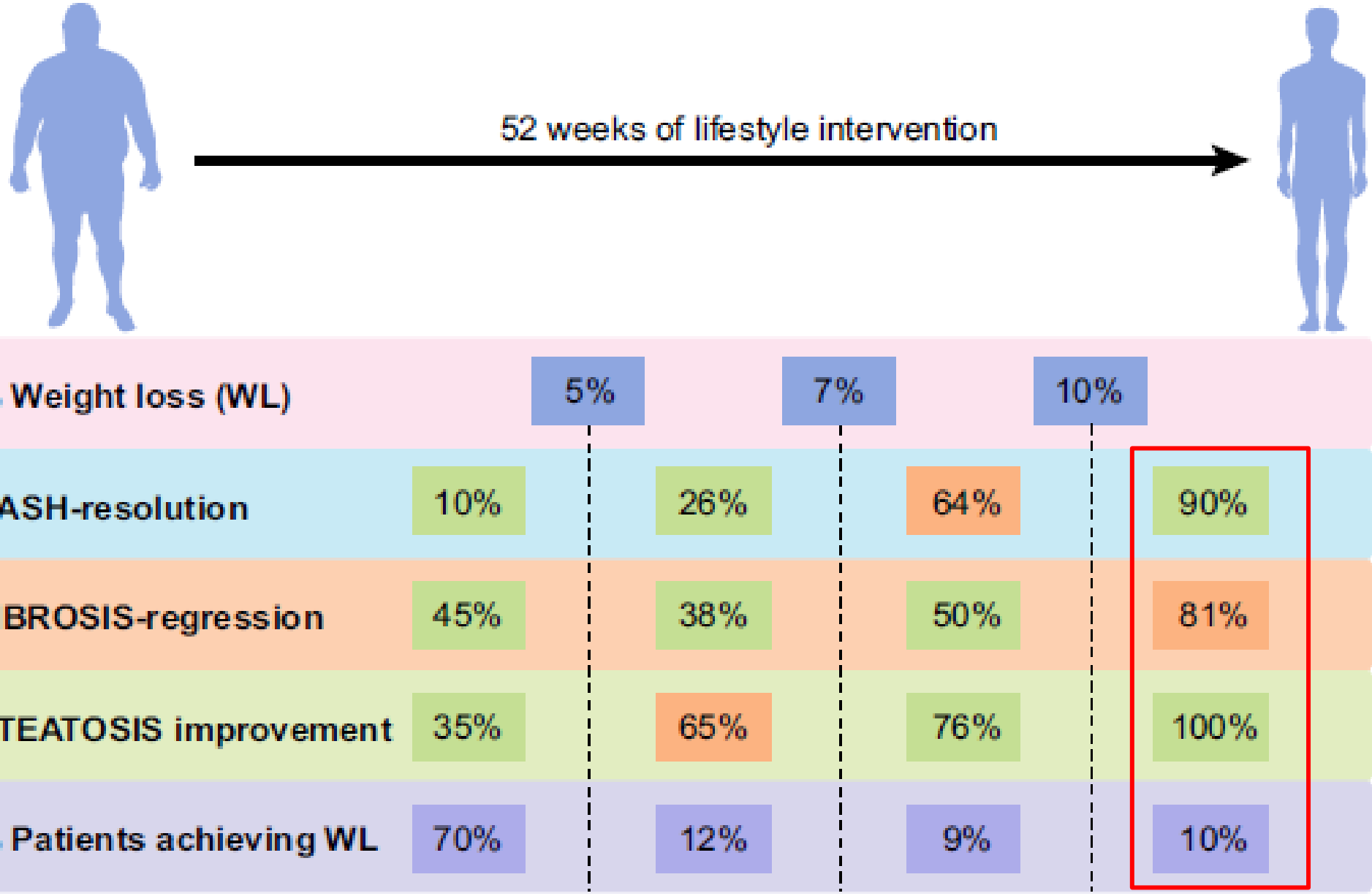
- Vitamin E
- Anti-Diabetes Meds
- Anti-Cholesterol Meds
- Coffee

Unlikely to help

- Older weight loss drugs
- Anti-inflammatories
- Milk thistle, Other herbals

Investigational

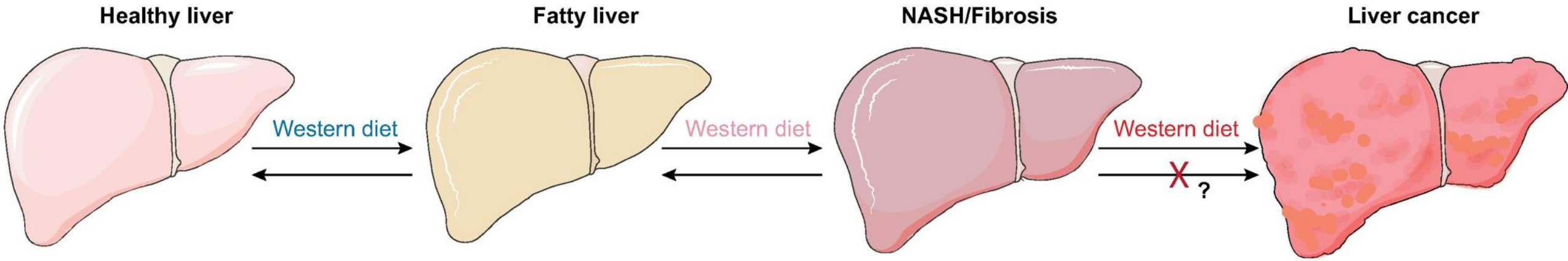
- Anti-fibrotics
- Bile acid pathways



One stage

Romero-Gomez et al. J Hepatol 2017.

Which diet is effective?



Hypocaloric or isocaloric - Mediterranean diet

Aerobic or resistance excercise
(Clinical trials)

≥7-10% Weight reduction
by energy deficit of 500-750 kcal/day through either diet:
- low fat
- low carb
- Mediterranean

(Clinical trials)

Dietary composition modification
Reduced fructose
Mediterranean diet
(Observational studies)

Mediterranean diet
- High fibres
- High fish
- High vegetables
- Low cholesterol
- Low sugar

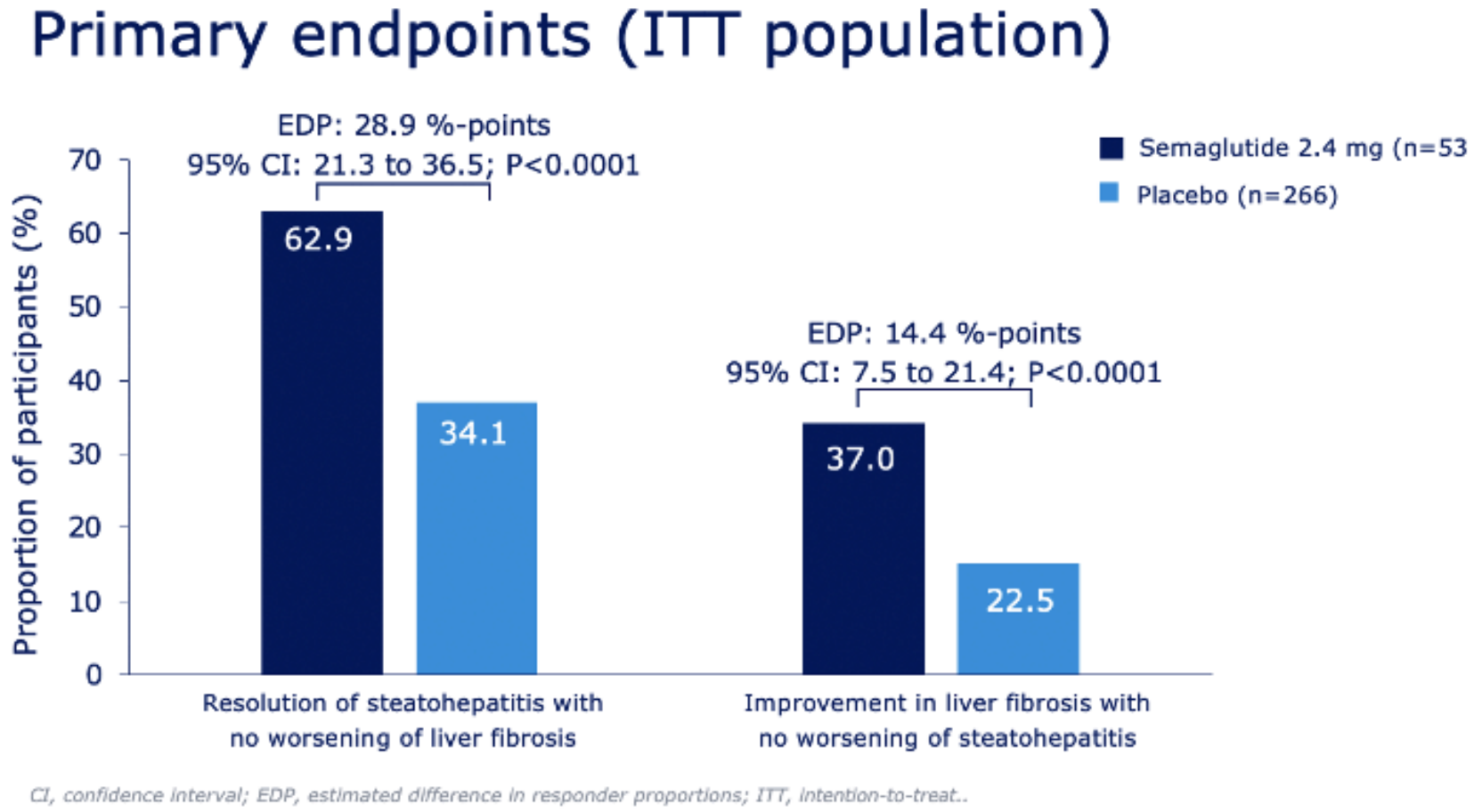
Drinks
- Coffee ≥2-3 cups/day
- No alcohol in cirrhotics

(Observational studies)

Romero-Gomez et al. J Hepatol 2017.

Semaglutide for MASH – Phase 3 ESSENCE Trial

- Associated with other benefits:
  - weight loss
  - improved glycaemic control and reduced CVD risk in patients with T2DM
  - improved ALT/AST



Sanyal et al. NEJM 2025; 392:2089-2099

Summary – Approach in Primary Care

- Screen the right patients

- Non-invasive assessment of fibrosis (labs, FIB-4 or MASLD Fibrosis score, Fibroscan)
  - If suggestive of advanced fibrosis or other etiology – consider biopsy
  - If not – lifestyle changes x 12months

- Metabolic disease management for all; Full range of therapies unavailable in Canada so Semaglutide your best option

- No improvement → refer!

Interactive Online Medical Education

Each session includes a didactic lecture by a content expert and (anonymized) patient case discussions presented by participants.

- ✓ **Open to all health care providers**
- ✓ **Online (via zoom)**
- ✓ **No cost to participate**
- ✓ **Access to an Interprofessional specialist team**
- ✓ **Earn CPD Credits**
- ✓ **Present your patient cases for support from the ECHO community**

ECHO Liver: Mondays from 12:00-1:30pm

Register at https://uhn.echoontario.ca/register

SCAN ME

Thank You

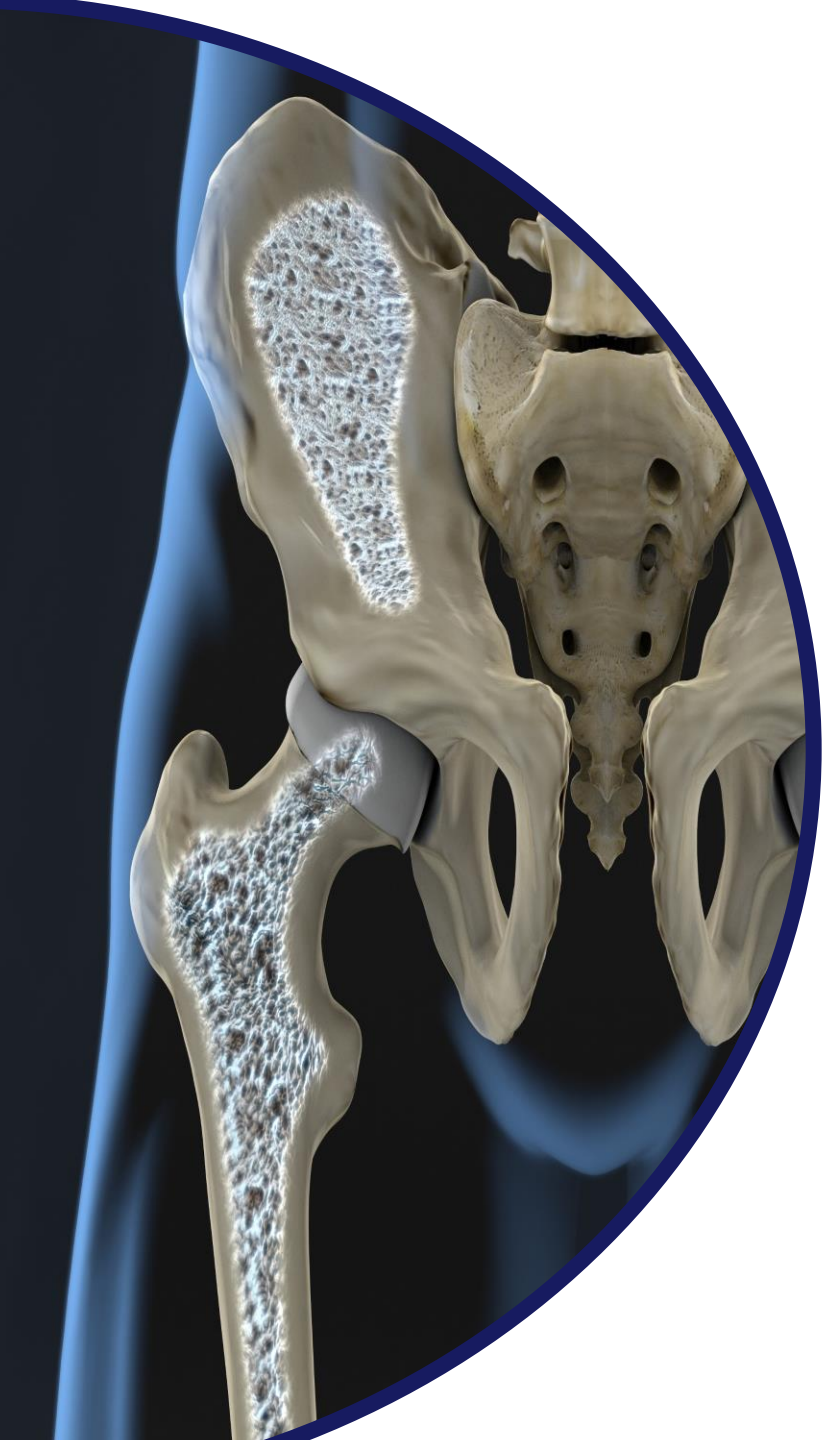
Health Equity CoP

In this session, our panel will outline a pathway for equitable attachment to primary care. We will introduce a toolkit designed to support interdisciplinary teams—including those in Family Health Teams, clinics and other primary care settings—in defining target populations and outcome measures, building community partnerships and recruiting and retaining providers for new patients. Panelists will also explore strategies for optimizing team-based care and refining processes based on feedback from both patients and providers.

Session Date: October 9, 2025

Topic: Equity-oriented Primary Care Attachment

Register



Ontario College of Family Physicians

ONTARIO Osteoporosis Strategy

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.

October 21, 2025 | 9 a.m. – 12 p.m.

$195 + HST

Three-credit-per-hour Mainpro+ certified program

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Scan to learn more

OCFP supports for Mental Health, Addictions and Chronic Pain

Mental health, addictions and chronic pain are challenging conditions. Find information to support the care you give patients – in a way that also considers your wellbeing.

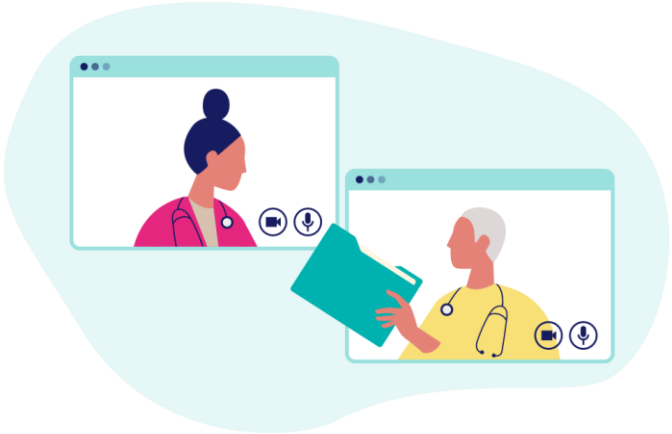
Community of Practice

Join upcoming sessions:

Authorizing Cannabis (Oct 22)

Caring for Patients during the Pandemic (Nov 26)

Psychedelics and the Use in Treatment of Mental Health (Dec 10)



Peer Connect Mentorship

Receive tailored support to skillfully respond to mental health issues, address substance use disorders, and chronic pain challenges in your practice..

Sign Up

RECENT SESSIONS

May 23	**Infectious Disease and Opportunities for Improving the Way We Work**	Dr. Allison McGeer Dr. Tara Kiran
June 6	**Disease and Management of STIs Part 2**	Dr. Daniel Warshafsky Dr. Rachita Gurtu
June 27	**AI Tools for Practice and Managing the Summer Heat**	Dr. Daniel Warshafsky Dr. Mohamed Alarakhia Dr. Samantha Green
July 18	**Infectious Disease and Retirement Planning for Physicians**	Dr. Zain Chagla Dr. Mark Soth
Sept 5	**Infectious Disease: Preparing for Fall & Important Vaccine Updates**	Dr. Daniel Warshafsky Dr. Allison McGeer

Previous webinars, Self-Learning & Related Resources:
https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions

UPCOMING SESSIONS

Month	Date
October 2025	October 17 October 31
November 2025	November 21
December 2025	December 5

SAVE THE DATE

Registration links will be emailed to you closer to the date

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

Family & Community Medicine
UNIVERSITY OF TORONTO

Questions?

Webinar recording and curated Q&A will be posted soon:
https://dfcm.utoronto.ca/past-changing-way-we-work-community-practice-sessions

Our next Community of Practice: October 17, 2025

Contact us: ocfpcme@ocfp.on.ca

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.

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

Family & Community Medicine
UNIVERSITY OF TORONTO

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