



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO

July 8, 2019

TO MAYOR, CITY CLERK AND COUNCILLORS:

**Nominate an Outstanding Ontario Physician in Your Community
The College of Physicians and Surgeons of Ontario Council Award**



Did You Know?

***Over the last four years,
the Council Award has
been presented to four
physicians nominated by
their local city council?***

The College of Physicians and Surgeons (CPSO) is now accepting nominations for the **2020 Council Award**. The Council Award honours outstanding Ontario physicians who have demonstrated excellence and embody a vision of the “ideal physician”.

The criteria for selecting a physician for the Council Award are outlined in the enclosed nomination form. The criteria are based upon eight “physician roles” that reflect society’s expectations of what is needed to practise modern medicine.

Through the award, the College honours Ontario physicians whose performance in each of these roles is outstanding, recognizing that individual physicians will demonstrate more extensive expertise in some roles than in others.

If you know of a physician who meets the selection criteria, please nominate him or her for the Council Award.

The deadline for receipt of nominations is September 30, 2019 at 5:00 p.m.

For further information, please contact the Council Awards Program at 416-967-2600 or 1-800-268-7096 extension 257 or cpsoaward@cpso.on.ca.



The Council Award honours outstanding Ontario physicians who have demonstrated excellence and come closest to meeting society's vision of an "ideal physician."

Four awards are presented each year, in the following categories: Academic Specialty, Community Specialty, Academic Family Practice and Community Family Practice.

CRITERIA

The criteria for selecting a physician for the Council Award is based on the eight physician roles identified as the essential qualities needed to practise modern medicine:

- medical expert/clinical decision maker
- health advocate
- communicator
- learner
- collaborator
- scientist/scholar
- gatekeeper/resource manager
- person & professional

The Council Award recognizes physicians whose performance in these roles is outstanding, recognizing that they may demonstrate more extensive expertise in some roles than in others. Details on the elements of each role are outlined on the CPSO's award webpage.

ELIGIBILITY FOR NOMINATION

Anyone may nominate a physician for the Council Award. To be eligible for nomination, a physician must be licensed in Ontario and be in good standing with the College. Previous nominees who were unsuccessful are eligible. Former recipients of the Council Award or the Excellence in Quality Management of Medical Care Award are not eligible for nomination. Council Members and staff of the College and members of their immediate families are also not eligible.

NOMINATION INSTRUCTIONS

1. Complete the **nomination form**.
2. Provide a **detailed nominator's statement** describing how the nominee has demonstrated overall excellence and contributed to the profession. *You are encouraged to include pertinent supporting materials such as testimonials, reports, media articles, CVs, etc.*
3. Find a **seconder** for the nomination who will provide a written testimonial about the nominee's accomplishments.
4. The completed Council Award nomination package (including nominator's statement, supporting material and seconder's statement) can be emailed to cpsoaward@cpso.on.ca or mailed to the following address:

The Council Award,
c/o Communications Department
College of Physicians and Surgeons of Ontario
80 College Street, Toronto, Ontario, M5G 2E2

For more information, please contact:

Call: 416-967-2600 or 1-800-268-7096, ext. 257

E-mail: cpsoaward@cpso.on.ca

Additional information and nomination forms are available at:

www.cpso.on.ca/council-award

CHECKLIST:

- ☐ **NOMINATION FORM**
- ☐ **NOMINATOR'S STATEMENT**
- ☐ **SECONDER'S STATEMENT**
- ☐ **SUPPORTING DOCUMENTS (OPTIONAL)**
- ☐ **NOMINEE'S CV (OPTIONAL)**

The deadline for the nominations is Monday, **September 30, 2019** at 5:00 p.m.

NOMINATION FORM

Please provide Nominator and Seconder
Statements and any additional information
in support of your nomination



NOMINEE

FIRST NAME: _____ LAST NAME: _____

NOMINEE'S ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

DATE AND PLACE OF BIRTH: _____

DEGREES EARNED (DEGREE, SCHOOL, YEAR): _____

SPECIALTY, IF ANY: _____

TYPE OF PRACTICE: _____

FACULTY APPOINTMENTS, IF ANY: _____

PREVIOUS HONOURS AND AWARDS: _____

If you need more space, please attach additional pages.

NOMINATOR

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____ TELEPHONE NUMBER: _____

PLEASE INDICATE YOUR RELATIONSHIP TO THE NOMINEE: _____

SECONDER (must be provided)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____ TELEPHONE NUMBER: _____