



Health and Supportive Care Providers
Oversight Authority

2025-2026 **ANNUAL REPORT**

We're Building a Foundation of Trust

New regulatory body established by the
Government of Ontario with a mandate of
public protection



Our Vision, Mission, Mandate & Values

Vision



The Ontario public receives safe, quality, ethical, and accountable health and supportive care services provided by HSCPOA registered Personal Support Workers (PSWs) across all delivery environments.

Mission



To ensure that HSCPOA registered PSWs (registrants) deliver competent, safe, quality, ethical, and accountable care in accordance with [HSCPOA's Code of Ethics](#).

Mandate



To regulate HSCPOA registered PSWs. HSCPOA serves and protects the public interest and oversees its registrants in accordance with provincial legislation and regulations.

Values



Regulatory transformation



Impact-focused excellence



Caring and respect



Collaboration and inclusivity



Leadership and catalysts for change



Accountability

Land acknowledgement

We acknowledge, with respect, that there are at least 46 treaties and other agreements that cover the territory now called Ontario. We are grateful that we can work and live in these territories. We are thankful to the First Nations, Métis, and Inuit people who have cared for these territories since time immemorial and who continue to contribute to the strength of Ontario and to all communities across the province. May we all live with respect on this land and live in peace and friendship with all its diverse peoples.



2025-2026 Annual Report

April 1, 2025 – March 31, 2026

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About HSCPOA

The Health and Supportive Care Providers Oversight Authority (HSCPOA) is a **new regulatory body in Ontario** established by the Government of Ontario with a mandate of public protection. Through our legislative authority under the *HSCPOA Act, 2021*, HSCPOA regulates (oversees) HSCPOA registered Personal Support Workers (PSWs), and other potential classes of registrants, delivering health and supportive care services in Ontario.

HSCPOA began registering eligible PSWs on December 1, 2024, once the regulations under the *HSCPOA Act, 2021*, came into force. Registration with HSCPOA is currently voluntary for PSWs in Ontario.

The approach to the regulation of PSWs under the *HSCPOA Act, 2021*, reflects the Ministry of Health's (MOH) measured introduction of regulation. HSCPOA is following a voluntary framework to avoid disruptions in the health care

sector and the PSW workforce in Ontario. In the future, PSW registration may become mandatory in Ontario, based on MOH decision-making. Despite a voluntary approach to PSW registration with HSCPOA, there are many [Benefits to Registration](#), including no current fees to apply and become a registered PSW with HSCPOA.

In alignment with the Registration Regulation, HSCPOA has established education and skills-based qualifications that PSW applicants must meet prior to becoming registered.

HSCPOA supports public protection

We register PSWs who choose to register, and hold them accountable for providing safe, quality, and ethical care to Ontarians in their homes, hospitals, long-term care homes and retirement facilities, or other environments where care is provided.

We do this by:



Our Role

The mandate or “Objects” of the Health and Supportive Care Providers Oversight Authority are set out in Section 12 of the *Health and Supportive Care Providers Oversight Authority Act, 2021* (the “Act”) as follows:

- (a) to administer this Act and the regulations, including overseeing their enforcement;
- (b) to establish and maintain educational and skills-based qualifications for each class of registrants;
- (c) to establish and maintain one or more visual marks or identifiers for use by registrants that can identify registrants to members of the public;
- (d) to promote the provision of safe, competent, ethical and high-quality health services and supportive care services by registrants to members of the public;
- (e) to establish and maintain codes of ethics applicable to each class of registrants in relation to the health services or supportive care services they provide to members of the public;
- (f) to educate registrants, employers and members of the public about matters relating to this Act and the regulations;
- (g) to advise the Minister, at the Minister's request, on matters specified by the Minister, which may include:
 - (i) whether additional classes of registration should be prescribed;
 - (ii) whether existing classes of registration should no longer be prescribed;
 - (iii) suggestions for amendments to the Act or the regulations to support the operations of the Authority; and
 - (iv) any other policy matter the Minister considers advisable.
- (h) to carry out any other duties or powers assigned to the Authority under this Act.

Legislative Foundation

HSCPOA was established as an independent oversight body under the Ontario government's [*Health and Supportive Care Providers Oversight Authority Act, 2021*](#), which outlines its governance, accountability, and public protection structures.

HSCPOA's legislative and regulatory framework differs from other health professions regulated under the *Regulated Health Professions Act, 1991*, such as nurses, doctors, dietitians, and physiotherapists, etc. Despite these differences, one fundamental principle remains true: **HSCPOA exists for public protection. A safer health care system is a good thing for all.**

HSCPOA's Strategic Pillars

Our strategic pillars are closely connected and rooted in priorities for achieving our Purpose and Critical Outcomes. Each strategic pillar established by HSCPOA's Board guides our CEO and staff as they develop strategic actions with focused targets, measures/metrics, and rationale.

Pillar 1



Safeguarding the Public Through Effective Regulatory Oversight

To ensure the safety, quality, and ethical trustworthiness of health and supportive care services delivered by HSCPOA registered PSWs.

Pillar 2



Advancing the Competence and Ethics of HSCPOA Registered PSWs

To oversee PSWs who are competent, ethical, and committed to growth and safe care delivery.

Pillar 3



Strengthening Public and Interested Parties' Awareness of the Value of HSCPOA Registered PSWs

To build trust and informed decision-making among Ontarians by building awareness of HSCPOA registered PSWs' role in delivering safe, competent, quality, ethical, and accountable care.



Pillar 4



Enhancing Health System Impact Through Data, Planning, and Workforce Development

To position HSCPOA as a valuable contributor to health human resources planning and system-wide safety and effectiveness.

Pillar 5



Building a Strong, Sustainable, and Transparent Oversight Organization

To ensure HSCPOA has the internal capacity, governance, and operational tools to fulfil its public protection mandate effectively and sustainably.

These five strategic pillars provide a strong, integrated foundation for HSCPOA's 2025 to 2027 Strategic Framework, anchoring its regulatory effectiveness, public accountability, and impact on health system quality.

A photograph of an elderly man with white hair and glasses, wearing a teal jacket over a blue sweater and light-colored trousers, walking on a city street. He is holding a cane. A woman with dark hair, wearing a quilted beige jacket, blue jeans, and a brown shoulder bag, is walking beside him, supporting him by her arm. The background is a blurred city street with trees and a car.

A new era of accountable care

Enhancing public trust in HSCPOA registered PSWs and deepening respect for the vital, life-changing work they do every single day.

Message from our Chair:

One year in, we are making a real impact



I couldn't be more pleased to present HSCPOA's first annual report. In it, you can read about the results we've achieved and the milestones we've hit as Ontario's new independent oversight body for PSWs. The steady growth of PSW registrants is most exciting and highlights the importance of regulatory oversight and reinforces our shared commitment to strengthening trust in the care they deliver.

The Board's role as HSCPOA evolves

The Board plays a vital role in ensuring the organization has the structure and resources to fulfill its public protection mandate. Since our inaugural meeting in 2022, we have implemented Board policies and procedures, established a [PSW Advisory Committee](#), and produced the first Strategic Plan 2025-2027. I am extremely proud of the Board's responsible stewardship in support of public protection.

In this transitional phase, the Ontario Ministry of Health provides operational oversight and financial support. HSCPOA demonstrates its accountability through its business planning and reporting as its operations continue to grow and evolve.

Relationships are key to our success

I am truly grateful to the system partners for enabling our progress. Our ongoing collaboration is vital as we navigate complex regulatory issues and successfully drive our mandate forward.

Thank you to the Ontario Ministry of Health, the Ministry of Long-Term Care, the Ministry for Seniors and Accessibility, and the Ministry of Children, Community and Social Services. And to our colleagues in the regulatory sector and the broader PSW Ontario healthcare system partners – your support has been invaluable. HSCPOA continues to listen, learn, and prioritize a cohesive approach to inform decision-making.

And finally, a huge thanks to HSCPOA's dedicated staff for their leadership and unwavering commitment to this important work.

Together, we have developed a solid foundation for protecting the public – and for HSCPOA's promising future ahead.

Pat Lieberman

Pat Lieberman

Chair, HSCPOA Board of Directors

Message from our CEO:

We're laying the groundwork for the future



“*I am continually impressed by the dedication of HSCPOA's Board, staff, and system partners, and proud of all we've accomplished so far. We are well on our way to success!*”

It has been a privilege to be part of this transformative healthcare initiative. This Annual Report details how HSCPOA has evolved from our foundational years to our first full year of registration operations. It has all been in service of our public protection mandate ensuring safe, quality, ethical, and accountable care by Ontario's valued PSWs.

What does success look like?

We measure our success in three key ways:

1. Adoption by PSWs through registration and renewal;
2. Close collaboration with PSW sector organizations and system partners; and
3. Public awareness of HSCPOA and trust in PSW care.

A year of measurable progress

Launching a new regulatory body is no small undertaking. In this first year, HSCPOA stood up its registration and complaints processes, built the infrastructure to support a growing registrant base, and welcomed over 11,000 PSWs who chose to demonstrate their commitment to accountable care by registering with us. That number reflects something meaningful: PSWs across Ontario understand the value of what we are building together, and they are choosing to be part of it.

Equally encouraging is that 82% of HSCPOA registered PSWs renewed their registration on time in our inaugural annual renewal cycle – a strong early signal of registrant engagement and commitment. Our Board continues to

develop an effective governance structure and oversee the operational infrastructure, with plans to scale as registration grows.

Collaboration is our cornerstone

PSWs are vital members of Ontario's healthcare system, working in long-term care, hospitals, private homes, and retirement communities across the province. With over an estimated 100,000 PSWs in Ontario, the need for consistency in education, training and competency requirements, public accountability, and a trusted public register – a list of HSCPOA registered PSWs – has never been greater. HSCPOA exists to meet that need.

We have built strong relationships with PSW-sector organizations including the Ministry of Health, the Ministry of Long-Term Care, Ontario PSW Associations, PSW employers, educators, unions, and more. We all share a common focus on the value of PSWs and are working together on clear, consistent messaging that ensures the public, system partners, and PSWs understand HSCPOA's mandate, the benefits of registration, and the services we offer.

With increased awareness and understanding, we expect a significant increase in PSW registration in the years ahead.

A commitment to transparency

Transparency is central to how we regulate. Through [HSCPOA's Public Register of PSWs](#), our fair and transparent complaints process, and our reporting to the Ministry of Health and the Office of the Fairness Commissioner, HSCPOA is committed to earning and maintaining public trust.

I'd like to thank the Ministry of Health for their unwavering support, HSCPOA's Board of Directors for their diligent stewardship, and our staff for the exceptional dedication they bring to this work every day. You have all contributed tremendously to our success. I would also like to acknowledge Kathy Wilkie, for two years of dedicated leadership as HSCPOA's inaugural CEO. Kathy was instrumental in the establishment and growth of HSCPOA, up to June 2025, and prepared HSCPOA for continued success.

We have come a long way in a short time. I look forward to building on that foundation in the years ahead.

Trevor Lee

Trevor Lee

Chief Executive Officer, HSCPOA

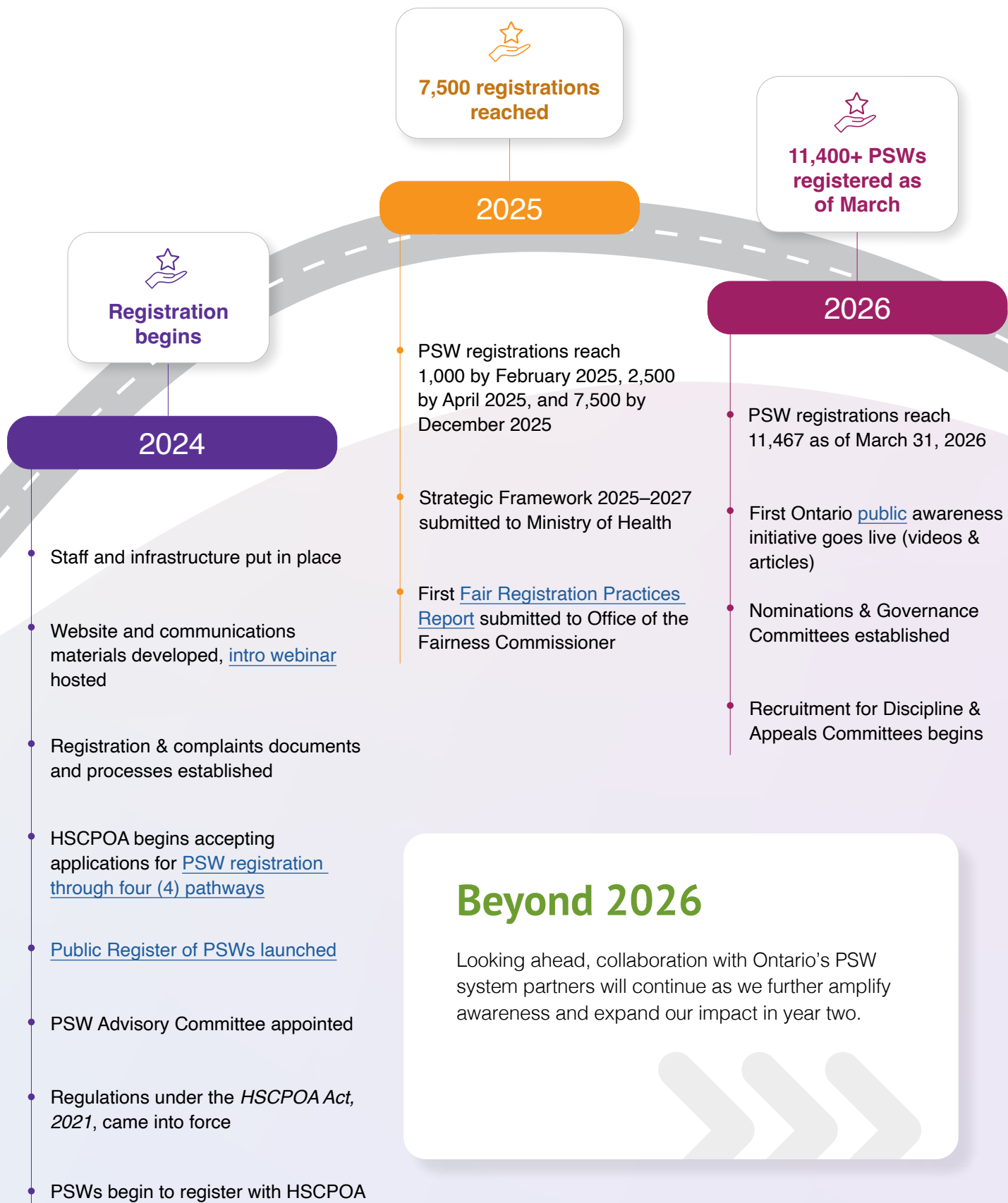
Key Milestones At-A-Glance:

Evolution and One Year of Impact

From initial founding to official launch and beyond, each milestone is a building block toward stronger public protection. HSCPOA was established to protect the public, and in its first year of registration, that commitment became reality.

PSWs across Ontario are choosing to register, demonstrating their dedication to safe, quality, ethical, and accountable care. System partner engagement has been strengthened, awareness is growing, and the foundation we're building is already delivering results.





Report on Performance:

Delivering on our strategic plan

Fiscal year 2025–2026 was the first year of our delivery of the HSCPOA Strategic Framework 2025–2027. From standing up our complaints process to building relationships with system partners, each initiative we delivered has added another layer to the foundation we are building, goal by goal, milestone by milestone.

The following is a summary of progress made against the five strategic objectives outlined in the Framework, reflecting HSCPOA's commitment to transparency and accountability in all we do.



Strategic Objective 1: Safeguarding the public through effective regulatory oversight

Strategic plan initiative	FY25/26 commitment	Progress
Complaint mechanism in place to protect public interest	Implemented	• Published comprehensive FAQs about the complaints and discipline processes for the public and for registrants (English & French) • Complaint form made available online
Consistent education, training & competency requirements established	Ongoing	• Four application pathways implemented to align with HSCPOA's Registration Regulation • Recognition of Nurses and Midwives Policy established • Applicant FAQs published on website



Strategic Objective 2:

Advancing competence & ethics of HSCPOA registered PSWs

Strategic plan initiative	FY25/26 commitment	Progress
Orientation course development	Implemented	• Orientation course for safely working as a PSW in Ontario developed for applicants without PSW work experience in the province • 100+ applicants have completed it
Education about obligations for PSW registrants	Implemented	• Upon registration, PSWs are informed of their obligation to uphold HSCPOA's Code of Ethics to ensure safe, ethical, and competent care
Continuous quality improvement program	Not applicable	• Pending approval of the Continuous Quality Improvement Regulation by the Ministry of Health



Strategic Objective 3:

Strengthening awareness of the value of HSCPOA registered PSWs

Strategic plan initiative	FY25/26 commitment	Progress
Outreach & engagement	Continued commitment	• Delivered 75 presentations and 5 webinars to employers, PSWs, associations, and ministries across Ontario
Resource development	Ongoing	• Multiple info sheets, videos, and PSW educator resources delivered
Streamlined employer processes	Implemented	• Employer Directory established, with 100+ requests for access • Streamlined Path 2 assistance: 20+ employers have used it



Strategic Objective 4:

Enhancing health system impact through data, planning & workforce development

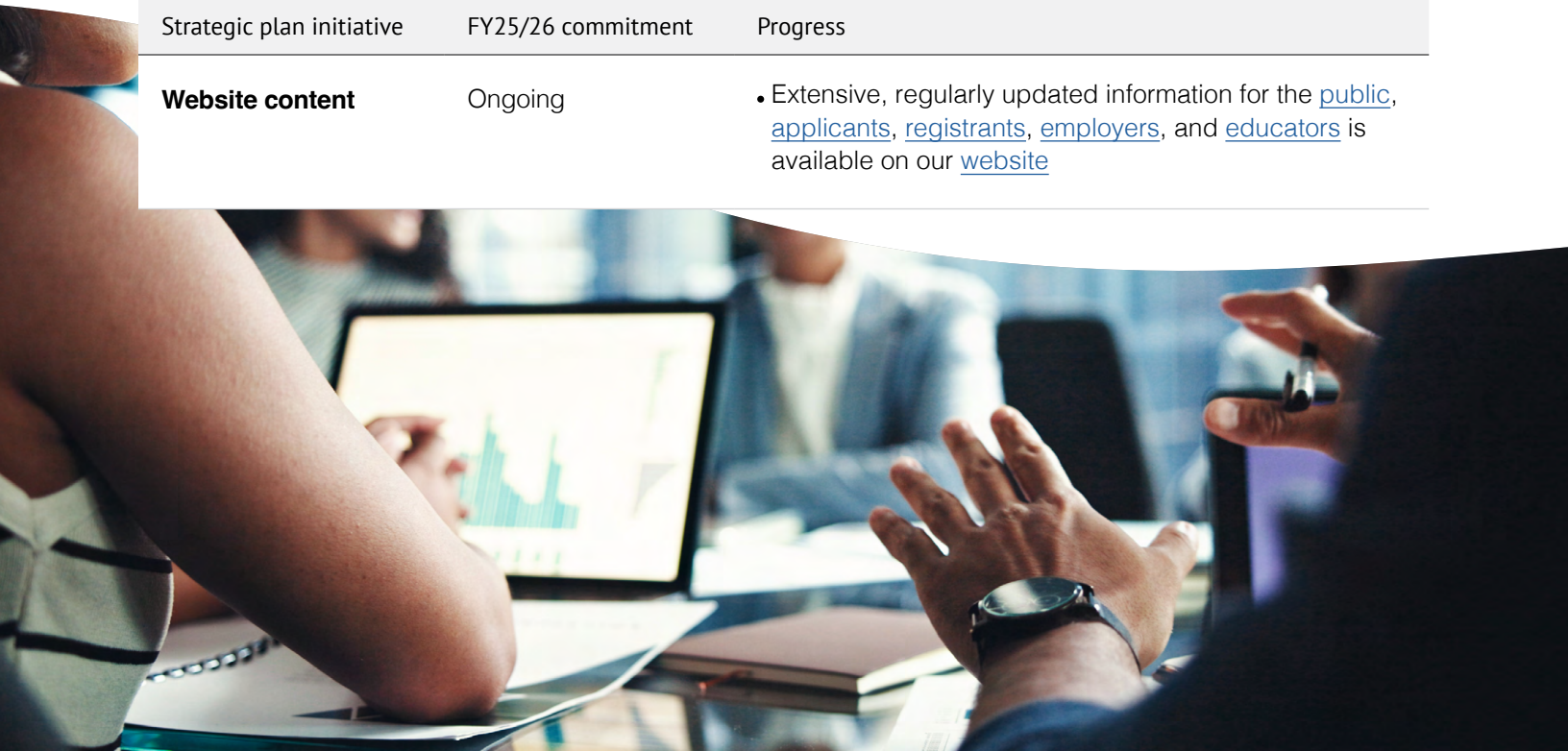
Strategic plan initiative	FY25/26 commitment	Progress
Participation in national and provincial advisory & networking groups	Continued commitment	• Participation in various groups is ongoing
Data tracking and reporting	Ongoing	• Monthly registration data and inquiry metrics reported to the Ministry of Health, along with complaint inquiries data, as requested
Fair Registration Practices Reports	Ongoing	• 2024 and 2025 Fair Registration Practices Reports submitted to the Office of the Fairness Commissioner



Strategic Objective 5:

Building a strong, sustainable & transparent oversight organization

Strategic plan initiative	FY25/26 commitment	Progress
Website content	Ongoing	• Extensive, regularly updated information for the public, applicants, registrants, employers, and educators is available on our website





Public protection is our purpose

Establishing consistent education and competency requirements ensures every HSCPOA registered PSW is fully prepared to deliver safe, quality, ethical, and accountable care.

By the Numbers

As of March 31, 2026

Our registrants

11,467
registrants

Gender

20.9%

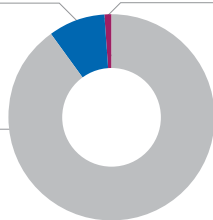
Male

78.9%

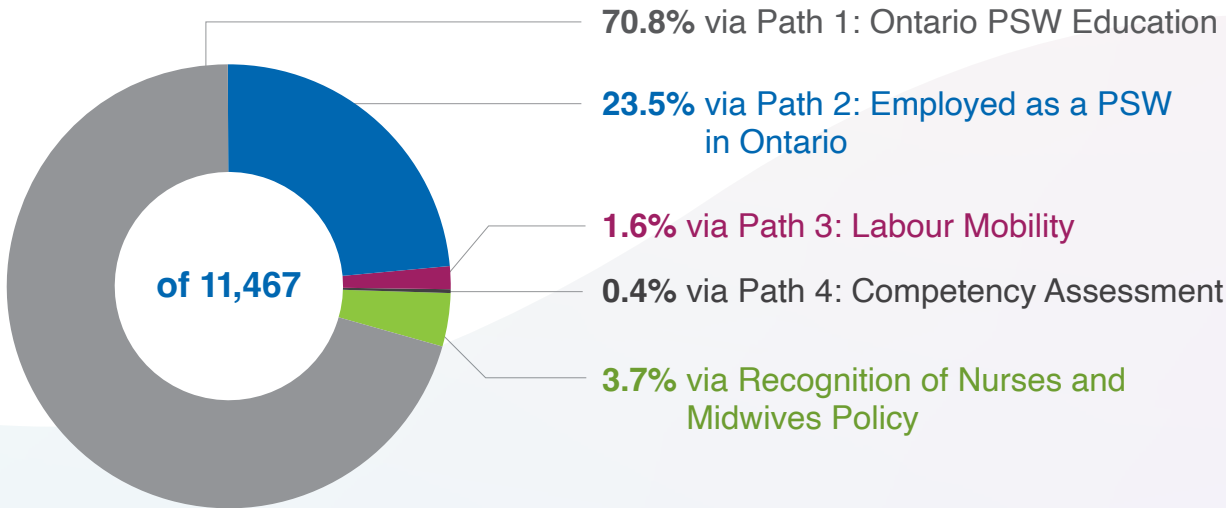
Female

0.2%

Other



Registration Pathways



Where our registrants work



36%

Long-term care homes



32%

Home and community care



18%

Hospitals



6%

Retirement homes



4%

Staffing agencies



4%

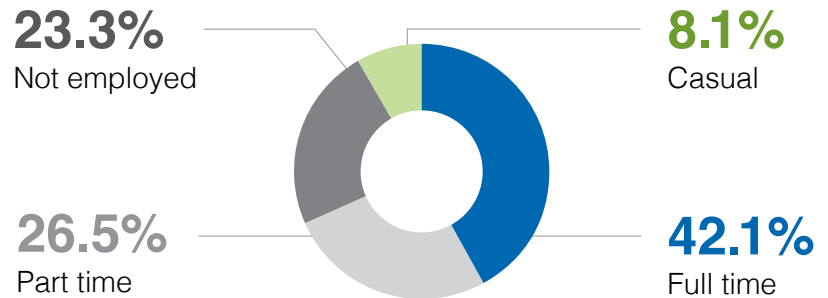
Other

Average Age of PSW Registrants

38.9 years (total average)

Under 30	24.5%
30-39	30.9%
40-49	25.6%
50-59	13.8%
60 and over	5.2%

Employment Status (self-reported)



Public awareness



909,237

video plays in
185 Ontario clinics



6,370,775

digital video
impressions generated

Website traffic

7,794

visits to [Find a Registered PSW](#) page

15,420

visits to [About the Public Register of PSWs](#) page

124,173

unique users

475,122

page views

57,000

new unique users

Email campaigns



580,135

emails sent



233,093

unique opens
(40.3% open rate)

Social media growth



Facebook
followers up 100%
with **260,695**
total views



LinkedIn followers
up 100% with
18,117 views and
520 reactions



230 YouTube
subscribers

Who we register and why it matters

HSCPOA reports monthly registration data and inquiry metrics to the Ministry of Health and has submitted Fair Registration Practices Reports to the Office of the Fairness Commissioner for 2024 and 2025.

Where our registrants completed their training

10,389

ON

203

Other Provinces

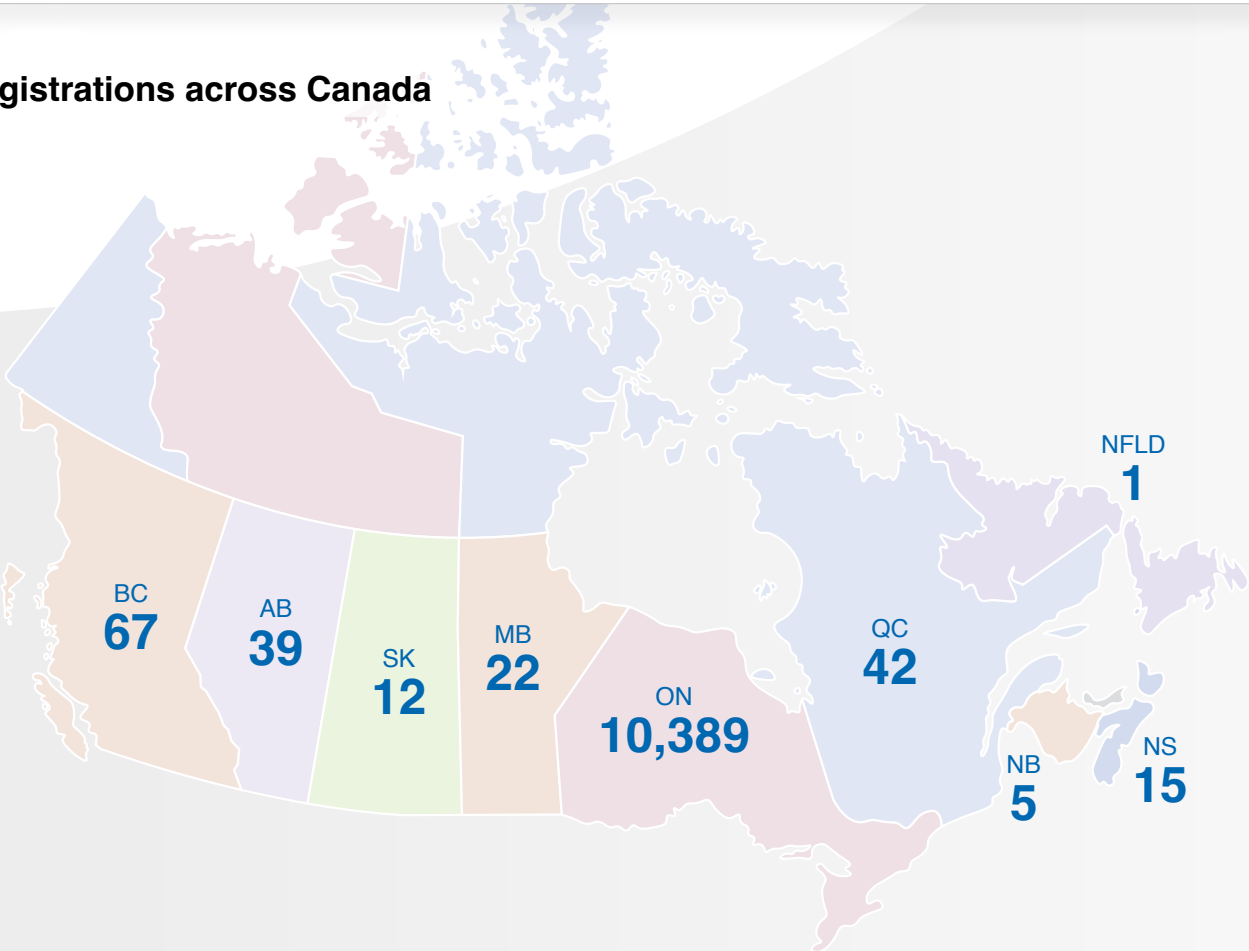
6

USA

869

International

Registrations across Canada

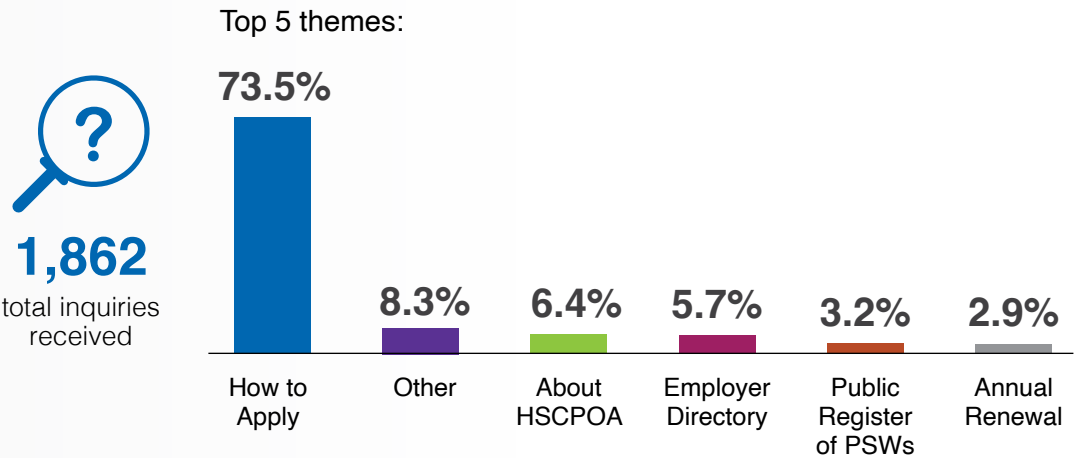


International registration

Top three countries:



Registration inquiries received



First registrant annual renewal: **82.3%** renewed on time





HSCPOA's Employer Directory

The directory makes it easy for employers to see if their PSW employees are registered. They can generate and download a full PSW list. There is no need to look up each employee individually on HSCPOA's [Public Register of PSWs](#). Over 100 Ontario employers have requested access.

Path 2 employer assistance

Employers with multiple PSW employees eligible to register through [Path 2: Employed as a PSW in Ontario](#) can use a streamlined process that eliminates the need to submit a [Confirmation of Employment and PSW Skills Form](#) for each individual. Over 20 employers have taken advantage of this process.

French language services

HSCPOA received 70 French-language interactions through its registration program, including:

- 1 registration decision letter
- 5 registration inquiries
- 36 applications in progress
- 28 registrants

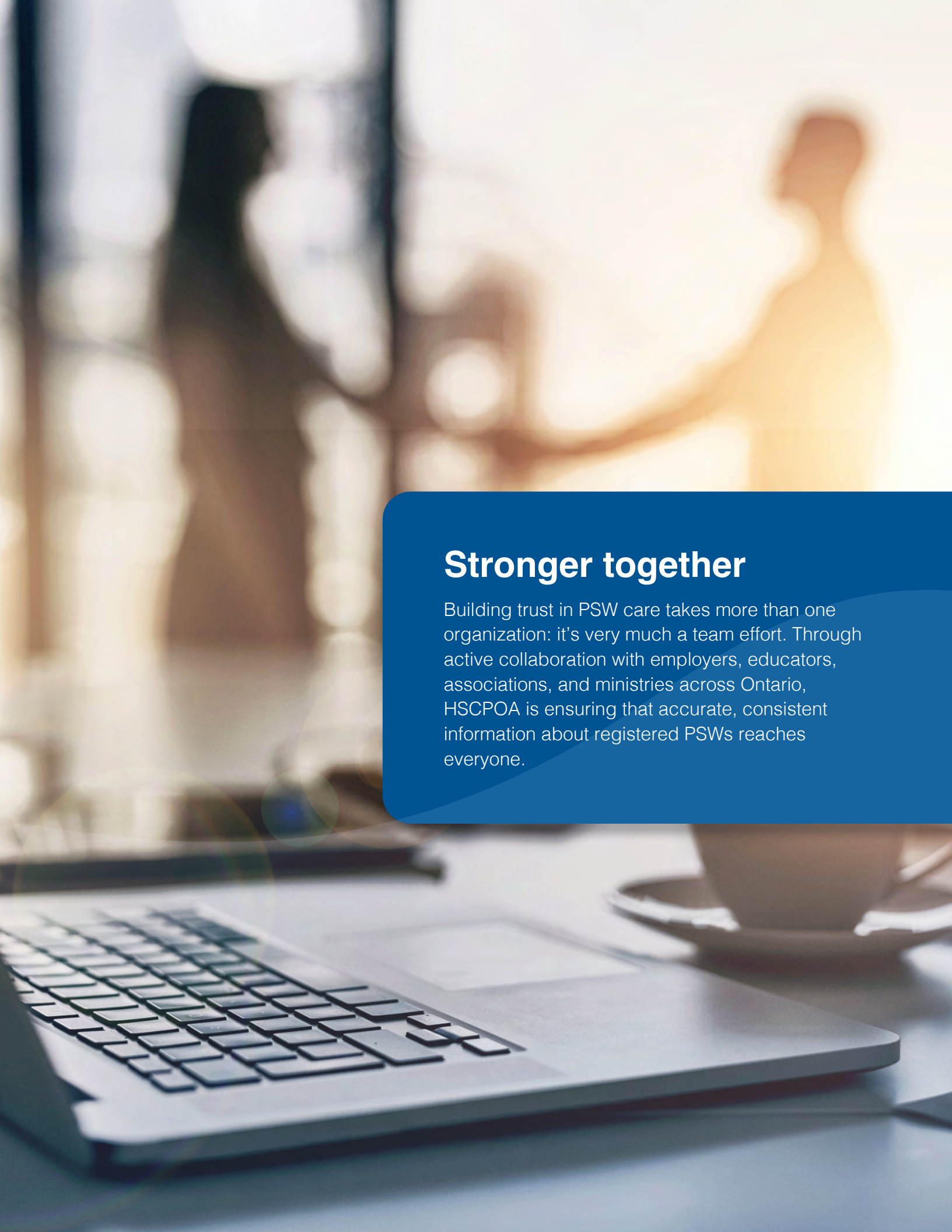


The HSCPOA PSW Registrant Visual Mark

This is a legally protected identifier that further builds trust and transparency. Only verified PSWs in active good standing with HSCPOA are authorized to [display this mark](#) on uniforms, ID badges, or digital portfolios, giving Ontario families instant peace of mind that their loved one is in the care of an accountable HSCPOA registered PSW.

[VIEW INFO SHEET HERE](#)





Stronger together

Building trust in PSW care takes more than one organization: it's very much a team effort. Through active collaboration with employers, educators, associations, and ministries across Ontario, HSCPOA is ensuring that accurate, consistent information about registered PSWs reaches everyone.

Complaints:

Handling complaints with fairness and transparency

December 1, 2024 to March 31, 2026

Ensuring a fair and transparent complaints process is vital to maintaining trust in Ontario's PSWs and upholding integrity. HSCPOA is confident that the majority of HSCPOA registered PSWs will provide care that aligns with [HSCPOA's Code of Ethics](#); however, when concerns arise, a complaint can be made.

- **Public protection:** the complaints process gives care recipients, their families, and employers a clear, accessible avenue to voice concerns regarding the conduct or behaviour of a HSCPOA registered PSW.
- **Professional accountability:** holding HSCPOA registered PSWs accountable to HSCPOA's Code of Ethics ensures increased public protection.
- **Systemic improvement:** reviewing concerns allows HSCPOA to identify educational gaps and provide targeted advice, strengthening the overall supportive care sector.

The ethical pledge and jurisdictional boundaries

HSCPOA's legal jurisdiction to investigate conduct and care concerns applies exclusively to PSWs who are actively registered with HSCPOA, and only for the time-period they are a HSCPOA registered PSW. For inquiries received regarding unregistered PSWs, concerns are documented for trend analysis, and alternative recommendations for assistance are provided. Only PSWs registered with HSCPOA can represent or hold themselves out as being a HSCPOA registered PSW or use the [HSCPOA PSW Visual Mark](#) or other identifier established by HSCPOA.

Addressing complaints inquiries

Note: All inquiries pertain to PSWs not registered with HSCPOA.

138
Total Inquiries

Average response time
0.96 days
(just under a day)



Accommodation
7 required phone calls

10 inquiries that involved
PSW employer concerns

5 inquiries
outside HSCPOA's authority



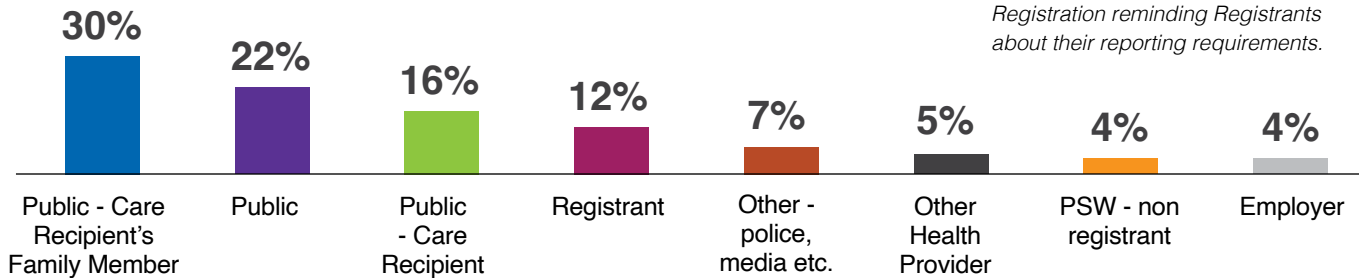
Top Sender:
**Care Recipients'
Family Member**



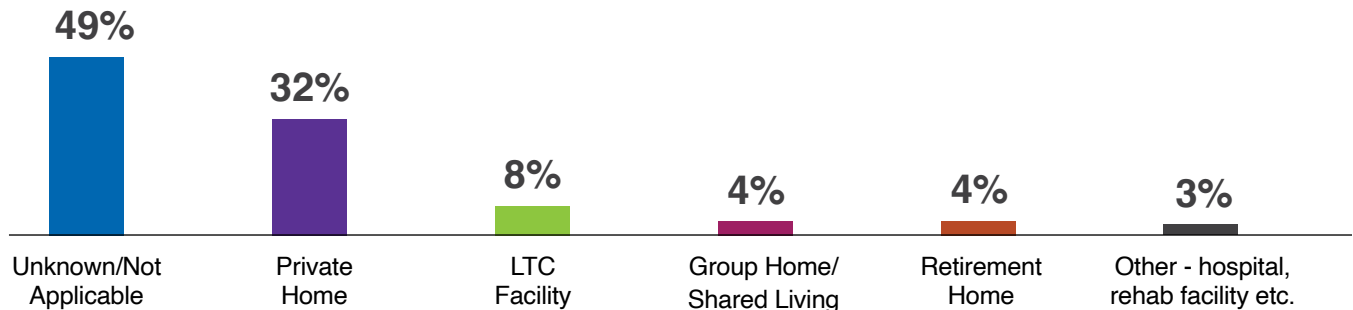
Top Known
Employment Setting:
Private home

Who's submitting the inquiries?

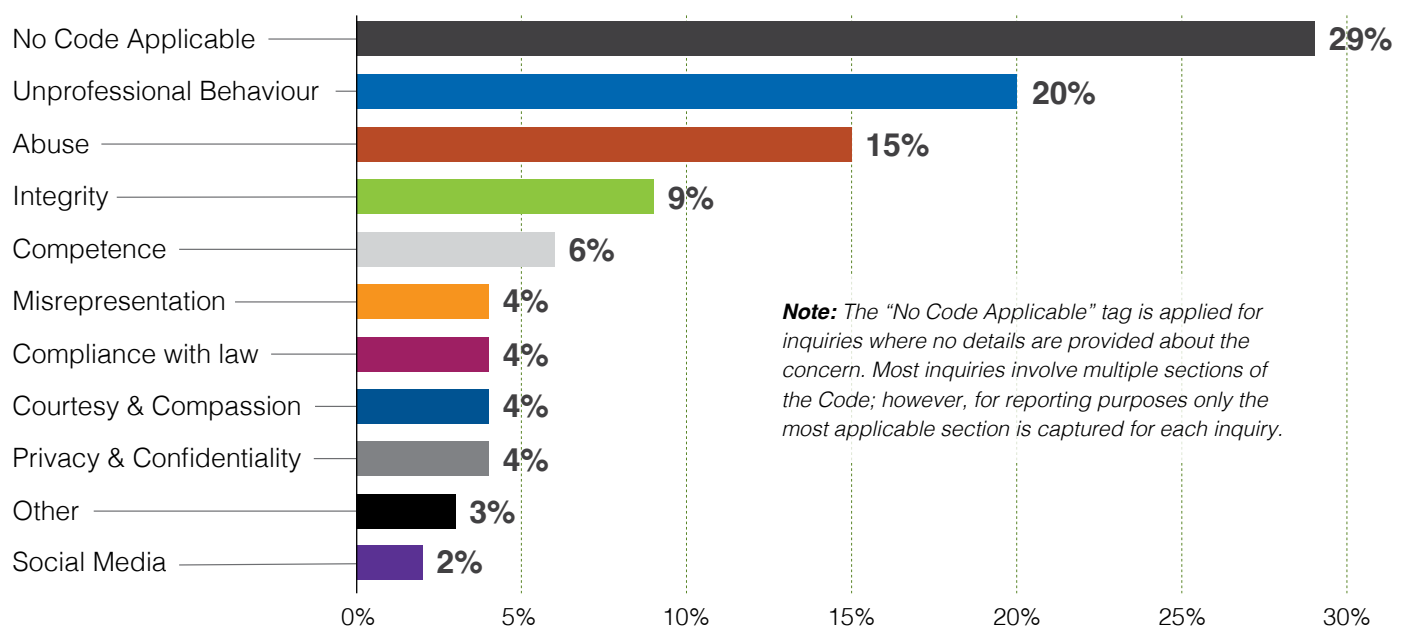
Note: All Registrants inquiries were the result of a mass email from Registration reminding Registrants about their reporting requirements.



Top Employment Settings



Most Commonly involved Code of Ethics sections



Addressing complaints



Status/Outcomes:



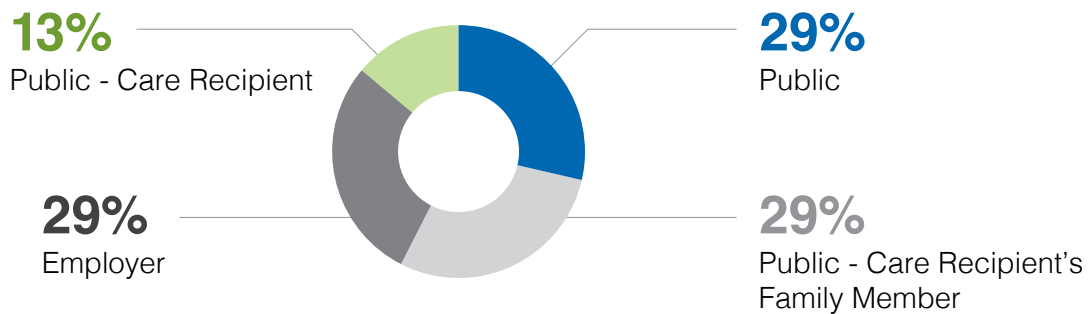
Referrals to Discipline and Appeals

0 discipline cases to date

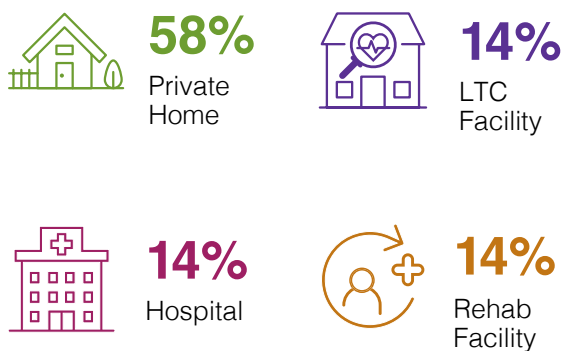
0 appeals cases to date



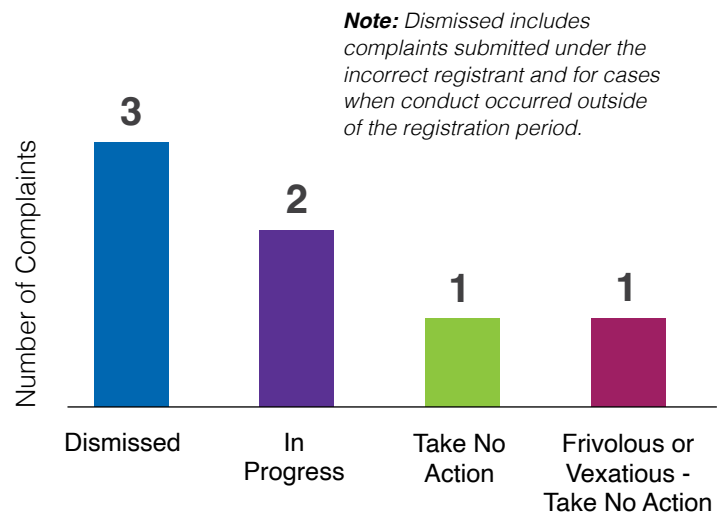
Who's submitting the complaints?



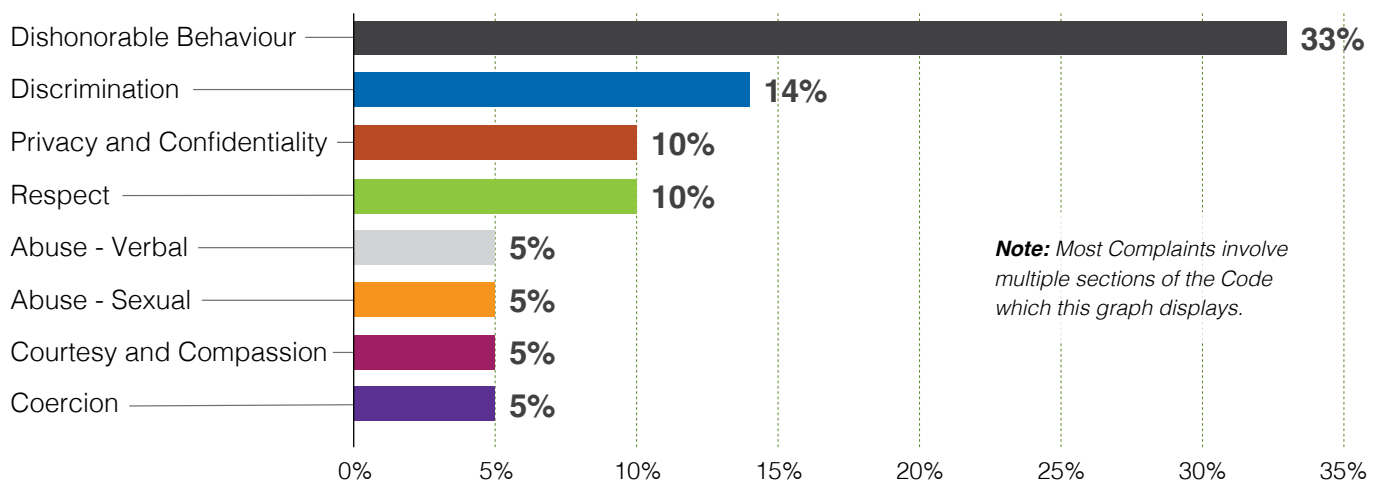
Where did the incident occur?



What was the outcome by numbers?



Most Commonly Involved Code of Ethics Sections





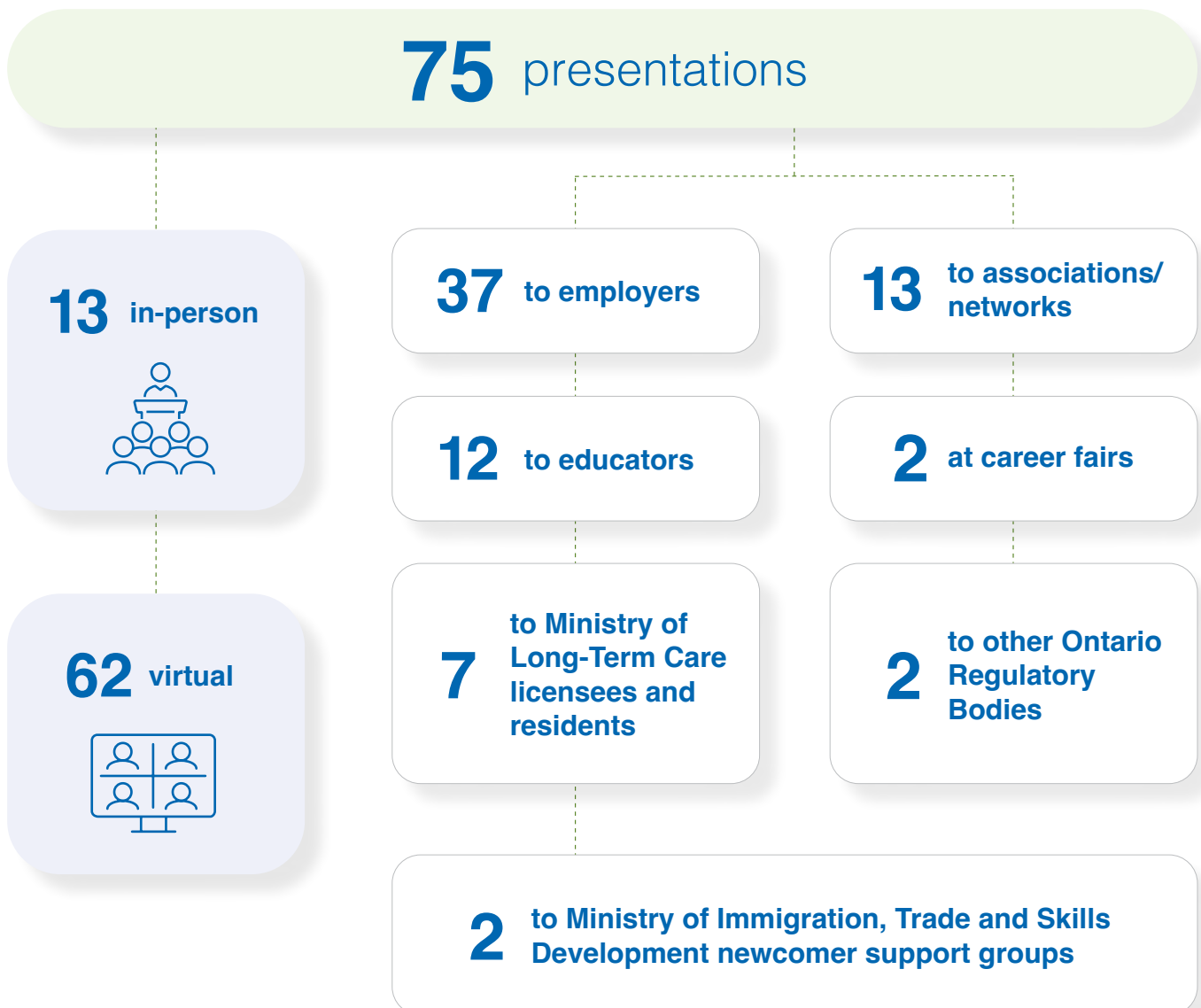
Awareness in action

When PSWs understand the benefits of registration and the public knows what to expect from HSCPOA registered PSWs, confidence in supportive care services grows. From presentations and webinars to videos and information sheets, HSCPOA's outreach makes that understanding possible, one connection and communication at a time.

Outreach & Engagement:

Getting the word out: outreach across Ontario

HSCPOA engages broadly with PSW system partners to build understanding about our role. This includes engagement with employers, PSWs, associations, educators, and ministries.



Webinars



5 webinars with



1,100+ attendees

OPSWA-HSCPOA Virtual Town Hall

Dispersing the Myths About HSCPOA

January 28, 2026

Presenters:
Trevor Lee, CPA, CMA, ICD.D
Chief Executive Officer
Deborah Cohen, RD, MHSc
Registration Manager

WEBINAR

Marking the Milestone One Year of PSW Registration in Ontario

December 2, 2025

Presenters:
Trevor Lee, CPA, CMA, ICD.D
Chief Executive Officer
Deborah Cohen, RD, MHSc
Registration Manager

WEBINAR

Resources produced

11 info sheets

about pre and post program completion (7 translated into Chinese, Hindi, and Tagalog)

INFO SHEETS

2 PSW educator resources:

Welcome (for student groups) and Congratulations (for new graduates)

WELCOME

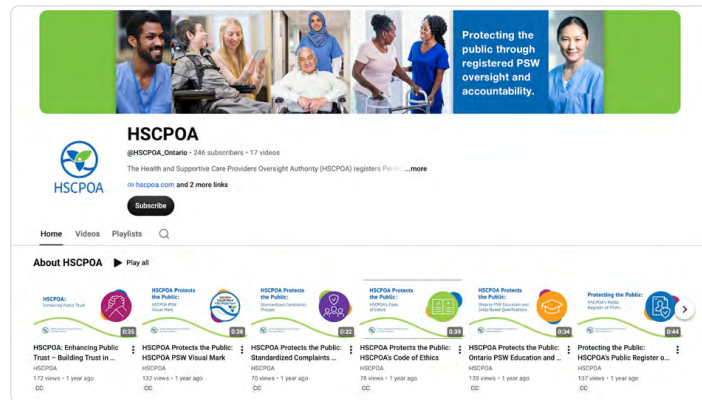
CONGRATULATIONS



13 videos

main educational
segments and
promotional shorts
7,605 views

VIDEOS



5

instructional registration
applicant videos



5-module orientation course

completed by 100+ applicants
without Ontario work experience

Orientation course for safe work as a PSW in Ontario

This specialized course was developed for HSCPOA applicants without PSW work experience in the province. Over 100 applicants have successfully completed it to date.

- To reach PSW employers who support senior and long-term care, HSCPOA is a member of AdvantAge Ontario, the Ontario Long Term Care Association (OLTCA), and the Ontario Retirement Communities Association (ORCA).

Engaging with system partners

- To track future PSW workforce data nationally, HSCPOA participates in the Canadian Institute for Health Information (CIHI) PSW Expert Advisory Group.
- To share strategies on PSW education and oversight, HSCPOA is part of the Interprovincial Personal Care Provider networking group.
- To share knowledge with other Ontario regulators, HSCPOA's Registration Manager serves as Co-Chair of the Health Profession Regulators of Ontario (HPRO) Registration Network.



Corporate Governance

Unlike traditional self-regulatory colleges established under the *Regulated Health Professions Act, 1991*, HSCPOA operates under a unique Delegated Administrative Authority model. As an independent oversight body accountable to the Ontario government under the [HSCPOA Act, 2021](#), this model ensures agile governance, operational sustainability, and strict public protection measures while maintaining direct accountability to the Ministry of Health.

Board qualifications

HSCPOA is governed by a Board of Directors established under the *HSCPOA Act, 2021*. The Board has established a [Competencies/Skills Matrix](#) to guide the selection of future Board members and has developed Board Policies that all Directors are expected to uphold, in addition to meeting the expectations set out in legislation and by-law.

Appointment process

As vacancies arise, HSCPOA invites [expressions of interest](#) from qualified individuals. The Board Recruitment and Nominations Committee reviews applications and makes recommendations based on the required complement of Board competencies.



Left to right: Shelley Hale, Karen Ward, Pat Lieberman, Amorell Saunders N'Daw, Roy Marra, Trevor Lee.
(Not shown, Cindy Heinz, David Kennedy, Nick Savona)

Board committees

Under the *HSCPOA Act, 2021*, the Board is required to establish statutory committees:

[Advisory Committees](#) for each class of registrant. Advisory Committees do not carry out regulatory functions directly — instead, they provide advice to the Board and CEO on education, issues surrounding the work environments of supportive care providers, and other sector-specific trends.

- **PSW Advisory Committee:** includes 14 to 23 members as set out in the [PSW Advisory Committee Regulation](#). Members as of March 31, 2026: Mina Amrith, Nicole Crowth, Cathy Doerbecker, Victoria Fleming-Medcalf, Lori Halloway (Chair), Wan Ki Winnie Ho, Souad Kalmoni (Vice-Chair), Karen Marchesky, Diane Roscoe, Sylvia Ryan, Tammy Scott, Ernesto Sequera, Lynn Steele, Colleen Stevens, Krysia Theriault, Jessica Thomas, Dee Tripp, Kataline Trudel.

Discipline Committee: required under section 46(1) of the *HSCPOA Act, 2021*, to hear and determine issues concerning whether registrants have failed to comply with HSCPOA's Code of Ethics. Members: Catherine Kenwell (Chair), Philippe Giguere (Vice-Chair), Elina Chen, Wade Hillier, Daniel Boyer, Daphne Simon, Clifford McCarten, Kieran Jordan, Emile Ramlochan, and Liz Jamischak.

Appeals Committee: required under section 47(1) of the *HSCPOA Act, 2021*, to consider appeals from orders of the Discipline Committee. Members: Maureen Helt (Chair), Dezi Singh (Vice-Chair), Jean Nelson, Sylvia Ezeard, Stephanie Abu-Jazar, Susan Mason, Richard Austin, and Rishma Appanna.

Both the Discipline and Appeals Committees were established in preparation for more serious concerns arising from complaints or reports that may be referred by HSCPOA's CEO to the Discipline Committee, and the subsequent possibility of appeals of those decisions to the Appeals Committee. Following a 5-week recruitment process for these two committees, 41 applications were received and 20 candidates were interviewed.

To carry out its non-statutory responsibilities as well there are other committees.

The Board of Directors established the following committees to assist the Board's governance of its responsibilities overseeing the operations of the organization:

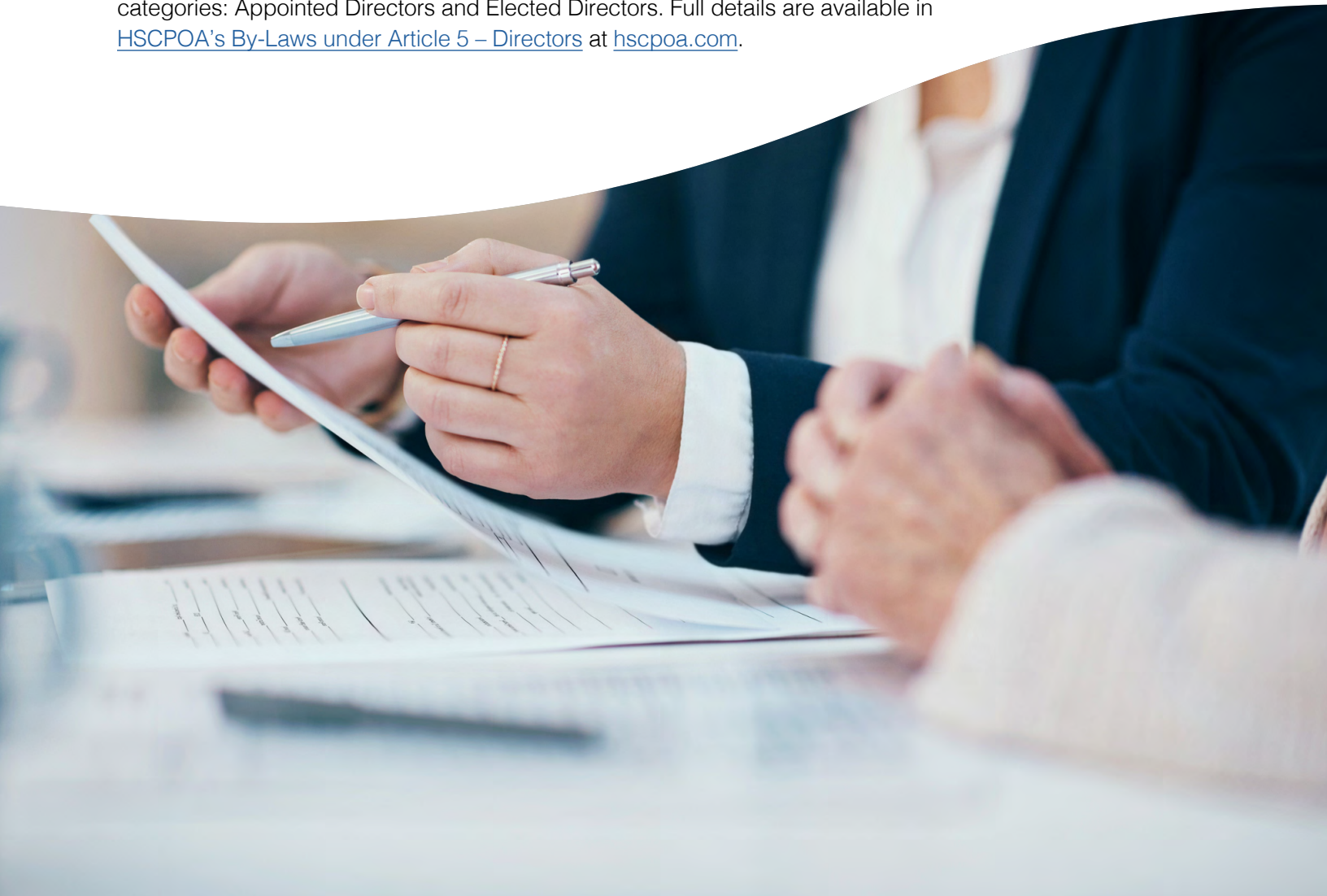
- **Governance Committee:** established February 2026. Advises the Board on the development, review, and repeal of Board policies. Chaired by the Vice Chair of the Board, with three directors and the Board Chair (ex-officio).
- **Board Recruitment and Nominations Committee:** supports fair and effective recruitment of Board Directors, Officers, and Committee Members. Chaired by the Vice Chair of the Board, with two directors and the Board Chair (ex-officio).

Board policies

Board Directors and Committee Members are expected to adhere to the expectations set out in regulations, by-laws, and Board policies. [Director biographies](#) are available at hscpoa.com.

Directors' terms

The Board shall have no fewer than eight and no more than 12 Directors, in two categories: Appointed Directors and Elected Directors. Full details are available in [HSCPOA's By-Laws under Article 5 – Directors](#) at hscpoa.com.



Governing Board of Directors

HSCPOA is governed by a [Board of Directors](#). An Interim Board of Directors was appointed by the Lieutenant Governor in Council in late 2022 to oversee HSCPOA's governance and operational establishment until the full Board of Directors was elected in October 2023.

Chair



Pauline (Pat) Lieberman

Vice Chair



Shelley Hale

Directors



Cindy Heinz



David Kennedy



Roy Marra



Amorell Saunders N'Daw



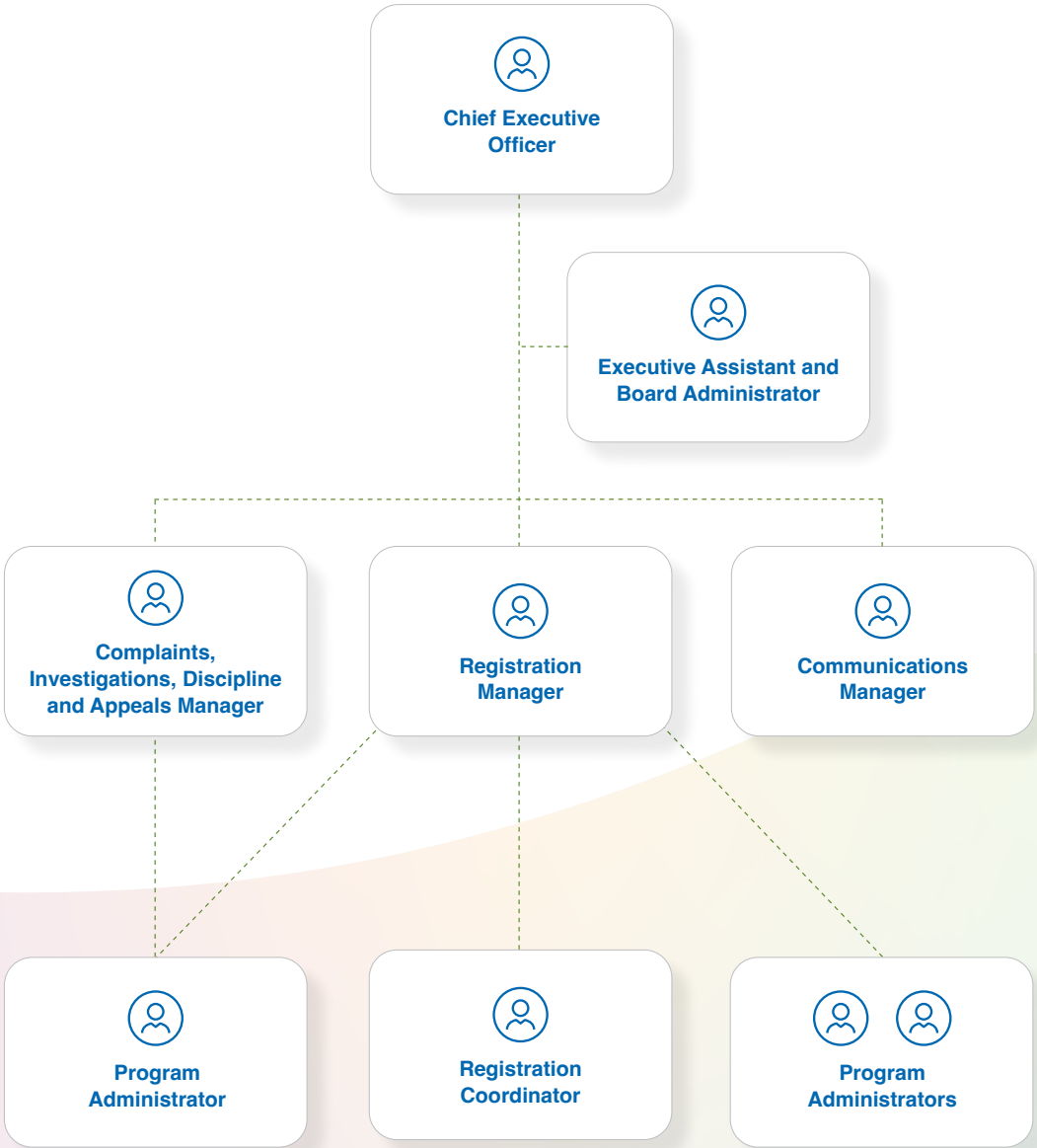
Nicholas (Nick) Savona



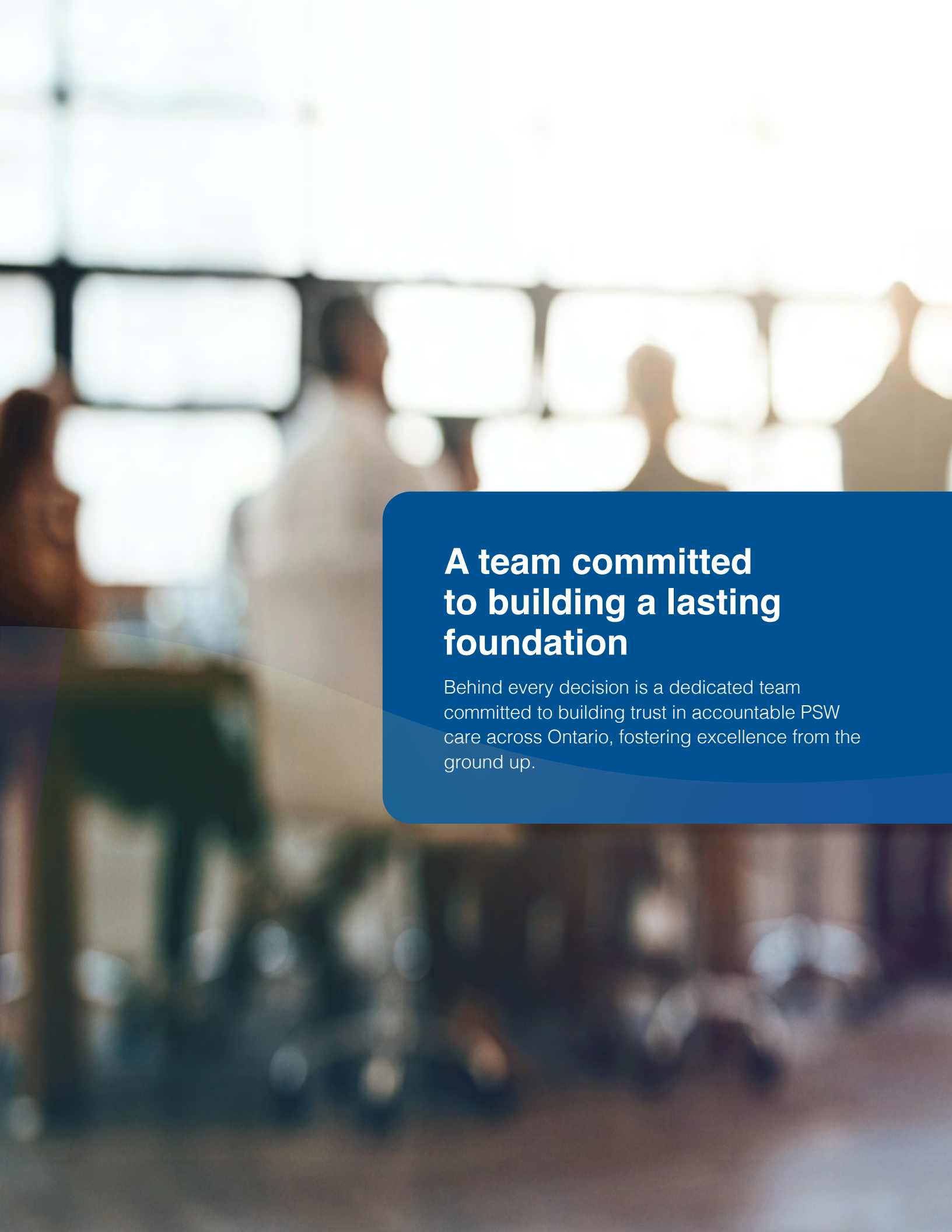
Karen Ward

Staff organizational structure

HSCPOA is headquartered near Toronto in a virtual office environment with 9 full-time equivalent (FTE) positions:



For general inquiries, email info@hscpoa.com or visit hscpoa.com



A team committed to building a lasting foundation

Behind every decision is a dedicated team committed to building trust in accountable PSW care across Ontario, fostering excellence from the ground up.

Independent Auditor's Report

Welch LLP[®]
An Independent Member of BKR International

To the directors of the

HEALTH AND SUPPORTIVE CARE PROVIDERS OVERSIGHT AUTHORITY

Opinion

We have audited the financial statements of the Health and Supportive Care Providers Oversight Authority (the "Organization"), which comprise the statement of financial position as at March 31, 2026, and the statements of operations and changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at March 31, 2026 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and

are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

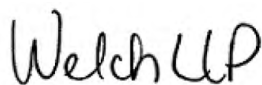
As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast

significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Chartered Professional Accountants
Licensed Public Accountants

Toronto, Ontario
June 18, 2026.

HEALTH AND SUPPORTIVE CARE PROVIDERS OVERSIGHT AUTHORITY

Statement of Financial Position

March 31, 2026

	2026	2025
ASSETS		
Current Assets		
Cash	\$ 1,794,368	\$ 1,220,389
Short-term investments (note 4)	541,686	520,000
Accounts receivable	4,362	3,127
Prepaid expenses	33,152	26,007
	2,373,568	1,769,523
Tangible Capital Assets (note 5)	15,741	11,756
Intangible Assets (note 6)	91,528	89,362
	\$ 2,480,837	\$ 1,870,641
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable and accrued liabilities	\$ 33,183	\$ 70,649
Deferred contributions (note 7)	2,340,385	1,698,875
	2,373,568	1,769,524
Deferred Capital Contributions (note 8)	107,269	101,117
	2,480,837	1,870,641
Net Assets	—	—
	\$ 2,480,837	\$ 1,870,641

Approved by the Board:

Pat Lieberman

Director

Shelley Hale

Director

(See accompanying notes)

HEALTH AND SUPPORTIVE CARE PROVIDERS OVERSIGHT AUTHORITY

Statement of Operations and Changes in Net Assets

Year Ended March 31, 2026

	2026	2025
Revenue		
Ministry of Health funding (note 9)	\$ 1,949,339	\$ 1,698,631
Interest earned	48,802	33,905
	1,998,141	1,732,536
Expenses		
Human resources – payroll	941,772	554,547
Professional and consulting fees	278,400	530,804
Board and advisory committee	234,642	178,066
Human resources – other	203,885	241,128
General operational expenses	76,735	49,792
Regulatory and admin support – IT	67,933	53,347
Registration policies and procedures	66,815	1,875
Expense portion of sales tax	57,561	–
Impairment (note 6)	–	42,656
Audit and accounting fees	38,243	33,276
Amortization	24,120	22,026
Regulatory and admin support – general	8,035	25,019
	1,998,141	1,732,536
Excess of revenue over expenses	–	–
Net assets, beginning of year	–	–
Net assets, end of year	\$ –	\$ –

(See accompanying notes)

HEALTH AND SUPPORTIVE CARE PROVIDERS OVERSIGHT AUTHORITY

Statement of Cash Flows

Year Ended March 31, 2026

	2026	2025
Cash Flows From (Used In) Operating Activities		
Excess of revenue over expenses	\$ —	\$ —
Adjustments for:		
Impairment	—	42,656
Amortization	24,120	22,026
Changes in non-cash working capital components:		
Accounts receivable	(1,236)	(3,127)
Accounts payable and accrued liabilities	(37,464)	(113,975)
Deferred contributions	641,509	548,961
Prepaid expenses	(7,146)	3,356
	619,783	499,897
Cash Flows From (Used In) Investing Activities		
Purchase of tangible capital assets	(8,772)	(2,309)
Purchase of intangible assets	(21,500)	(92,281)
Purchase of investments	(21,685)	(500,000)
	(51,957)	(594,590)
Cash Flows From (Used In) Financing Activities		
Deferred capital contributions	6,153	29,908
Increase (Decrease) In Cash	573,979	(64,785)
Cash, Beginning Of Year	1,220,389	1,285,174
Cash, End Of Year	\$ 1,794,368	\$ 1,220,389

(See accompanying notes)

HEALTH AND SUPPORTIVE CARE PROVIDERS OVERSIGHT AUTHORITY

Notes to the Financial Statements

Year Ended March 31, 2026

1. NATURE OF OPERATIONS

The Health and Supportive Care Providers Oversight Authority (the “Organization”) was incorporated without share capital, effective October 26, 2021, under the Canada Not-for-profit Corporation’s Act. The Organization’s mission is to protect the public’s right to safe, competent, and ethical health care by health and supportive care providers in the province by regulating these practitioners through a new model of regulatory oversight, beginning with personal support workers (PSWs).

As a not-for-profit organization, the Organization is exempt from income tax under paragraphs 149(1)(l) of the Income Tax Act (Canada).

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.

Revenue recognition

The Organization follows the deferral method of accounting for contributions. Contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Restricted contributions are deferred and recognized as revenue in the year that the related expenses are incurred. Externally restricted contributions for depreciable capital assets are deferred and amortized over the life of the related tangible capital assets. Externally restricted contributions for tangible capital assets that have not been expended are recorded as part of deferred capital contributions on the statement of financial position.

Investment income is accrued as it is earned and includes interest income.

Financial instruments

The Organization initially measures its financial assets and financial liabilities at fair value. The Organization subsequently measures all its financial assets and financial liabilities at amortized cost. Financial assets measured at amortized cost include accounts receivable. Financial liabilities measured at amortized cost include accounts payable.

Tangible capital assets

Tangible capital assets are recorded at cost less accumulated amortization. Amortization is provided annually based on a design to amortize the assets over their estimated useful life, as follows:

Computer hardware	- 30% declining balance
Office equipment	- 20% declining balance

Intangible assets

Intangible assets are recorded at cost less accumulated amortization. Amortization is provided annually based on a design to amortize the assets over their estimated useful life, as follows:

Website development	- 30% declining balance
Database	- 7 years straight-line

Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations which require the use of estimates and assumptions that affect the reported amount of assets, liabilities, revenue and expenses during the reporting period. Actual results could differ from these estimates. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future year affected.

Significant accounting estimates include determining the useful lives of its tangible capital and intangible assets, the related deferred capital contributions, and accrued liabilities.

3. FINANCIAL INSTRUMENTS

The Organization is exposed to and manages various financial risks resulting from operations. The Organization's main financial risk management policies are as follows:

Credit risk

The Organization is exposed to credit risk resulting from the possibility that parties may default on their financial obligations. The Organization's maximum exposure to credit risk represents the sum of the carrying value of its accounts receivable.

The Organization's cash and investments are held with a Canadian chartered bank and as a result management believes the risk of a loss on this item to be remote. The Organization assesses the collectibility of its accounts receivables on a periodic basis and records an allowance for doubtful accounts against bad debts as appropriate, if any.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk. It is management's opinion that unless otherwise noted, the Organization is not exposed to significant market risk arising from its financial instruments.

i) Currency risk and other price risk

Currency risk is the risk that losing money due to unfavorable moves in exchange rates. As the Organization's financial instruments are all denominated in Canadian dollars, management does not believe it is exposed to significant currency risk.

Other price risk is the risk that the value of a security or investment will decrease. Since the Organization does not hold significant financial instruments, management does not believe it is exposed to significant other price risk.

Notes to the Financial Statements - Cont'd

ii) *Interest rate risk*

Interest rate risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Organization's interest rate exposure related to this financial instrument is negligible.

Liquidity risk

Liquidity risk refers to the adverse consequences that the Organization will encounter difficulty in meeting obligations associated with financial liabilities, which are comprised of accounts payable.

The Organization manages liquidity risk by monitoring its cash flow requirements on a regular basis. The Organization believes its overall liquidity risk to be minimal as the Organizations's financial assets are considered to be liquid.

Changes in risk

There were no significant changes in risk exposures from the previous year.

4. SHORT-TERM INVESTMENTS

Short-term investments consist of the following:

	2026	2025
GICs	\$ 541,686	\$ 520,000

The guaranteed investment certificates ("GICs") consist of two non-redeemable GICs totalling \$20,000 with a maturity date of August 2, 2027 and are earning interest at 3.35%, a cashable GIC purchased for \$500,000, with a maturity date of February 8, 2027 and earning interest of 3.00%, and a non-redeemable GIC purchased for \$21,686, with a maturity date of September 1, 2026 and earning interest at 3.25%.

5. CAPITAL ASSETS

Tangible capital assets consist of the following:

2026			2025		
	Cost	Accumulated amortization		Cost	Accumulated amortization
Computer hardware	\$ 26,602	\$ 11,307	Computer hardware	\$ 17,830	\$ 6,632
Office equipment	775	329	Office equipment	775	217
	27,377	\$ 11,636		18,605	\$ 6,849
Less: accumulated amortization	(11,636)		Less: accumulated amortization	(6,849)	
	\$ 15,741			\$ 11,756	

Notes to the Financial Statements - Cont'd

6. INTANGIBLE ASSETS

Intangible assets consist of the following:

2026			2025		
	Cost	Accumulated amortization		Cost	Accumulated amortization
Database	\$ 113,781	\$ 29,438	Database	\$ 92,281	\$ 13,183
Website	17,250	10,065	Website	17,250	6,986
	131,031	\$ 39,503		109,531	\$ 20,169
Accumulated amortization	(39,503)		Accumulated amortization	(20,169)	
	\$ 91,528			\$ 89,362	

In the previous fiscal year, the cost of the abandoned registrant database of \$42,656 was written-off in its entirety as an impairment expense.

7. DEFERRED CONTRIBUTIONS

Deferred contributions represent restricted funding that relates to expenses to be incurred in subsequent years. Changes in deferred contribution for the year are as follows:

From fiscal year 2025 to 2027, the Ministry of Health will provide funds to develop the Organization.

	2026	2025
Balance, beginning of year	\$ 1,698,875	\$ 1,149,915
Add: Contributions received	2,597,000	2,277,500
Less: Amounts recognized as revenue	(1,949,339)	(1,698,631)
Less: Amounts reclassified to deferred capital contributions	(6,152)	(29,909)
Balance, end of year	\$ 2,340,384	\$ 1,698,875

8. DEFERRED CAPITAL CONTRIBUTIONS

Deferred capital contributions represent the unamortized amount of Ministry of Health funding received for the purchase of capital assets. The amortization of deferred capital contributions is recorded as revenue in the statement of operations. The deferred capital contributions consist of the following:

	2026	2025
Contributions received for capital purposes	\$ 158,408	\$ 128,136
Less: accumulated amortization	(51,139)	(27,019)
	\$ 107,269	\$ 101,117

Notes to the Financial Statements - Cont'd

The changes in the deferred capital contributions balance are as follows:

	2026	2025
Balance, beginning of year	\$ 101,117	\$ 71,209
Contributions received during the year	30,272	51,934
Amortization of deferred capital contributions	(24,120)	(22,026)
Balance, end of year	\$ 107,269	\$ 101,117

9. MINISTRY OF HEALTH

Funding Reconciliation - Year Ended March 31, 2026

	2026	2025
Revenue		
Grant	\$ 2,597,000	\$ 2,277,500
Expenses per approved budget		
Human resources	1,835,000	1,470,000
Board & Advisory Committee	163,000	150,000
Professional/consulting services	290,000	420,000
Office/general operational	269,000	197,500
Special programs/projects	40,000	40,000
	2,597,000	2,277,500
Overspent/(underspent) portion absorbed by HSCPOA	\$ —	\$ —

10. COMPARATIVE FIGURES

The comparative figures have been reclassified to conform to the presentation adopted in the current fiscal year.

The Health and Supportive Care Providers Oversight Authority
has a mandate to register and provide oversight of personal
support workers and other potential classes of registrants that may
be prescribed by government in current and future regulations to be
made under the new *Health and Supportive Care Providers
Oversight Authority Act, 2021*.



Health and Supportive Care Providers
Oversight Authority



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