

Supplemental Table 1. Variable list from the College of Physicians & Surgeons of Ontario

Reported Fields	Field Description
CPSO #	CPSO license number and unique identifier
First name	First and middle names
Last name	Surname
Gender	Male or female designation provided by member upon application for license
Registration status (current status)	Membership status with the CPSO (current as of query date): <ul style="list-style-type: none"> i. Active ii. Expire iii. Suspended iv. Revoked
Registration class (status at time of registration)	Type of license member held at time of registration: <ul style="list-style-type: none"> i. Independent Practice (IP) – Permits independent practice in the areas of medicine in which the physician is educated and experienced. ii. Postgraduate Education (PG) – Permits supervised practice after graduation from medical school, and is required for postgraduate (residency) medical training at an Ontario medical school. iii. Restricted (R) – Must practice in accordance with the specific terms and conditions imposed on the certificate. iv. Academic Practice (AP) – May practice only in the medical school department in which the physician holds an academic appointment. v. NOT INCLUDED: Academic Visitor (AV) – May practice only in the medical school department in which the physician holds an academic appointment. vi. NOT INCLUDED: Short Duration (SD) – May practice only to the extent required by the short duration appointment at a public hospital, psychiatric facility or medical school.
First ever registration date	Date of initial registration with the CPSO (YYYYMMDD)
Medical school	School where member obtained undergraduate medical degree
Graduation year	Year the member graduated from undergraduate medical school
Practice address type	Self-reported information that describes either: <ul style="list-style-type: none"> i. Primary Practice – Main practice location ii. Secondary Practice – Alternative practice location(s)
Practice address	Member's primary and secondary practice addresses (first practice address available on file; if no address available, leave blank)
Practice city	City or municipality of member's primary and secondary practice address
Practice province	Province of member's primary and secondary practice addresses
Practice postal code	Postal code of member's primary and secondary practice addresses
Specialty type	Specialty designation certified by one of the following: <ul style="list-style-type: none"> i. Royal College of Physicians and Surgeons of Canada ii. College of Family Physicians Canada iii. College of Physicians and Surgeons of Ontario

Specialty (status at time of registration)	Description of specialty or subspecialty as per RCPSC or CFPC (for example, obstetrics and gynecology; cardiology; orthopedic surgery, Family Medicine)
Specialty (current status)	Description of specialty or subspecialty as per RCPSC or CFPC (for example, obstetrics and gynecology; cardiology; orthopedic surgery, Family Medicine)
Language of practice (status at time of registration)	Language in which member is competent to conduct practice (self-reported)

Abbreviations: CPSO (College of Physicians and Surgeons of Ontario); RCPSC (Royal College of Physicians and Surgeons of Canada); CFPC (College of Family Physicians Canada)