

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
(“Undertaking”)

of

DR. PHILIP FRAZER STUART
(“Dr. Stuart”)

to

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the “College”)

A. PREAMBLE

(1) In this Undertaking:

“OHIP” means the Ontario Health Insurance Plan;

“Public Register” means the College’s register that is available to the public;

(2) I, **Dr. Stuart**, certificate of registration number **24055**, am a member of the College.

(3) I, **Dr. Stuart**, acknowledge that I submitted to a reassessment of my practice. The reassessment report subsequently received by the College raised concerns about my record keeping and compliance with age-related health screens in my family practice.

B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT

(4) I, **Dr. Stuart**, undertake to abide by the provisions of this Undertaking, effective May 31, 2022 (the “Effective Date”).

(5) I, **Dr. Stuart**, as I am in the process of retiring and to avoid the need for a further re-assessment, hereby undertake not to apply or re-apply for registration as a physician to practise medicine in Ontario or any other jurisdiction after May 31, 2022.

(6) I, **Dr. Stuart**, acknowledge and provide consent that in the event that the College should become aware that I am in breach of this Undertaking including, but not limited to, becoming aware that I have either applied, re-applied or attempted to apply or re-apply for registration as a physician or for a certificate of registration, or equivalent, to practise medicine in any jurisdiction after the Effective Date, the College shall, in its sole discretion, have the right to proceed with a disciplinary proceeding on the basis of a breach of this Undertaking and shall have the right to proceed with the re-assessment it terminated as a result of this Undertaking.

- (7) I, **Dr. Stuart**, undertake to abide by the College's Policy on [Closing a Medical Practice](#).
- (8) I, **Dr. Stuart**, undertake to the College that upon signing this Undertaking, I shall forward a request to the General Manager of the OHIP that my billing number be deactivated for services rendered after the Effective Date. I acknowledge that I have executed the OHIP consent form, attached hereto as Appendix "A" and that the consent forms part of this Undertaking.
- (9) I, **Dr. Stuart**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (10) I, **Dr. Stuart**, acknowledge and undertake that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc., if any, arising from the implementation of any of the provisions of this Undertaking.
- (11) I, **Dr. Stuart**, acknowledge that I have read and understand the provisions of this Undertaking and that I have obtained independent legal counsel in reviewing and executing this Undertaking, or have waived my right to do so.
- (12) ***Public Register***
 - (a) I, **Dr. Stuart**, consent to this Undertaking being posted on the Public Register.
 - (b) I, **Dr. Stuart**, acknowledge that, in addition to this Undertaking being posted in accordance with section (12)(a) above, the following summary shall be posted on the Public Register until June 1, 2022:

Concerns were identified with respect to Dr. Stuart's record-keeping and compliance with age-related screens in his family practice. As Dr. Stuart was in the process of retiring, these concerns were resolved by Dr. Stuart agreeing to resign from the College effective May 31, 2022 and agreeing never to reapply for registration as a physician in Ontario or any other jurisdiction.
- (13) I, **Dr. Stuart**, give my irrevocable consent to the College to make appropriate enquiries of OHIP and/or any person who or institution that may have relevant information, in order for the College to monitor my compliance with the provisions of this Undertaking.