

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
("Undertaking")

of

DR. JAMES NORMAN KIRK
("Dr. Kirk")

to

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the "College")

A. PREAMBLE

- (1) In this Undertaking:

"Discipline Committee" means the Discipline Committee of the College;

"OHIP" means the Ontario Health Insurance Plan;

"Public Register" means the College's register that is available to the public.

- (2) I, **Dr. Kirk**, certificate of registration number **26526**, am a member of the College.
- (3) I, **Dr. Kirk**, acknowledge that following a College investigation that raised concerns about my standard of practice in family medicine, I underwent remediation and submitted to a reassessment of my practice. The reassessment report ("Reassessment") subsequently received by the College raised concerns about my standard of practice in family medicine.
- (4) I, **Dr. Kirk**, acknowledge that there has been no referral to the Discipline Committee in respect of the Reassessment and that, after the College receives an original copy of this Undertaking as signed by me, no further action will be taken on the Reassessment.

B. UNDERTAKING

- (5) ***Resignation***

- (a) I, **Dr. Kirk**, hereby resign from the College effective December 31, 2019 (the "Effective Date").
- (b) I, **Dr. Kirk**, hereby undertake not to apply or re-apply for registration as a physician to practise medicine in Ontario or any other jurisdiction after the Effective Date.

- (c) I, **Dr. Kirk**, acknowledge 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 a referral of specified allegations to the Discipline Committee in respect of the Reassessment.
- (d) I, **Dr. Kirk**, hereby agree to bear the risk of any prejudice that the passage of time might cause to my ability to make full answer and defence, and waive the right to seek any remedy on the basis of the passage of time, should the College proceed with any allegations that may arise as a result of a breach of this Undertaking and/or pursuant to section (7) above.
- (e) I, **Dr. Kirk**, undertake to abide by the College's Policy on Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation, a copy of which is attached hereto as Appendix "A".
- (f) I, **Dr. Kirk**, undertake that upon signing this Undertaking, I shall forward a request to the General Manager of OHIP that my billing number be deactivated for services rendered after the Effective Date.

(6) ***Clinical Supervision***

- (a) I, **Dr. Kirk**, undertake to practise under the guidance of a clinical supervisor or clinical supervisors acceptable to the College (the "Clinical Supervisor" or "Clinical Supervisors"), until the Effective Date.
- (b) I, **Dr. Kirk**, acknowledge that I have reviewed the Clinical Supervisor's undertaking, attached hereto as Appendix "B", and understand what is required of the Clinical Supervisor. The Clinical Supervisor will, at minimum:
 - i. Facilitate the education program set out in the Individualized Education Plan ("IEP"), attached hereto as Appendix "C";
 - ii. Review the materials provided by the College and have an initial meeting to discuss practice improvement recommendations;
 - iii. Meet with me at my Practice Location, or another location approved by the College, once every month;
 - iv. Review at least fifteen (15) of my patient charts at every meeting;
 - v. Discuss any concerns arising from the chart reviews;

- vi. Make recommendations to me for practice improvements and ongoing professional development and inquire into my compliance with the recommendations;
 - vii. Perform any other duties, such as reviewing other documents or conducting interviews with staff or colleagues, that the Clinical Supervisor deems necessary to my Clinical Supervision; and
 - viii. Submit written reports to the College at least once every quarter, or more frequently if the Clinical Supervisor has concerns about my standard of practice.
- (c) I, **Dr. Kirk**, acknowledge that the charts reviewed shall be selected by the Clinical Supervisor based on the educational needs identified in the IEP, attached hereto as Appendix "C", as well as the areas of concern identified in the report of the assessor dated December 11, 2018, and concerns that may arise during the period of Clinical Supervision.
 - (d) I, **Dr. Kirk**, undertake to cooperate fully with the Clinical Supervision of my practice, conducted under the term of this Undertaking and Appendix "B" to this Undertaking, and to abide by the recommendations of my Clinical Supervisor, including but not limited to, any recommended practice improvements and ongoing professional development.
 - (e) I, **Dr. Kirk**, undertake to ensure that Appendix "B" to this Undertaking is signed and delivered to the College within thirty (30) days of the date I execute this Undertaking.
 - (f) I, **Dr. Kirk**, undertake that if a person who has given an undertaking in Appendix "B" to this Undertaking is unable or unwilling to continue to fulfill its provisions, I shall, within twenty (20) days of receiving notice of same, obtain an executed undertaking in the same form from a similarly qualified person who is acceptable to the College and ensure that it is delivered to the College within that time.
 - (g) I, **Dr. Kirk**, undertake that if I am unable to obtain a Clinical Supervisor on the provisions set out under sections (6)(e) and/or (f) above, I will cease practicing medicine until such time as I have obtained a Clinical Supervisor acceptable to the College.
 - (h) I, **Dr. Kirk**, acknowledge that if I am required to cease practise as a result of section (6)(g) above this will constitute a term, condition or limitation on my certificate of registration and that term, condition or limitation will be included on the public register.

(7) ***Professional Education***

(a) I, **Dr. Kirk**, undertake to participate in and successfully complete all aspects of the detailed IEP, attached hereto as Appendix "C", including all of the following professional education (the "Professional Education"):

i. Self-directed review of clinical guidelines, policies and resources:

1. Diabetes Canada: 2018 Clinical Practice Guidelines;
2. Canadian Cardiovascular Society: Framingham Risk Calculator;
3. Hypertension Canada: Prevention and Treatment Guidelines;
4. APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder;
5. 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain;
6. Centre for Effective Practice Management of Chronic Non-Cancer Pain Tool;
7. College of Family Physicians of Canada Preventive Care Checklist Forms;
8. Canadian Task Force on Preventive Health Care Guidelines: Breast and Prostate Cancer;
9. Rourke Baby Record;
10. Looksee Checklist (formerly ndds checklist);
11. Choosing Wisely Canada: Family Medicine; and
12. CPSO Policies, *Prescribing Drugs and Medical Records*.

(b) I, **Dr. Kirk**, undertake to complete this requirement by October 1, 2019.

C. ACKNOWLEDGEMENT

(8) I, **Dr. Kirk**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.

(9) I, **Dr. Kirk**, 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.

- (10) I, **Dr. Kirk**, acknowledge and confirm 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.
- (11) I, **Dr. Kirk**, 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.
- (12) I, **Dr. Kirk**, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix "D" and that the consent forms part of this Undertaking.
- (13) ***Public Register***
- (a) I, **Dr. Kirk**, consent to this Undertaking being posted on the Public Register.
- (b) I, **Dr. Kirk**, acknowledge that, in addition to this Undertaking being posted in accordance with section (13)(a) above, the following summary shall be posted on the Public Register during the time period that this Undertaking remains in effect:

Following a College investigation that raised concerns about Dr. Kirk's standard of practice in family medicine, Dr. Kirk underwent remediation and submitted to a reassessment of his practice. The reassessment report subsequently received by the College raised concerns about Dr. Kirk's standard of practice in family medicine. In the face of the reassessment report, Dr. Kirk has agreed:

- to practice under supervision until December 31, 2019;
- to resign from the College and never to apply or reapply for registration as a physician in Ontario or any other jurisdiction, as of December 31, 2019.

D. CONSENT

- (14) I, **Dr. Kirk**, give my irrevocable consent to the College to provide the following information to any person who requires this information for the purposes of facilitating my completion of the Professional Education and to all Clinical Supervisors:
- (a) any information the College has that led to the circumstances of my entering into this Undertaking;
- (b) any information arising from any investigation into, or assessment of, my practice; and

- (c) any information arising from the monitoring of my compliance with this Undertaking.
- (15) I, **Dr. Kirk**, give my irrevocable consent to the College to provide all Chiefs of Staff with any information the College has that led to the circumstances of my entering into this Undertaking and/or any information arising from the monitoring of my compliance with this Undertaking.
- (16) I, **Dr. Kirk**, give my irrevocable consent to all Clinical Supervisors and Chiefs of Staff, to disclose to the College, and to one another, any of the following:
- (a) any information relevant to this Undertaking;
 - (b) any information relevant to the provisions of the Clinical Supervisor's undertaking set out at Appendix "B" to this Undertaking; and/or
 - (c) any information relevant for the purposes of monitoring my compliance with this Undertaking.

Dated at _____, this ____ day of _____, 2019

DR. JAMES NORMAN KIRK

Witness (Print Name)

Witness (Signature)

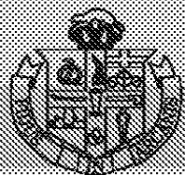
APPENDIX "A"

TO THE UNDERTAKING OF DR JAMES NORMAN KIRK
("Dr. Kirk")

to

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the "College")

"PRACTICE MANAGEMENT CONSIDERATIONS FOR PHYSICIANS WHO
CEASE TO PRACTISE, TAKE AN EXTENDED LEAVE OF ABSENCE OR
CLOSE THEIR PRACTICE DUE TO RELOCATION"



COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

POLICY STATEMENT #2-07

Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation

APPROVED BY COUNCIL: September 2006, February 2007

REVIEWED AND UPDATED: September 2007

TO BE REVIEWED BY: September 2011

PUBLICATION DATE: April 2007

KEY WORDS: Leave of absence; Cease practise; Sabbatical; Retirement; Extended illness; Suspension; Revocation; Guidelines; Practice closure; Relocation.

RELATED TOPICS: Confidentiality of Personal Health Information; Medical Records.

LEGISLATIVE REFERENCES: *Personal Health Information Protection Act, 2004*, S.O. 2004, c. 3, Sched. A; Ontario Regulation 114/94 (*General*) made under the *Medicine Act, 1991*, S.O. 1991, c. 30; Ontario Regulation 856/93 (*Professional Misconduct*) made under the *Medicine Act, 1991*, S.O. 1991, c. 30.

COLLEGE CONTACT: Physician Advisory Service

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PURPOSE

Physicians ceasing practise or taking a leave of absence frequently contact the College to seek guidance about the measures they should take before they stop practising. The College also receives calls from patients asking how they can obtain outstanding prescription, laboratory reports, or their medical records because their physician has stopped practising. This policy explains the practice management measures physicians should take when they cease to practise or will not be practising for an extended period of time.

APPLICATION

(i) General

This policy applies to physicians who take an extended leave of absence or cease to practise for various reasons, including educational leave, sabbatical, parental leave, extended illness, practice closure due to relocation, or retirement.

Generally, any absence from practice that is three months in length or longer without coverage by another physician is considered an "extended" leave of absence.¹ Having consideration to reasonable patient needs and the nature of his or her medical practice (e.g., where patients require frequent care, or where patients are awaiting laboratory results for potentially critical conditions) it may be prudent for a physician to take some or all of the recommended steps even if the leave of absence is shorter than three months.

Physicians who take an extended leave of absence or cease to practise should, to the extent possible, act in accordance with the guidelines that are applicable to their particular circumstance. In situations where the physician is suddenly and unexpectedly required to take a leave of absence or cease practising (e.g., sudden illness or disability), the physician should, in the best of his/her ability and as soon as it is practicable to do so, take reasonable steps to act in accordance with the applicable guidelines set out below.

(ii) Suspensions/Revocations/Voluntary Commitments to Suspend Practice

The policy also applies to physicians whose certificates of registration have been affected by a suspension, revocation or voluntary commitment to suspend practise.

In addition to the practice management guidelines articulated for all physicians, there are specific considerations included at the end of the policy that apply to physicians who are subject to a suspension, revocation or voluntary commitment to suspend practise.

PRINCIPLES

Physicians have a duty to act in the best interests of their patients. When a physician does not practise for a period of time, his/her patients' care is likely to be affected. To the extent possible, physicians should take reasonable measures to ensure their practice closure or extended leave of absence does not impede their patients' ability to obtain appropriate care from another health care provider.

GUIDELINES

The College recommends that physicians take reasonable steps to address the following practice management issues, in order to minimize the effects of a leave of absence or ceasing to practise may have on their patients' care:

1. Notification

(a) Patients

The physician should provide his/her patients with notification of practice closure or restrictions as soon as possible after it becomes apparent that he/she will be leaving or restricting practice, in order to allow patients an opportunity to find another physician.

Acceptable methods of notification are:

- In person, at a scheduled appointment;
- Letter to the patient; and/or
- Telephone call to the patient.²

Supplementary methods of notification the physician may also wish to use include:

- Printed notice, posted in the office in a place that is accessible even when the office is closed;
- Newspaper advertisement; and/or
- Recorded message on the office answering machine.

When providing this notification, the physician should remind patients where they can go to obtain emergency or urgent care.

¹ Where a physician has not been engaged in practice for a period of two consecutive years or more and wishes to re-enter practice, the CPSO requires the physician to complete the Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice modules also applicable. ² Physicians should exercise caution in leaving messages for patients on their voicemail or with a third party, due to the risks of breaching the patient's confidentiality and privacy rights. For more information, please consult the CPSO's policy on Confidentiality of Personal Health Information.

PRACTICE MANAGEMENT CONSIDERATIONS FOR PHYSICIANS WHO CEASE TO PRACTISE, TAKE AN EXTENDED LEAVE OF ABSENCE OR CLOSE THEIR PRACTICE DUE TO RELOCATION

untary commitment to suspend practise to follow the guidelines set out above.

Additional Guidelines

The following additional guidelines also apply to physicians whose certificates of registration have been suspended or revoked, or who have undertaken a voluntary commitment to suspend practise:

1. Notification

A physician who is suspended, revoked or voluntarily commits to suspend practise should ensure that employers, partners, colleagues who are also known to provide care to his/her patients, hospitals where he/she holds privileges, and all other authorities with which he/she holds a certificate of registration or licence to practise medicine, are notified of these restrictions.

2. Reports

While under suspension or voluntary commitment to suspend practise, or upon revocation, a physician is permitted to:

- Sign reports that were completed before the suspension or revocation, if competent and capable; and
- Finalize reports based on assessments and analysis conducted prior to the suspension or revocation, if competent and capable.

The physician is not permitted to:

- See patients to prepare reports;
- Prepare reports requiring the exercise of clinical judgment. This includes making clinical assessments, evaluations or conclusions based on patient information, and providing clinical advice in a report; or
- Complete reports, unless only administrative work is required to complete the report. 'Administrative work' is work such as editing draft reports, summarizing conclusions, or signing reports completed prior to ceasing practise.

3. Laboratory Tests, Results

A physician under suspension, revocation or voluntary commitment to suspend practise cannot interpret test results or provide follow-up care. The physician should make alternate arrangements for the review and follow-

up of patient test results, as recommended in part four (Laboratory Test, Results) above, to ensure patients obtain the required care.

Patients with a standing order for laboratory test(s) should be advised that the laboratory will cancel the standing order upon revocation or suspension of the physician's certificate of registration. The physician should attempt to arrange for alternate care for these patients.

4. Prescription Medication

Physicians who are under suspension or voluntary commitment to suspend practise, or have had their certificate of registration revoked, cannot write prescriptions. The physician should advise all patients taking prescription medication(s) for long-term or chronic conditions that he/she will not be able to provide renewals or repeats of the medication(s), and that the patient should attend another physician to have the prescription(s) renewed. The physician may arrange for the referral of a patient to a colleague for renewal of their prescription(s). The physician should also advise patients that repeats for prescriptions written prior to the date of the suspension or revocation will not be legally valid after the date of suspension or revocation.

5. Express Requirements as Set Out in Orders or Agreements, Expectations on Revocation

To ensure patients' best interests are protected, an Order or agreement related to a physician's suspension or voluntary commitment to suspend practise may include express requirements regarding notification, medical records, reports, laboratory tests and results, and/or prescription medication. The College expects the physician to comply with any requirements included in an Order or agreement. Under the regulations to the *Medicine Act, 1991*, it is considered an act of professional misconduct for a physician to contravene a term, condition or limitation on his/her certificate of registration.⁴

A physician's conduct in complying with College policies and continuing to act in the best interests of former patients may also be a factor in the College's determination of whether it is appropriate to reinstate a physician's revoked certificate of registration.

⁴ Ontario Regulation 859/95, as amended made under the *Medicine Act, 1991* s. 1(11).



COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
80 COLLEGE STREET, TORONTO, ONTARIO M5G 2E2

APPENDIX "B"

**TO THE UNDERTAKING OF DR JAMES NORMAN KIRK
("Dr. Kirk")**

to

**COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the "College")**

UNDERTAKING OF DR. _____ TO THE COLLEGE

1. I am a practising member of the College, certificate of registration number _____
2. I have read the Undertaking Dr. Kirk made to the College on the ____ day of _____, 2019 (the "Undertaking").
3. I acknowledge that I have reviewed, or will review as soon as practicable, the materials regarding Dr. Kirk's practice provided to me by the College including the report of the assessor dated December 11, 2018 ("Assessor's Report"), as well as the College's Guidelines for College-Directed Clinical Supervision.
4. I undertake that commencing from the date I sign this undertaking, I shall act as Clinical Supervisor for Dr. Kirk ("Clinical Supervisor"), until his resignation on December 31, 2019 ("Clinical Supervision").
5. I undertake that during the period of Clinical Supervision, I will, at minimum:
 - (a) Facilitate the education program set out in the Individualized Education Plan ("IEP") attached as Appendix "C" to Dr. Kirk Undertaking;
 - (b) Review the materials provided by the College and have an initial meeting with Dr. Kirk to discuss practice improvement recommendations;
 - (c) Meet with Dr. Kirk once every month. Meetings will take place at Dr. Kirk's Practice Location, or another location approved by the College;
 - (d) Review at least fifteen (15) of Dr. Kirk's patient charts at every meeting. I will be solely responsible for selecting all charts to be reviewed by me, independent of Dr. Kirk's participation, on the basis of the educational needs identified in the IEP set out at Appendix "B" to Dr. Kirk's Undertaking, as well as the areas of concern identified in the Assessor's Report, and any concerns that arise during the period of Clinical Supervision;
 - (e) Discuss with Dr. Kirk any concerns arising from such chart reviews;

- (f) Make recommendations to Dr. Kirk for practice improvements and ongoing professional development and inquire into Dr. Kirk's compliance with my recommendations;
 - (g) Perform any other duties, such as reviewing other documents or conducting interviews with staff or colleagues, that I deem necessary to Dr. Kirk's Clinical Supervision.
- 6. I undertake to submit a written report to the College, at minimum, once per three (3) months. Such reports shall be in reasonable detail, and shall contain all information I believe might assist the College in evaluating Dr. Kirk's standard of practice, as well as Dr. Kirk's participation in and compliance with the requirements set out in Dr. Kirk's Undertaking.
- 7. I undertake that I shall immediately notify the College if I am concerned that:
 - (a) Dr. Kirk's practice may fall below the standard of practice of the profession;
 - (b) Dr. Kirk may not be in compliance with the provisions of Dr. Kirk's Undertaking with the College; or
 - (c) Dr. Kirk's patients may be exposed to risk of harm or injury.
- 8. I acknowledge that Dr. Kirk has consented to my disclosure to the College and all other Clinical Supervisors and Assessors of all information relevant to any of the following:
 - (a) Dr. Kirk's Undertaking;
 - (b) the provisions of this, my Clinical Supervisor's undertaking;
 - (c) monitoring compliance with Dr. Kirk's Undertaking.
- 9. I acknowledge that all information that I become aware of in the course of my duties as Dr. Kirk's Clinical Supervisor is confidential information and that I am prohibited, both during and after the period of Clinical Supervision, from communicating it in any form and by any means except in the limited circumstances set out in section 36(1) of the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18 (the "RHPA").
- 10. I undertake to notify the College and Dr. Kirk in advance wherever possible, but in any case immediately following, any communication of information under section 36(1) of the RHPA.

11. I undertake to immediately inform the College in writing if Dr. Kirk and I have terminated our Clinical Supervision relationship, or if I otherwise cannot fulfill the provisions of my undertaking.

Dated at _____, this _____ day of _____, 2019

Dr.

Witness (*print name*)

Witness (*Signature*)

APPENDIX "C"

TO THE UNDERTAKING OF DR. JAMES NORMAN KIRK
("Dr. Kirk")

to

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the "College")

INDIVIDUALIZED EDUCATION PLAN FOR DR. KIRK

EDUCATIONAL NEED/CANMEDS ROLE	OUTCOMES (GOALS)	PROPOSED EDUCATIONAL METHOD	METHOD OF OUTCOME MEASUREMENT
<p>Medical <u>Expert</u></p> <p><i>Areas to enhance include but are not limited to:</i></p> <ul style="list-style-type: none"> • Documentation of Type 2 diabetes management • Documentation of cardiovascular screening, including hypertension • Documentation of the assessment and treatment of depression including management of risk of suicide • Documentation of the management of chronic non-cancer pain and the safe and effective prescribing of opioids for his patients 	<p>Practice that meets the standard of a competent Family Physician in the Province of Ontario</p>	<ul style="list-style-type: none"> • Clinical Supervision - see details in section below the table • Review the following clinical guidelines: <ul style="list-style-type: none"> ◦ Diabetes Canada: 2018 Clinical Practice Guidelines: https://guidelines.diabetes.ca/docs/cpg/Ch2-Methods.pdf ◦ Canadian Cardiovascular Society Framingham Risk Calculator: http://www.ccs.ca/images/Guidelines/Tools_and_Calculators/En/Ligids_Gui_2012_FRS_Co!_EN.pdf ◦ 2018 Hypertension Hypertension Canada Prevention and 	<ul style="list-style-type: none"> • Supervisor reports that demonstrate a commitment to learning and ongoing improvement

EDUCATIONAL NEED/CANMEDS ROLE	OUTCOMES (GOALS)	PROPOSED EDUCATIONAL METHOD	METHOD OF OUTCOME MEASUREMENT
		<p>Treatment Guidelines: http://guidelines.hkextension.ca/Prevention-treatment.html:</p> <ul style="list-style-type: none"> o APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder: http://www.psychiatryonline.org/Query/asset/raw/sitewide/practice-guidelines/guidelines/for-the-treatment-of-major-depressive-disorder • Review aspects of the following CPSO Policies that apply to the matters listed above <ul style="list-style-type: none"> o http://www.cpso.org/tlcaipolicies-publications/1601k1le-fe-scribing-drugs • Review relevant Clinical 	

EDUCATIONAL NEED/CANMEDS ROLE	OUTCOMES (GOALS)	PROPOSED EDUCATIONAL METHOD	METHOD OF OUTCOME MEASUREMENT
		<p>for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain: http://www.nalocalnecentre.mcmaster.ca/Opioid/</p> <ul style="list-style-type: none"> Review Centre for Effective Practice Management of Chronic Non-Cancer Pain Tool: https://ceo.health/ciincal-12products/chronic-non-cancer-r-gain/ 	

EDUCATIONAL NEED/CANMEDS ROLE	OUTCOMES (GOALS)	PROPOSED EDUCATIONAL METHOD	METHOD OF OUTCOME MEASUREMENT
<p><u>Communicator (Record Keeping)</u></p> <p><i>Medical Record keeping needs to be enhanced including but not limited to:</i></p> <ul style="list-style-type: none"> • A comprehensive, organised and legible medical record that includes a current CPP, family and social history, medications (including dose and duration), allergies, and immunizations • Documentation of a comprehensive medical history (including pertinent positive and negative symptoms as well as symptom duration), review of systems, physical findings, including pertinent 	<p>Documentation that meets the standard of a competent Family Physician in the Province of Ontario</p>	<ul style="list-style-type: none"> • Review the CPSO Medical Records Policy: http://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Medical-Records 	

EDUCATIONAL NEED/CANMEDS ROLE	OUTCOMES (GOALS)	PROPOSED EDUCATIONAL METHOD	METHOD OF OUTCOME MEASUREMENT
<p>positive and negative signs, MMSE, medications prescribed with a discussion of side-effects, formulation of a diagnosis and differential diagnosis (when appropriate), a management plan and follow-up</p> <ul style="list-style-type: none"> Detailed record of laboratory investigations ordered 			
<p>Advocate</p> <p><i>Areas to enhance include but are not limited to:</i></p> <p>To improve the documentation of all aspects of preventative health maintenance including ensuring adult immunizations are done and</p>	<p>Practice that meets the standard of a competent Family Physician in the Province of Ontario</p>	<ul style="list-style-type: none"> Clinical Supervision - see below <p>Review the following guidelines:</p> <p>Canada (CFPC): www . cfpc.ca/ProjectAssets/Templates/Resource.aspx?id=1184&langType=4105*</p> <p>Periodic health exam:</p>	

EDUCATIONAL NEED/CANMEDS ROLE	OUTCOMES (GOALS)	PROPOSED EDUCATIONAL METHOD	METHOD OF OUTCOME MEASUREMENT
<p>comprehensively documented , screening for cancer is as per guidelines</p> <p>Improving documentation of counselling for lifestyle modifications including smoking cessation (especially for those patients with asthma or COPD), obesity, diabetes, alcohol use, osteoporosis and hypertension; document height, weight and calculate BMI and documenting the assessment of cardiovascular risk factors using the Framingham risk score,</p> <p>To improve upon the documentation of the use of the Rourke Baby Record (including documentation of growth in pediatric patients) and the Nipissing District Developmental and screen</p>		<p>www.canadiantaskforce.ca (See the breast and prostate cancer recommendations)</p> <p>Review:</p> <p>Rourke form: www.rourkebabyrecord.ca/</p> <p>Nipissing District Developmental Screen: www.ndds.ca/canada</p> <p>Choosing Wisely Canada for Family Physicians http://www.choosingwisely.ca/family-medicine</p>	

EDUCATIONAL NEED/CANMEDS ROLE	OUTCOMES (GOALS)	PROPOSED EDUCATIONAL METHOD	METHOD OF OUTCOME MEASUREMENT
to follow the health and wellbeing of his pediatric population Reducing unnecessary testing and treatment			

All educational activities associated with this plan are potentially available for credit from the Royal College Maintenance of Certification, College of Family Physicians of Canada Mainpro. Check with the relevant program for details about obtaining educational credits. The CPSO does not award Continuing Professional Development credits.

Clinical Supervision

A clinical supervisor's prime responsibility is to assure the College (and the public) that patient care is safe.

Supervision will initially be at a Low level.

1. Dr. Kirk will recruit a Clinical Supervisor who must be acceptable to the College.
2. The Clinical Supervisor must sign a supervisor's agreement with the College.
3. The Clinical Supervisor will review materials, have an initial meeting to discuss practice improvement recommendations, then visit Dr. Kirk's practice no less than monthly until December 31, 2019.
4. The Clinical Supervision will be 6 months in duration for a total of 8 visits..
5. At each visit the Clinical Supervisor will review a minimum of 15 charts to assess for the quality of documentation and care.

6. The Clinical Supervisor will submit a report to the College on a Quarterly basis
7. The Clinical Supervisor will keep a log of all patient charts reviewed along with patient identifiers.

IEP drafted by: A Carol

APPENDIX "D"

TO THE UNDERTAKING OF DR JAMES NORMAN KIRK
("Dr. Kirk")

to

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the "College")

CONSENT AND DIRECTION
FOR THE RELEASE OF INFORMATION FROM THE
ONTARIO HEALTH INSURANCE PLAN



**CONSENT AND DIRECTION
FOR THE RELEASE OF INFORMATION FROM THE
ONTARIO HEALTH INSURANCE PLAN**

I consent to the release of billing information by the Ontario Health Insurance Plan to the COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO for:

1. Name of Physician: **DR. JAMES NORMAN KIRK**
2. OHIP billing number:
3. CPSO #: **26526**
4. Dates or Time Period: **2019 onward**

Dated at _____, this ____ day of _____, 2019

DR. JAMES NORMAN KIRK

Witness (*print name*)

Witness (*Signature*)