

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
(“Undertaking”)

of

DR. WYCLIFFE HOBART BAIRD
(“Dr. Baird”)

to

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

PREAMBLE

- (1) In this Undertaking:

“Code” means the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended;

“ICR Committee” means the Inquiries, Complaints and Reports Committee of the College;

“NMS” means the Drug Program Services Branch, the Narcotics Monitoring System implemented under the *Narcotics Safety and Awareness Act, 2010*;

“OHIP” means the Ontario Health Insurance Plan.

- (2) I, **Dr. Baird**, certificate of registration number **24565**, am a member of the College. The College has received information regarding my standard of practice.

UNDERTAKING

- (3) I, **Dr. Baird**, acknowledge and agree that I am bound by this Undertaking from the date on which I sign it.

- (4) ***Practice Restriction***

- (a) I, **Dr. Baird**, undertake that, effective immediately, I will cease to engage in the practice of Emergency Medicine.

(5) ***Clinical Supervision***

- (a) I, **Dr. Baird**, undertake to practise under the guidance of a clinical supervisor(s) acceptable to the College (the “Clinical Supervisor(s)”), for at least six months in duration (“Clinical Supervision”).
- (b) I, **Dr. Baird**, acknowledge that I have reviewed the Clinical Supervisor(s)’s undertaking, attached hereto as Appendix “A”, and understand what is required of the Clinical Supervisor(s). The Clinical Supervisor(s) will, at minimum:
 - (i) Facilitate the education program set out in the Individualized Education Plan (“IEP”) attached as Appendix “B”;
 - (ii) Review at least fifteen to twenty (15-20) of my patient charts once every month;
 - (iii) Meet with me once every month;
 - (iv) Discuss any concerns arising from the chart reviews;
 - (v) Make recommendations to me for practice improvements and ongoing professional development and inquire into my compliance with the recommendations;
 - (vi) Perform any other duties, such as reviewing other documents or conducting interviews with staff or colleagues, that the Clinical Supervisor(s) deem necessary to my Clinical Supervision; and
 - (vii) Submit written reports to the College at least once every three months, or more frequently if the Clinical Supervisor(s) has concerns about my standard of practice.
- (c) I, **Dr. Baird**, acknowledge that the charts reviewed shall be selected by the Clinical Supervisor(s) based on the educational needs identified in the IEP set out at Appendix “B” to my Undertaking, as well as the areas of concern identified in the reports of the medical inspector dated March 26, 2016 and June 13, 2016, and concerns that may arise during the period of Clinical Supervision.
- (d) I, **Dr. Baird**, undertake to cooperate fully with the Clinical Supervision of my practice, conducted under the term of this Undertaking and Appendix “A” attached, and to abide by the recommendations of my Clinical Supervisor(s), including but not limited to, any recommended practice improvements and ongoing professional development.

- (e) I, **Dr. Baird**, undertake to ensure that Appendix “A” to this Undertaking, is signed and delivered to the College within thirty (30) days of the date I execute this Undertaking.
- (f) I, **Dr. Baird**, undertake that if a person who has given an undertaking in Appendix “A” 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. Baird**, agree that if I am unable to obtain a Clinical Supervisor on the provisions set out under sections (5)(e) and/or (f) above, I will cease practising medicine until such time as I have obtained a Clinical Supervisor acceptable to the College.
- (h) I, **Dr. Baird**, agree that if I am required to cease practise as a result of section (5)(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.

(6) ***Reassessment of Practice***

- (a) I, **Dr. Baird**, undertake that, approximately six (6) months after the completion of the Clinical Supervision set out in section (3) above and Appendix “A” attached, I will submit to a Reassessment of my practice (“the Reassessment”) by an assessor or assessors selected by the College (the “Assessor(s)”). I acknowledge and agree that the Reassessment may include a chart review, direct observation of my care, interviews with colleagues and co-workers, feedback from patients and any other tools deemed necessary by the College.
- (b) I, **Dr. Baird**, undertake to co-operate fully with the Reassessment, conducted under the term of this Undertaking.
- (c) I, **Dr. Baird**, acknowledge and agree that my Clinical Supervisor(s) may receive and review the findings of the Assessor(s), and may discuss with the Assessor(s) any issues or concerns arising from the Reassessment. I also acknowledge that the results of the Reassessment will be provided to me and reported to the College and the report may form the basis of further action by the College.
- (d) I, **Dr. Baird**, understand and agree that if I am of the view that any of the Assessor(s)’s recommendations are unreasonable, I will have thirty (30) days following my receipt of the recommendations within which to provide the College with my submissions in this regard. I further understand and agree that thereafter, the ICR Committee will consider my submissions and make a determination regarding whether or not the recommendations, or any of them, are reasonable and

if so, whether they, or any of them, constitute limitations or restrictions on my practice, and that decision will be provided to me.

- (e) I, **Dr. Baird**, undertake that, following the decision referenced in section (6)(d) above, I will abide by those recommendations of the Assessor(s) that the ICR Committee has determined are reasonable.
- (f) I, **Dr. Baird**, hereby consent to any of the following being included on the public register as terms, conditions or limitations on my certificate of registration, for the purposes of section 23 of the Code:
 - (i) any recommendations of the Assessor(s) which are terms, conditions or limitations on my practice;
 - (ii) any recommendations of the Assessor(s) which the ICR Committee has identified in its decision referenced in section (6)(d) as terms, conditions or limitations on my practice.

(7) ***Monitoring***

- (a) I, **Dr. Baird**, undertake to inform the College of each and every location that I practise or have privileges, including, but not limited to, hospital(s), clinic(s) and office(s), in any jurisdiction (collectively my “Practice Location(s)”), within fifteen (15) days of executing this Undertaking. Going forward, I further undertake to inform the College of any and all new Practice Locations within fifteen (15) days of commencing practice at that location.
- (b) I, **Dr. Baird**, undertake and agree that I will submit to, and not interfere with, unannounced inspections of my Practice Location(s) and patient records by a College representative for the purposes of monitoring my compliance with the provisions of this Undertaking.
- (c) I, **Dr. Baird**, 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.
- (d) I, **Dr. Baird**, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix “C”.

- (8) I, **Dr. Baird**, undertake to comply with this Undertaking and acknowledge that a breach by me of any provision of this Undertaking may constitute an act of professional misconduct and/or incompetence, and may result in a referral of specified allegations to the Discipline Committee of the College.

ACKNOWLEDGEMENT

- (9) I, **Dr. Baird**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (10) I, **Dr. Baird**, acknowledge that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc. arising from the implementation of any of the provisions of this Undertaking.
- (11) I, **Dr. Baird**, 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.
- (12) I, **Dr. Baird**, acknowledge that this entire Undertaking constitutes terms, conditions, and limitations on my certificate of registration for the purposes of section 23 of the Code. I understand that this Undertaking shall be information on the College's Register that is available to the public during the time period that the Undertaking remains in effect.
- (13) I, **Dr. Baird**, acknowledge that the following summary will appear on the College's Register that is available to the public during the time of Supervision and Re-assessment of his practice:
- Dr. Baird will practise under the guidance of a Clinical Supervisor acceptable to the College for 6 months.
 - Dr. Baird's practice will be reassessed by an assessor selected by the College within 6 months of the end of the period of Clinical Supervision.
- (14) I, **Dr. Baird**, acknowledge that the following summary will appear on the College's Register that is available to the public during the time period that this Undertaking remains in effect:
- Dr. Baird does not practice Emergency Medicine.

CONSENT

- (15) I, **Dr. Baird**, give my irrevocable consent to the College to provide this Undertaking to any Chief of Staff, or a colleague with similar responsibilities, at any Practice Location (“Chief(s) of Staff”), and to provide said Chief(s) 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. Baird**, give my irrevocable consent to any person who requires this information for the purposes of facilitating my compliance with this undertaking and to all Clinical Supervisors, Chiefs of Staff and Assessors, to disclose to the College, and to one another, any information:
- (a) relevant to this Undertaking;
 - (b) relevant to the provisions of the Clinical Supervisor’s undertaking set out at Appendix “A”;
 - (c) relevant to the Reassessment; and
 - (d) relevant for the purposes of monitoring my compliance with this Undertaking.