

**UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT**  
**(“Undertaking”)**

**of**

**DR. PAVEL FRANTISEK STRAKA**  
**(“Dr. Straka”)**

**to**

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

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**A. 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;

“OHIP” means the Ontario Health Insurance Plan;

“Discipline Committee” means the Discipline Committee of the College;

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

**(2) I, Dr. Straka, certificate of registration number 33493, am a member of the College.**

**(3) I, Dr. Straka, acknowledge that the College conducted several investigations, bearing File Numbers 7215631, 7215486, and 7214363 (the “Investigations”), into whether I engaged in professional misconduct and/or am incompetent in my anesthesiology practice, including my prescribing of narcotics and controlled substances and my provision of anesthesiology at premises outside a hospital setting.**

**(4) I, Dr. Straka, acknowledge that there has been no referral to the Discipline Committee in respect of the Investigations and that, after the College receives an original copy of this Undertaking as signed by me, no further action will be taken on the Investigations.**

**B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT**

**(5) I, Dr. Straka, hereby resign from the College effective 23:59 hours on April 30, 2018 (the “Effective Date”).**

- (6) I, **Dr. Straka**, hereby undertake not to apply or re-apply for registration as a physician to practice medicine in Ontario or any other jurisdiction after the Effective Date.
- (7) I, **Dr. Straka**, 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 the Investigations it terminated as a result of this Undertaking and/or to proceed with a referral of specified allegations arising from the Investigations to the Discipline Committee.
- (8) I, **Dr. Straka**, 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.
- (9) I, **Dr. Straka**, 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.
- (10) I, **Dr. Straka**, 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"**.
- (11) I, **Dr. Straka**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (12) I, **Dr. Straka**, 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.
- (13) I, **Dr. Straka**, 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.
- (14) I, **Dr. Straka**, 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.
- (15) I, **Dr. Straka**, acknowledge that I have executed the OHIP consent form, attached hereto as **Appendix "B"** and that the consent forms part of this Undertaking.

(16) ***Public Register***

- (a) I, **Dr. Straka**, consent to this Undertaking being posted on the Public Register.
- (b) I, **Dr. Straka**, acknowledge that, in addition to this Undertaking being posted in accordance with section (16)(a) above, the following summary shall be posted on the Public Register during the period that this Undertaking remains in effect:

Several College investigations were conducted into whether Dr. Straka engaged in professional misconduct or was incompetent in his anesthesiology practice, including his prescribing of narcotics and controlled substances and his provision of anesthesiology at premises outside a hospital setting. In the face of these allegations, Dr. Straka has resigned from the College and agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction.