

**ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL**

**Citation:** *Margaliot v. College of Physicians and Surgeons of Ontario*, 2022 ONPSDT 20

**Date:** May 17, 2022

**Tribunal File No.:** 22-003

**BETWEEN:**

Dr. Zvi Margaliot

- and -

College of Physicians and Surgeons of Ontario

**REINSTATEMENT APPLICATION REASONS**

**Heard:** March 30, 2022, by videoconference

**Panel:**

Ms. Sophie Martel (chair)

Ms. Julia Goyal

Dr. Allan Kaplan

Mr. Paul Malette, Q.C.

Dr. Deborah Robertson

**Appearances:**

Mr. Rob Sidhu, for the College

Ms. Lisa Constantine, for Dr. Margaliot

**RESTRICTION ON PUBLICATION**

The Tribunal ordered, under ss. 45-47 of the Health Professions Procedural Code, that no one may publish or broadcast the identity of, or any information that could disclose the identity of the patient referred to during the Tribunal hearing or in any documents filed with the Tribunal. There may be significant fines for breaching this order.

## Introduction

- [1] Dr. Margaliot applies for reinstatement of his certificate of registration in accordance with s. 72 of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991*, SO 1991, c. 18. The Discipline Committee revoked Dr. Margaliot's certificate of registration effective September 19, 2016, after it found that he had engaged in the sexual abuse of a patient.
- [2] The College does not oppose Dr. Margaliot's application for reinstatement.
- [3] We find that Dr. Margaliot's certificate of registration should be reinstated subject to terms, conditions and limitations. These are our reasons.

## Background

- [4] Dr. Margaliot obtained a certificate of registration authorizing independent practice in Ontario in 2005. He was certified by the Royal College of Physicians and Surgeons of Canada as a specialist in plastic surgery and practised medicine in Ontario as a hand surgeon until his certificate of registration was revoked.
- [5] Dr. Margaliot treated Patient A between March 2009 and June 2010. He performed two surgeries on her wrist during this time. He again treated Patient A for wrist complaints in January 2011 and March 2011. In April 2010, Dr. Margaliot accepted Patient A's friend request through Facebook. After Patient A contacted Dr. Margaliot through Facebook in August 2010, they began exchanging emails and texts, some of which were of a sexual nature. They also began a sexual relationship in March 2011, which continued on and off in 2011 and 2012.
- [6] Dr. Margaliot did not contest that he engaged in sexual abuse and disgraceful, dishonourable and unprofessional conduct by: (a) making remarks of a sexual nature not appropriate to the care provided; and (b) engaging in a sexual relationship, which included intercourse during the physician-patient relationship.
- [7] The Discipline Committee found that Dr. Margaliot committed an act of professional misconduct in that he engaged in the sexual abuse of a patient and he engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable, or unprofessional.

- [8] As is statutorily required following a finding of sexual abuse including sexual intercourse, the Discipline Committee directed that the Registrar revoke Dr. Margaliot's certificate of registration, effective September 19, 2016.

### **The Test for Reinstatement**

- [9] Section 72 of the Code provides that a person whose certificate of registration has been revoked because of disciplinary proceedings may apply to have a new certificate issued. An application in relation to a revocation for sexual abuse of a patient cannot be made earlier than five years after the date on which the certificate of registration was revoked.
- [10] Following a hearing on the application, the Tribunal may direct the Registrar to issue a certificate of registration to the applicant and may direct the Registrar to impose specified terms, conditions and limitations on the certificate of registration.
- [11] Dr. Margaliot bears the burden of proof to establish suitability for reinstatement of his certificate of registration. The standard of proof is the balance of probabilities. In other words, Dr. Margaliot must satisfy the Tribunal that it is more likely than not that he is a suitable candidate for reinstatement having regard to the factors outlined below.
- [12] The parties agree that the general requirements for a certificate of registration that are set out in O. Reg. 865/93 under the *Medicine Act, 1991*, SO 1991, c. 30 apply to an application for reinstatement. The Tribunal should be satisfied that Dr. Margaliot:
- a) is mentally competent to practise medicine,
  - b) will practise medicine with decency, integrity and honesty and in accordance with the law;
  - c) has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate; and
  - d) can communicate effectively and will display an appropriately professional attitude.

[13] In a reinstatement hearing, the Tribunal generally addresses the following two broad issues:

1. What is the risk of further misconduct, and if there is a risk, is it manageable with terms, conditions and limitations?
2. Is the applicant suitable to practise both in terms of protection of the public and the confidence of the public in the profession's ability to govern itself? (*College of Physicians and Surgeons of Ontario v. Gillen*, 2010 ONCPSD 14)

[14] In determining these issues, we considered the following factors articulated in *College of Physicians and Surgeons of Ontario v. Manohar*, 2014 ONCPSD 17:

- the facts giving rise to the misconduct that led to revocation, and other past conduct relevant to the physician's suitability to return to practice;
- changes in the physician's circumstances since the time of revocation;
- the success of rehabilitation, including the degree of insight into past inappropriate conduct;
- the physician's current mental health and future prognosis;
- the physician's attempts at restitution, if any;
- the physician's current knowledge, skill and judgment;
- the physician's present character – will the physician practise medicine with decency, integrity and honesty and in accordance with the law;
- the protection of the public; and
- the impact of the physician's reinstatement on the reputation of the profession.

[15] Rule 15.02 of the Tribunal's Rules of Procedure also specifies procedural requirements in an application for reinstatement. These requirements were met in the present case.

## Analysis

[16] There is no dispute that the facts giving rise to the revocation are egregious.

Sexual abuse of a patient including sexual intercourse is serious misconduct giving rise to mandatory revocation. Even then, however, the legislation gives the revoked physician a right to reapply for registration. Dr. Margaliot has satisfied us that he has learned from his mistakes and should be allowed to practise subject to terms, conditions and limitations.

### Five-year requirement

[17] First, we find that the prerequisite of s. 72 of the Code is met. At least five years have elapsed since Dr. Margaliot's certificate of registration was revoked.

### Facts giving rise to the misconduct

[18] Sexual abuse by its nature constitutes serious misconduct. Counsel for Dr.

Margaliot referred us to two prior decisions where the Discipline Committee reinstated physicians' certificates of registration that had been revoked because of sexual abuse and who had also engaged in dishonesty. In *Manohar*, the family physician not only had sexual intercourse with his patient, he also asked the patient to provide false information to the College, told the patient he would pay some of her legal fees, told her that he would perform free cosmetic treatment on her and lied to the College's investigators. The Discipline Committee nevertheless granted Dr. Manohar's application for reinstatement subject to terms, conditions and limitations. The Discipline Committee found that Dr. Manohar had engaged in self-reflection, that he had changed, that he was remorseful and that he was willing to take responsibility for his actions.

[19] In *Williams v. College of Physicians and Surgeons of Ontario*, 2018 ONCPSD 70, the family physician not only engaged in sexual intercourse with his patient, he also drafted a recantation letter for the complainant. Furthermore, Dr. Williams made a false chart entry. The Discipline Committee held that Dr. Williams's certificate of registration should be reinstated subject to terms, conditions and limitations. The Discipline Committee was of the view that Dr. Williams's circumstances, which included a history of addiction, had changed, that he displayed regret and remorse and that he had taken responsibility for his actions.

[20] The decisions in *Manohar* and *Williams* confirm that a previous revocation for sexual abuse is not in itself an unsurmountable barrier to reinstatement, provided the Tribunal is satisfied that change and learning have taken place and that the risk of further misconduct is low. While we do not wish to minimize in any way the sexual misconduct in this case, we note that there were no additional allegations of misconduct against Dr. Margaliot, such as allegations relating to dishonesty. We now address his rehabilitation.

### Rehabilitation

[21] Dr. Margaliot has engaged in extensive therapy and counselling since around the time that he first received the 2013 College complaint to the present. His health practitioners attest to his commitment to rehabilitation and the work he has undergone to ensure that he will not engage in future patient boundary violations. We outline their opinions in the following paragraphs.

[22] Dr. Margaliot reached out to Dr. Steiner, a registered psychologist, in late 2012, prior to receiving the complaint in March 2013. He first saw Dr. Steiner in January 2013 for psychotherapy services. In his report of January 28, 2017, Dr. Steiner advised that Dr. Margaliot displayed sustained progress in terms of his insight into the roots of his conduct and the ability to process this history in a constructive and healing manner. He was able to map out a clear plan of extra precautions to ensure that he never again violates the boundaries of the patient-physician relationship. According to Dr. Steiner, Dr. Margaliot understood his vulnerabilities and their impact on his conduct. He was fully committed to the treatment process and had taken the proper steps to ensure that his mistake never occurred again. At the Tribunal hearing, Dr. Margaliot testified that he continues to speak with Dr. Steiner on an occasional basis.

[23] Dr. Margaliot also underwent couples and individual therapy with Blanche Wiseman, a registered social worker, between 2014 and 2016. In her report of February 6, 2017, Ms. Wiseman noted Dr. Margaliot had the courage to look within himself and was fully committed to the treatment process. He was able to express an awareness of his unhealthy behaviours and profound feelings of shame. Based on Dr. Margaliot's progress and his commitment to his treatment, Ms. Wiseman

believed it was unlikely that he would repeat the violation for which his certificate of registration was revoked.

- [24] Ms. Wiseman also referred Dr. Margaliot to David Kaufman, a certified addiction counsellor, for behavioural therapy. Mr. Kaufman saw Dr. Margaliot on a regular basis for counselling throughout 2014, 2015 and 2016. In his report of January 24, 2017, Mr. Kaufman described his work with Dr. Margaliot, which consisted of intensive one-on-one therapy sessions, several sessions of group therapy, written work assignments and reading materials on understanding sexuality, sexual compulsions and addiction, emotional development and change and attachment issues. They explored the origins of his behaviour patterns and their impact on his emotional well-being and adult relationships. Mr. Kaufman wrote that he had witnessed profound alteration in Dr. Margaliot's ability to successfully negotiate and process external and internal stresses and challenge, and to also express a range of feelings and thoughts in a healthy and meaningful manner. It was Mr. Kaufman's opinion that Dr. Margaliot was committed to maintaining the ethical standards of his profession and that he did not present an ongoing danger to the public. At the Tribunal hearing, Dr. Margaliot testified that Mr. Kaufman remains available to him.
- [25] After the revocation of his certificate of registration in Ontario and after having made significant progress in his rehabilitation, Dr. Margaliot testified that he applied to multiple jurisdictions to try to continue to practise medicine and do what he had been trained and loved to do: treat patients as a hand surgeon. As a result of his rehabilitation work, he felt ready and safe to resume a practice. Ultimately, the Oregon Medical Board accepted his application in September 2017, subject to conditions and restrictions. One of these conditions was that Dr. Margaliot attend regular therapy, which he underwent with Dr. Dodson, a psychiatrist. Dr. Dodson met with Dr. Margaliot 12 times. During that time, Dr. Margaliot showed remorse for his poor judgment regarding his boundary violation, had involved himself in faith-based support and had demonstrated that he was able to manage himself emotionally in a very difficult life circumstance. According to Dr. Dodson, Dr. Margaliot was at a lower risk of a patient boundary violation than the average physician who had not been through such a rigorous disciplinary process. Dr. Dodson recommended that Dr. Margaliot's stipulated Oregon order be terminated. At the Tribunal hearing, Dr. Margaliot testified that he practised in Oregon until

December 2018. While he could have continued practising in Oregon, he decided to return to Ontario to be closer to his children.

- [26] More recently, Dr. Margaliot underwent a comprehensive program with Gail Siskind, a professional coach, on “establishing and maintaining professional boundaries with patients; preventing sexual abuse of patients.” Following completion of this program, Ms. Siskind wrote:

...[Dr. Margaliot] has come to a comprehensive knowledge and understanding of why and how he must establish strong boundaries with his patients, with the absolute imperative to prevent sexual abuse. Being self-critical has given him an advantage in that he has used past courses, this current program and extensive psychotherapy to become well-informed about factors that led him to make poor judgments regarding his sexual misconduct. The knowledge of and appreciation for ethical theory as a foundation for delivering on commitments to his patients, has advanced his sense of who he is as a health care professional and the professionalism which he must demonstrate. He clearly understands that having sexual relations with a patient is a violation of his fiduciary responsibility to a patient and a repudiation of his accountability to CPSO, to conduct his practice of Medicine [sic] in the public interest.

- [27] Dr. Margaliot testified about his work with Ms. Siskind. She structured a one-on-one course for him, which included materials he had to reflect upon. He testified that he found her coaching very helpful and that it provided him with a structured framework by which to understand ethics and the virtues of an ethical practice.
- [28] The above opinions in our view confirm the extensive rehabilitation work that Dr. Margaliot has undertaken. Furthermore, the opinions support a finding of low risk of future misconduct.

#### Testimony regarding insight and change

- [29] In addition to the opinions discussed above, Dr. Margaliot’s testimony also demonstrated insight into his behaviour. He testified that he accepted that his conduct was an egregious breach of his ethics and his duty to his patient. He understood that his misconduct could impact the patient’s ability to trust a physician and seek medical care in the future. He understood the privilege of the CPSO’s regulation of the profession in the public interest and that he had violated the trust society puts in physicians to monitor themselves and behave ethically. He



appreciated that he had betrayed not only the patient but also society and the profession.

- [30] Dr. Margaliot also testified about the personal changes he has made in his life. He realized that he had been an unsupportive and absent husband and father with no social frameworks, which made him more vulnerable to patient boundary violations. Dr. Margaliot explained that he has since developed greater maturity with his emotions. He has learned to express his feelings and to rely on friends. He is more integrated in his community and is a better father, now seeing his children regularly. While he is divorced from his previous spouse, he is in a steady and stable relationship. Dr. Margaliot testified that he also understands the need to maintain his own health and self-care including regular exercise, meditation, sleep and carving out time for his family. He further testified that he had found solace in becoming more involved in his religious community. His religious beliefs have given him a better understanding that every day is an opportunity to make amends and start over.

#### Current knowledge, skill and judgment

- [31] There are no allegations that Dr. Margaliot was not a competent hand surgeon prior to the revocation of his certificate of registration. We reviewed numerous letters of support from past colleagues, which attest to his surgical and communication skills.
- [32] Since the revocation of his certificate of registration, Dr. Margaliot has continued to participate in continuing medical education (CME) and has filed a record of his CME with the Royal College of Physicians.
- [33] He also prepared an individualized education plan (IEP) in support of his request for reinstatement. In his testimony, Dr. Margaliot described how he structured the program. He established a weekly schedule to review the most important topics from a structured hand surgery course published by the American Society for Surgery of the Hand.
- [34] Dr. Hay, a College medical advisor, and Lisa Wilson, a College employee who works with physicians who are either changing their scope of practice or who are re-entering practice after an extended absence, reviewed the IEP and provided their comments and opinions. They are of the view that six months of moderate-

level supervision would be appropriate for Dr. Margaliot, subject to positive reports from a supervisor acceptable to the College.

[35] While in practice in Oregon in 2018, Dr. Margaliot handled approximately 300 cases relating to several conditions including trauma, lacerations, carpal tunnel syndrome, ganglions and arthritis. On average, he operated one-and-a-half to two days per week during this time.

[36] Dr. Margaliot advised that he has located a supervisor provisionally approved by the College. He has had preliminary meetings about joining the practice of an existing plastic surgeon, in which he would “start off small” with a view to enlarging the practice over time. Dr. Margaliot testified that he had reviewed the proposed draft order, that it made sense to him and that he agreed to observe and fulfill it.

#### Dr. Margaliot’s current health

[37] Dr. Margaliot underwent an assessment with the Physician Health Program (PHP) of the Ontario Medical Association. In a report dated March 17, 2022, Dr. Albuquerque, the coordinator of the assessment, wrote that Dr. Margaliot had made gains with therapy such that a return to clinical work could be considered. Dr. Albuquerque further indicated that Dr. Margaliot did not meet the criteria for the PHP’s mental health or substance use monitoring programs.

[38] Dr. Margaliot’s family physician for the past 10 years, Dr. Sischy, reported that Dr. Margaliot does not have any physical or mental ailment that would impact his ability to safely practise medicine.

#### Conclusion

[39] We conclude that the general requirements for a certificate of registration set out in the *Medicine Act* are satisfied. The reports of the PHP and of Dr. Margaliot’s family physician indicate that Dr. Margaliot is mentally competent to practise medicine. Dr. Margaliot’s testimony and the reports outlined in this decision support the conclusion that he will practise medicine with decency, integrity and honesty and in accordance with the law. They also support that he can communicate effectively and will display an appropriately professional attitude. Furthermore, Dr. Margaliot’s testimony and his IEP show that he has sufficient knowledge, skill and judgment to engage in the kind of medical practice authorized by the certificate.

[40] Additionally, we are satisfied that Dr. Margaliot has positively satisfied the two main questions we must answer in an application for reinstatement. The risk of misconduct, in our view, is low, and can be managed with terms, conditions and limitations set out below. We are also satisfied that Dr. Margaliot is suitable to practise both in terms of protection of the public and the confidence of the public in the profession's ability to govern itself. He has undergone extensive rehabilitation and understands what made him vulnerable to a patient boundary violation. He has made the necessary changes to ensure such violations do not occur in the future. We are also reassured by the supports that Dr. Margaliot now has in place. He has an ongoing relationship with Dr. Steiner, he can reach out to Mr. Kaufman if necessary and he has social, family and religious supports. The public derives benefits from the return to practice of a rehabilitated physician who is not currently a risk to the public and who will practise with decency, honesty and integrity.

### **Terms, Conditions and Limitations**

- [41] We accept the jointly proposed order. The full text is attached as an appendix. We outline some of its salient features, which in our view, further support the management of any patient risks.
- [42] The order provides for a period of at least six months of moderate-level supervision by the clinical supervisor, followed by a period of low-level supervision until completion of an assessment of Dr. Margaliot's practice by a College-appointed assessor.
- [43] During the period of moderate-level supervision, the clinical supervisor will meet at regular specified intervals with Dr. Margaliot, review patient charts, discuss issues and make recommendations for any practice improvements and ongoing professional development. The clinical supervisor is to directly observe Dr. Margaliot's first 10 procedures. The clinical supervisor must also report to the College at specified intervals.
- [44] Provided the clinical supervisor concludes that Dr. Margaliot is ready to transition to independent practice, he will practise under low-level supervision until completion of an assessment of his practice. During this time, the clinical supervisor will continue to review patient charts and make recommendations to Dr. Margaliot for any practice improvements and ongoing professional development.

- [45] Dr. Margaliot will undergo an assessment of his practice, which may include a review of patient charts, direct observation of his practice, an interview with him, interviews with colleagues and coworkers, feedback from patients and any other types of information deemed necessary by the College. Upon review of the assessor's report, the College will determine whether Dr. Margaliot can enter unsupervised practice.
- [46] Throughout the period of supervision, the clinical supervisor is to immediately notify the College of concerns relating to Dr. Margaliot's standard of practice, if he is not in compliance with the provisions of the order or if his patients may be exposed to risk of harm or injury.
- [47] The order also makes provision for professional education and Dr. Margaliot's participation in all aspects of the IEP.
- [48] Furthermore, the order includes additional monitoring terms. Dr. Margaliot is to inform the College of each location where he practises, is to cooperate with unannounced inspections of his practice by the College and is to provide the College with his consent to make inquiries of the Ontario Health Insurance Plan, for the College to monitor his compliance with the terms of the order.
- [49] Dr. Margaliot will be subject to the College's Ensuring Competence Policy and will not perform procedures that were not the subject of clinical supervision and assessment until he receives College approval to do so.
- [50] Finally, Dr. Margaliot is solely responsible for costs and expenses associated with implementing the terms of the order.

## **Order**

- [51] We order and direct the Registrar to issue a certificate of registration to Dr. Margaliot and to impose the terms, conditions and limitations set out in the appendix to these reasons on Dr. Margaliot's certificate of registration.

## APPENDIX

### TERMS, CONDITIONS AND LIMITATIONS

#### **Clinical Supervision**

- (a) Prior to commencing practice, Dr. Margaliot shall retain at his own expense, a clinical supervisor acceptable to the College (the "Clinical Supervisor") who has executed an undertaking in the form attached at **Schedule "A"**.
- (b) Dr. Margaliot shall only practice under the supervision of the Clinical Supervisor, unless he is acting as a surgical assistant and is not the MRP.
- (c) Clinical supervision shall cease only on approval of the College in its sole discretion in accordance with the terms outlined in this Order.

#### **Moderate Level Supervision**

- (d) For a period of no less than six (6) months, Dr. Margaliot shall practice under moderate level supervision ("**Moderate Level Supervision**") by the Clinical Supervisor in accordance with the College-approved Individualized Educational Plan (the "**IEP**") attached hereto as **Schedule "B"**, **Schedule "A"** and the terms set out below.
- (e) During Moderate Level Supervision, Dr. Margaliot shall be the Most Responsible Physician ("MRP").
- (f) During Moderate Level Supervision, Dr. Margaliot shall not practice unless the Clinical Supervisor is available onsite or by telephone at all times.

#### **Moderate Level Supervision- Phase One**

- (g) During the first month of Moderate Level Supervision, the Clinical Supervisor shall:
  - (i) meet with Dr. Margaliot once every two (2) weeks, at which meeting the Clinical Supervisor will:
    - a. review a minimum of 10 charts, to be selected in the sole discretion of the Clinical Supervisor, to review and comment on diagnosis, documentation and treatment plan, and to discuss any issues or concerns arising from this review with Dr. Margaliot;
    - b. to make recommendations to Dr. Margaliot for any practice improvements and ongoing professional development, and inquire into Dr. Margaliot's compliance with the recommendations.
    - c. keep a log of all patient charts reviewed along with patient identifiers.
  - (ii) directly observe Dr. Margaliot performing his first 10 procedures, and maintain a log of all procedures observed along with patient identifiers.

This requirement shall remain in place until Dr. Margaliot has completed 10 procedures, regardless of whether they occur during the first month of supervision.

- (iii) The Clinical Supervisor shall provide a report to the College after the completion of the first month of Moderate Level Supervision, and monthly thereafter if Phase One is extended, which shall include comment on:
  - a. Dr. Margaliot's management of patients;
  - b. procedures and presentations that Dr. Margaliot is competent to manage/perform;
  - c. the procedures and presentations for which Dr. Margaliot needs further education, if any;
  - d. topics reviewed and success in implementing changes in practice;
  - e. Dr. Margaliot's review of current practice guidelines;
  - f. a list of the type of procedures undertaken by Dr. Margaliot, and
  - g. all information that might assist the College in evaluating Dr. Margaliot's standard of practice, as well as Dr. Margaliot's participation in and compliance with the requirements set out in the Order.
- (h) After a minimum of one (1) month of supervision, if the Clinical Supervisor is satisfied that Dr. Margaliot's care and treatment of patients meets the standard of practice of the profession, the Clinical Supervisor may recommend to the College that Dr. Margaliot commence **Moderate Level Supervision - Phase Two**, as set out below. For greater clarity, Moderate Level Supervision- Phase One shall continue until such recommendation is made and the College approves the transition to **Moderate Level Supervision - Phase Two**.

### ***Moderate Level Supervision- Phase Two***

- (i) Upon the recommendation of the Clinical Supervisor and approval of the College to commence **Moderate Level Supervision- Phase Two**, Dr. Margaliot will meet with the Clinical Supervisor one (1) time per month, at which meetings the Clinical Supervisor will:
  - (i) review a minimum of 10 charts, to be selected in the sole discretion of the Clinical Supervisor, to review and comment on diagnosis, documentation and treatment plan, and to discuss any issues or concerns arising from this review with Dr. Margaliot;
  - (ii) to make recommendations to Dr. Margaliot for any practice improvements and ongoing professional development, and inquire into Dr. Margaliot's compliance with the recommendations.
  - (iii) keep a log of all patient charts reviewed along with patient identifiers.

- (j) The Clinical Supervisor shall provide a report to the College after the second month of Moderate Level Supervision- Phase Two, which shall include comment on:
  - a. Dr. Margaliot's management of patients;
  - b. procedures and presentations that Dr. Margaliot is competent to manage/perform;
  - c. the procedures and presentations for which Dr. Margaliot needs further education, if any;
  - d. topics reviewed and success in implementing changes in practice;
  - e. Dr. Margaliot's review of current practice guidelines;
  - f. a list of the type of procedures undertaken by Dr. Margaliot, and
  - g. All information that might assist the College in evaluating Dr. Margaliot's standard of practice, as well as Dr. Margaliot's participation in and compliance with the requirements set out in the Order
- (k) The Clinical Supervisor shall provide a report to the College after the completion of five months of Moderate Level Supervision- Phase Two, and shall continue to report every three months thereafter if Moderate Level Supervision- Phase Two is extended, commenting on:
  - a. Dr. Margaliot's management of patients;
  - b. procedures and presentations that Dr. Margaliot is competent to manage/perform;
  - c. the procedures and presentations for which Dr. Margaliot needs further education, if any;
  - d. topics reviewed and success in implementing changes in practice;
  - e. Dr. Margaliot's review of current practice guidelines;
  - f. a list of the type of procedures undertaken by Dr. Margaliot;
  - g. All information that might assist the College in evaluating Dr. Margaliot's standard of practice, as well as Dr. Margaliot's participation in and compliance with the requirements set out in the Order; and
- (l) After no less than six (6) months of **Moderate Level Supervision (Phase One and Phase Two)**, the Clinical Supervisor shall provide their opinion as to whether Dr. Margaliot is ready to transition to independent practice.

### ***Low Level Supervision***

- (m) Upon the recommendation of the Clinical Supervisor that Dr. Margaliot may

transition to independent practice, Dr. Margaliot will practice under **Low Level Supervision**, until completion of the Assessment set out below, and until approved by the College to enter unsupervised practice.

- (n) During Low Level Supervision, Dr. Margaliot will meet with the Clinical Supervisor one (1) time per month, at which meetings the Clinical Supervisor will:
  - (i) review a minimum of 10 charts, to be selected in the sole discretion of the Clinical Supervisor, to review and comment on diagnosis, documentation and treatment plan, and to discuss any issues or concerns arising from this review with Dr. Margaliot;
  - (ii) to make recommendations to Dr. Margaliot for any practice improvements and ongoing professional development, and inquire into Dr. Margaliot's compliance with the recommendations.
  - (iii) keep a log of all patient charts reviewed along with patient identifiers.
  - (iv) No further reporting is required by the Clinical Supervisor unless the Clinical Supervisor has concerns about Dr. Margaliot or his practice.

### ***Assessment of Practice***

- (o) Upon the recommendation of the Clinical Supervisor that Dr. Margaliot may transition to independent practice and with the approval of the College, Dr. Margaliot shall undergo an assessment of his practice (the "**Assessment**") by a College-appointed assessor or assessors (the "**Assessor**"). For clarity, until the Assessment is complete and the College approves Dr. Margaliot's entry into unsupervised practice, Dr. Margaliot shall continue to practice under Low Level Supervision.
- (p) The Assessment shall include, at the discretion of the College, any one or more of the following: a review of Dr. Margaliot's patient charts, direct observation of Dr. Margaliot's practice, an interview with Dr. Margaliot, interviews with colleagues and coworkers, feedback from patients, and any other tools deemed necessary by the College. Dr. Margaliot shall abide by all recommendations made by the Assessor.
- (q) The Assessor shall be provided with all information the College determines is relevant including this Order, the Discipline Committee's Reasons for Decision in this matter, the copies of the reports of the Clinical Supervisor(s) referred to above, the decision of the (then called) Discipline Committee of the College of Physicians and Surgeons of Ontario in *Ontario (College of Physicians and Surgeons of Ontario) v. Margaliot*, 2016 ONCPSD 53 and the Statement of Facts and Plea of No Contest, as relied upon (and entered as Exhibit 2) in *Ontario (College of Physicians and Surgeons of Ontario) v. Margaliot*, 2016 ONCPSD 53.
- (r) The Assessor shall submit a written report to the College regarding Dr. Margaliot's standard of practice and this report may form the basis for further action by the College.



- (s) The College shall review the final assessment report of the Assessor and make a determination, in its sole discretion, as to whether Dr. Margaliot can enter unsupervised practice. For clarity, Dr. Margaliot shall not enter unsupervised practice unless and until the College approves him to do so.

### ***Other Elements of Clinical Supervision and Assessment***

- (t) Dr. Margaliot shall cooperate fully with the Clinical Supervision and abide by abide by all recommendations of the Clinical Supervisor(s), including but not limited to, any recommended practice improvements and professional development.
- (u) The Clinical Supervisor shall immediately notify the College if they are concerned that Dr. Margaliot's practice may fall below the standard of practice of the profession, Dr. Margaliot may not be in compliance with the provisions of this Order or Dr. Margaliot's patients may be exposed to risk of harm or injury.
- (v) If a person who has given an undertaking in Schedule "A" to this Order is unable or unwilling to fulfill its provisions during **Moderate Level Supervision**, Dr. Margaliot shall cease practicing medicine immediately until he has obtained a Clinical Supervisor acceptable to the College, and this will constitute a term, condition, or limitation on his certificate of registration, which will be included on the College's public register.
- (w) If a person who has given an undertaking in Schedule "A" to this Order is unable or unwilling to fulfill its provisions during **Low Level Supervision**, Dr. Margaliot shall, within fourteen (14) days of receiving notice of the same, ensure that he has delivered to the College an executed undertaking in the same form from a similarly qualified person who is acceptable to the College.
- (x) If Dr. Margaliot is unable to obtain a Clinical Supervisor as set out in this Order within 14 days, he shall cease practicing medicine until he has obtained a Clinical Supervisor acceptable to the College, and this will constitute a term, condition, or limitation on his certificate of registration, which will be included on the College's public register.
- (y) The patient charts reviewed by the Clinical Supervisor pursuant to this Order shall be selected by the Clinical Supervisor based on the educational needs identified in the IEP and based on any concerns that may arise during the period of Clinical Supervision.
- (z) Dr. Margaliot shall consent to the disclosure and sharing of information between the Clinical Supervisor(s), the Assessor(s) and the College as the College deems necessary or desirable in order to fulfill their respective obligations.

### ***Professional Education***

- (aa) Dr. Margaliot shall review, reflect and discuss with his Clinical Supervisor the College of Family Physicians of Canada three-part article on patient centred interviewing:
  - (i) <https://www.cfpc.ca/CFPC/media/Resources/Examinations/Patient->

[Centred-Interviewing.pdf](#)

(ii) <https://www.cfpc.ca/uploadedFiles/Education/Finding%20Common%20Ground.pdf>

(iii) <https://www.cfpc.ca/CFPC/media/Resources/Examinations/Five-Provocative-Questions.pdf>

(bb) Dr. Margaliot shall participate in, and successfully complete, all aspects of the IEP, attached hereto as Schedule “B”, including but not limited to professional education stipulated in the IEP, including:

- (i) Completion of the continuing professional development (“**CPD**”) program relevant to the practice of Plastic Surgery approved by the College (the “**Personal CPD Program**”) as specified in Appendix “A” to the IEP (Schedule B);
- (ii) Discuss the Personal CPD Program with the Clinical Supervisor and complete any additional CPD assigned by the Clinical Supervisor, if any
- (iii) Complete the CPD Program during the twelve (12) months following reinstatement; and

### ***Monitoring and Other Terms***

- (cc) Dr. Margaliot shall inform the College of each and every location where he practices, including but not limited to hospitals(s), clinic(s) and office(s), in any jurisdiction, within five (5) days of this Order. Going forward, he shall inform the College of any and all new Practice Locations in any jurisdiction five (5) days in advance of commencing practice at that location.
- (dd) Dr. Margaliot shall cooperate, and shall not interfere with, unannounced inspections of his practice by the College and to any other activity the College deems necessary for the purpose of monitoring Dr. Margaliot’s compliance with the terms of this Order.
- (ee) Dr. Margaliot shall provide the College with his irrevocable consent to make enquiries of the Ontario Health Insurance Plan, and/or any person(s) or institution(s) that may have relevant information, in order for the College to monitor his compliance with the terms of this Order.
- (ff) If Dr. Margaliot wishes to perform procedures which were not the subject of Clinical Supervision and Assessment, Dr Margaliot shall be subject to the College Ensuring Competence Policy and shall not perform such procedures until receiving College approval to do so.
- (gg) Dr. Margaliot shall be solely responsible for any and all fees, costs, charges, expenses, etc. associated with implementing the terms of this Order.

SCHEDULE "A"

UNDERTAKING OF DR. \_\_\_\_\_  
TO THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

1. I am a practising member of the College, certificate of registration number \_\_\_\_\_.
2. I have read the Order of the Ontario Physicians and Surgeons Discipline Tribunal dated \_\_\_\_\_ regarding the reinstatement of Dr. Zvi Margalio's certificate of registration (number 68746) (the "**Order**") and the Tribunal's Reasons for Decision in respect of same, the Statement of Facts and Plea of No Contest, as relied upon (and entered as Exhibit 2) in *Ontario (College of Physicians and Surgeons of Ontario) v. Margalio*, 2016 ONCPSD 53, the decision of the (then called) Discipline Committee of the College of Physicians and Surgeons of Ontario in *Ontario (College of Physicians and Surgeons of Ontario) v. Margalio*, 2016 ONCPSD 53.
3. I understand the terms, conditions and limitations that the Tribunal directed the Registrar of the College to impose upon Dr. Margalio's certificate of registration, as set forth in the Order. I also understand the concerns regarding Dr. Margalio's return to practice.
4. I will review, as soon as practicable, any additional materials provided to me by the College, including the College's Guidelines for College-Directed Clinical Supervision.
5. I undertake that commencing from the date I sign this undertaking, I shall act as Dr. Margalio's Clinical Supervisor ("**Clinical Supervisor**"), for at least six (6) months ("**Clinical Supervision**"), as outlined in the Order (including the Individualized Education Plan ("**IEP**") attached as Schedule "B" to the Order).
6. During Moderate Level Supervision, my obligations shall include, at a minimum:
  - (a) I must remain available onsite or by telephone at all times while Dr. Margalio is practising medicine;
  - (b) **Moderate Level Supervision – Phase One**
    - (i) Initially, I will supervise Dr. Margalio at a moderate level of supervision ("**Moderate Level Supervision**") for a period of no less than one (1) month. During this period, Dr. Margalio will be the Most Responsible Physician ("MRP").
    - (ii) During Phase One of Moderate Level Supervision I will meet with Dr. Margalio at least once every two weeks. At these meetings, I will:
      - 1) Review a minimum of 10 charts, selected at my discretion, to review and comment on diagnosis, documentation and treatment plan, and to discuss any issues or concerns arising

- from this review with Dr. Margaliot;
- 2) Make recommendations to Dr. Margaliot for any practice improvements and ongoing professional development, and inquire into Dr. Margaliot's compliance with the recommendations;
  - 3) Keep a log of all patient charts reviewed along with patient identifiers;
- (iii) I will directly observe Dr. Margaliot performing his first 10 procedures, and maintain a log of all procedures observed along with patient identifiers. This requirement shall remain in place until Dr. Margaliot has completed 10 procedures, regardless of whether they occur during the first month of supervision
- (iv) I shall provide a report to the College after the completion of the first month of Moderate Level Supervision, which shall include comment on:
- a) Dr. Margaliot's management of patients;
  - b) procedures and presentations that Dr. Margaliot is competent to manage/perform;
  - c) the procedures and presentations for which Dr. Margaliot needs further education, if any;
  - d) topics reviewed and success in implementing changes in practice;
  - e) Dr. Margaliot's review of current practice guidelines;
  - f) a list of the type of procedures undertaken by Dr. Margaliot, and all information that might assist the College in evaluating Dr. Margaliot's standard of practice, as well as Dr. Margaliot's participation in and compliance with the requirements set out in the Order.
- (v) After a minimum of one (1) month of supervision, if I am satisfied that Dr. Margaliot's care and treatment of patients meets the standard of practice of the profession, I may recommend to the College that Dr. Margaliot commence **Moderate Level Supervision - Phase Two**, as set out below. For greater clarity, I understand that Moderate Level Supervision- Phase One shall continue until such recommendation is made and the College approves the transition.

**(c) Moderate Level Supervision – Phase Two**

- (i) After no less than one (1) month of Moderate Level Supervision – Phase One, if I report to the College that satisfactory progress has been made during this period, the College may, in its discretion, reduce the degree of moderate level supervision (“**Moderate Level**

**Supervision – Phase Two”).**

- (ii) During the period of Moderate Level Supervision – Phase Two, I will:
  - a) meet with Dr. Margaliot at least once per month to review at least ten (10) patient charts and review and comment on diagnosis, documentation and treatment plan, and to discuss any issues or concerns arising from this review with Dr. Margaliot;
  - b) make recommendations to Dr. Margaliot for any practice improvements and ongoing professional development, and inquire into Dr. Margaliot's compliance with the recommendations;
  - c) keep a log of all patient charts reviewed along with patient identifiers.
- (iii) After the second month of Moderate Level Supervision – Phase Two, I shall provide a report to the College. This will include comment on:
  - a) Dr. Margaliot's management of patients;
  - b) procedures and presentations that Dr. Margaliot is competent to manage/perform;
  - c) the procedures and presentations for which Dr. Margaliot needs further education, if any;
  - d) topics reviewed and success in implementing changes in practice;
  - e) Dr. Margaliot's review of current practice guidelines;
  - f) a list of the type of procedures undertaken by Dr. Margaliot, and
  - g) all information that might assist the College in evaluating Dr. Margaliot's standard of practice, as well as Dr. Margaliot's participation in and compliance with the requirements set out in the Order
- (iv) After five months of Moderate Level Supervision – Phase Two, I shall provide a report to the College, and shall continue to report every three months if Moderate Level Supervision – Phase Two is extended, commenting on:
  - a) Dr. Margaliot's management of patients;
  - b) procedures and presentations that Dr. Margaliot is competent to manage/perform;
  - c) the procedures and presentations for which Dr. Margaliot needs further education, if any;

- d) topics reviewed and success in implementing changes in practice;
  - e) Dr. Margaliot's review of current practice guidelines;
  - f) a list of the type of procedures undertaken by Dr. Margaliot, and
  - g) all information that might assist the College in evaluating Dr. Margaliot's standard of practice, as well as Dr. Margaliot's participation in and compliance with the requirements set out in the Order
- (v) After no less than six (6) months of Moderate Level Supervision (Phase One and Phase Two combined) I shall provide my opinion as to whether Dr. Margaliot is ready to transition to independent practice under Low Level Supervision.

**(d) Low Level Supervision**

- (i) After no less than six (6) months of Moderate Level Supervision, if I report to the College that satisfactory progress has been made during the period of Moderate Level Supervision and that Dr. Margaliot is ready to transition to independent practice, the College may, in its discretion, reduce the degree of supervision to a low level of supervision ("**Low Level Supervision**").
- (ii) During the period of Low Level Supervision:
  - a) I will meet with Dr. Margaliot one (1) time per month to review at least ten (10) patient charts; and
  - b) make recommendations to Dr. Margaliot for any practice improvements and ongoing professional development, and inquire into Dr. Margaliot's compliance with the recommendations;
  - c) keep a log of all patient charts reviewed along with patient identifiers.

7. I further 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 Schedule "B" to the Order including but not limited to:
  - a. Review and discuss the following literature with his Clinical Supervisor and how these principles apply to his discussions with patients in the clinical setting of plastic surgery:
    - CFPC Parts I, II and III: Patient-Centered Interviewing: <https://www.cfpc.ca/uploadedFiles/Education/Patient%20Centred%20Interviewing.pdf>

- <https://www.cfpc.ca/uploadedFiles/Education/Finding%20Common%20Ground.pdf>
    - <https://www.cfpc.ca/uploadedFiles/Education/Five%20Provocative%20Questions.pdf>
  - b. Review and discuss Dr. Margaliot's Personal CPD Program and make recommendations for additional CPD.
  - b) Be solely responsible for selecting all charts to be reviewed by me, independent of Dr. Margaliot's participation, on the basis of the educational needs identified in the IEP attached as Schedule "B" to the Order and any concerns that arise during the period of Clinical Supervision;
  - c) Discuss with Dr. Margaliot any concerns arising from such chart reviews, observation and other aspects of supervision;
  - d) Make recommendations to Dr. Margaliot for practice improvements and ongoing professional development and inquire into Dr. Margaliot's compliance with my recommendations;
  - e) If there is another Clinical Supervisor, communicate with the other Clinical Supervisor as needed, but in any event, no less than monthly; and
  - f) Perform any other duties, such as reviewing other documents or conducting interviews with staff or colleagues, that I deem necessary to Dr. Margaliot's Clinical Supervision.
8. I undertake that I shall immediately notify the College if I am concerned that:
- a) Dr. Margaliot's practice may fall below the standard of practice of the profession;
  - b) Dr. Margaliot's may not be in compliance with the provisions of the Order; or
  - c) Dr. Margaliot's patients may be exposed to risk of harm or injury.
9. I acknowledge that Dr. Margaliot has consented to my disclosure to the College and all other Clinical Supervisors and Assessors of all information the College deems necessary or desirable including all information relevant to any of the following:
- a) the Order;
  - b) the provisions of this, my Clinical Supervisor's undertaking;
  - c) any Assessment of Dr. Margaliot's practice;
  - d) monitoring compliance with the Order.
10. I acknowledge that all information that I become aware of in the course of my duties as Dr. Margaliot'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").

11. I undertake to notify the College and Dr. Margaliot in advance wherever possible, but in any case immediately following, any communication of information under section 36(1) of the RHPA.
12. I understand that Clinical Supervision shall cease only upon approval from the College.
13. I undertake to immediately inform the College in writing if Dr. Margaliot and I have terminated our Clinical Supervision relationship, or if I otherwise cannot fulfill the provisions of my undertaking.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_,  
2022

\_\_\_\_\_  
**Dr.**

\_\_\_\_\_  
Witness (*print name*)

\_\_\_\_\_  
Witness (*Signature*)



SCHEDULE "B"

This individualized education plan template is based on the *CanMEDS Physician Competency Framework*, an educational framework identifying and describing seven roles that lead to optimal health and health care outcomes. Further information is available from the College of Family Physicians of Canada (<https://www.cfpc.ca/canmedsfm/>) and the Royal College of Physicians and Surgeons of Canada (<http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e>).

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
<b>Medical Expert</b>	Practice that meets the standard of a competent Plastic Surgeon in the Province of Ontario.	<p><u>Clinical Supervision</u></p> <p>The supervision will be in two stages: Moderate with Direct Observation and Moderate Level Supervision</p> <p><u>Moderate Supervision</u></p> <p><i>Moderate level with direct observation for a minimum of 1 months (or longer, as necessary)</i></p> <p>Dr. Margaliot is the MRP<sup>1</sup></p> <p>Clinical Supervisor is immediately available onsite or by phone at all times.</p> <p><u>Month 1</u></p> <p>Clinical Supervisor will:</p>	<p>Clinical supervision reports that demonstrate Dr. Margaliot's commitment to learning and ongoing improvement and reflect ongoing discussion of educational resources outlined in the plan, with strategies to incorporate learning into practice.</p> <p>Evidence from CPSO-directed assessment of practice by CPSO- appointed assessor at conclusion of clinical supervision.</p>

<sup>1</sup> This IEP does not prevent Dr. Margaliot from acting in a capacity other than MRP such as a surgical assistant where the surgeon, and not Dr. Margaliot, is the MRP.

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
		<p>Meet with Dr. Margaliot on a bi-weekly (i.e. every other week) basis to:</p> <ul style="list-style-type: none"> <li>• Review a minimum of 10 charts to comment on diagnosis, documentation and treatment plan</li> <li>• Directly observe Dr. Margaliot performing the first 10 procedures or such lesser number as may occur during month 1.<sup>2</sup></li> </ul> <p>Report to CPSO after the first month of moderate level supervision commenting on:</p> <ul style="list-style-type: none"> <li>• management of patients</li> <li>• procedures and presentations that Dr. Margaliot is competent to manage/perform</li> <li>• procedures and presentations for which Dr. Margaliot needs further education, if any</li> <li>• topics reviewed and success in implementing changes in practice</li> <li>• Review of current practice guidelines relevant to the procedures performed or presenting issues seen by Dr. Margaliot</li> <li>• Procedure list</li> </ul>	

<sup>2</sup> If Dr. Margaliot does not perform 10 procedures during the first month, the supervisor will continue to review procedures during subsequent months until Dr. Margaliot has completed 10 procedures.

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
		<p><b><u>Months 2 through 6</u></b></p> <p>Clinical Supervisor will: Meet with Dr. Margaliot on a monthly basis to:</p> <ul style="list-style-type: none"> <li>• Review a minimum of 10 charts to comment on diagnosis, documentation and treatment plan</li> </ul> <p>Report to CPSO after the third month of moderate level supervision commenting on:</p> <ul style="list-style-type: none"> <li>• management of patients</li> <li>• procedures and presentations that Dr. Margaliot is competent to perform/manage</li> <li>• procedures or presentations for which Dr. Margaliot needs further education, if any</li> <li>• topics reviewed and success in implementing changes in practice</li> <li>• Review of current practice guidelines</li> <li>• Procedure list</li> </ul> <p>Report to CPSO after the sixth month of moderate level supervision commenting on the points above and:</p>	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
		<ul style="list-style-type: none"> <li>Support for independent practice</li> </ul> <p>Low level supervision would be in place until the College determines it is no longer necessary.</p> <p>Under low level supervision Dr. Margaliot and the Clinical Supervisor continue to meet monthly, as outlined above. No further reporting is required unless the Clinical Supervisor has concerns.</p>	
<b>Communicator</b> (Medical Record Keeping)	Documentation that meets the standard of a competent Plastic Surgeon in the Province of Ontario.	Clinical Supervisor will review medical records in order to thoroughly assess Dr. Margaliot's documentation including history taking, physical exam, diagnosis/differential diagnosis and planning of care.	
<b>Communicator</b> (Non-Record Keeping)	Demonstrate an understanding of general principles in effective communication for a Plastic Surgeon in Ontario.	<p>Dr. Margaliot will review and discuss the following literature with his Clinical Supervisor and how these principles apply to his discussions with patients in the clinical setting of plastic surgery:</p> <ul style="list-style-type: none"> <li>CFPC Parts I, II and III: Patient-Centered Interviewing:</li> </ul>	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
		<ul style="list-style-type: none"> <li>○ <a href="https://www.cfpc.ca/uploadedFiles/Education/Patient%20Centred%20Interviewing.pdf">https://www.cfpc.ca/uploadedFiles/Education/Patient%20Centred%20Interviewing.pdf</a></li> <li>○ <a href="https://www.cfpc.ca/uploadedFiles/Education/Finding%20Common%20Ground.pdf">https://www.cfpc.ca/uploadedFiles/Education/Finding%20Common%20Ground.pdf</a></li> <li>○ <a href="https://www.cfpc.ca/uploadedFiles/Education/Five%20Provocative%20Questions.pdf">https://www.cfpc.ca/uploadedFiles/Education/Five%20Provocative%20Questions.pdf</a></li> </ul>	
<b>Collaborator</b>	Demonstrate effective ongoing collaboration skills for a plastic surgeon in Ontario.	Dr. Margaliot will collaborate with other regulated professionals and other staff to optimize patient care.	
<b>Health Advocate</b>	Practice that meets the standard of a competent plastic surgeon in the Province of Ontario.	With the assistance of his Clinical Supervisor, Dr. Margaliot will discuss current investigative and treatment options for frequently presenting issues.	
<b>Leader</b>	Leadership and practice management that meets the standard of a competent plastic surgeon in Ontario.	Meet with support staff to optimize charting, follow ups, and no shows, and to encourage professional conduct and rapport with patients.	

<b>EDUCATIONAL NEED/CANMEDS ROLE</b>	<b>OUTCOMES (GOALS)</b>	<b>PROPOSED EDUCATIONAL METHOD</b>	<b>ASSESSMENT METHOD</b>
<b>Professional</b>  Understand my own limits and ask for help when needed.	Demonstration of an understanding of acceptable professional behaviour by a physician in the Province of Ontario.	Dr. Margaliot has completed a detailed one-on-one program regarding, <i>inter alia</i> , professionalism in clinical practice with Gail Siskind.	
<b>Scholar-CPD</b>	Participation in CPD that meets the requirements as outlined in the CPSO's Quality Assurance Regulation.	Dr. Margaliot will: <ul style="list-style-type: none"> <li>• Discuss topics assigned by his Clinical Supervisor;</li> <li>• Continue working on his prepared 12 month personal CPD program that meets the requirements of the Royal College (see Appendix A); and</li> <li>• Discuss the proposed CPD program with the Clinical Supervisor and modify the proposed CPD program pursuant to the recommendations of the Clinical Supervisor.</li> </ul>	Provide CPSO with: <ul style="list-style-type: none"> <li>• current certificate(s) of participation from a recognized body; and</li> <li>• CPD plan as approved by the Clinical Supervisor.</li> </ul>

## Appendix A

Personal CPD Program For Plastic Surgery, focused on hand and wrist subspecialization, in progress:

	Week	Topics
1.	Aug 1 – 6, 2021	<ul style="list-style-type: none"> <li>• Wound healing</li> <li>• Bone Healing</li> </ul>
2.	Aug 8 – 13, 2021	<ul style="list-style-type: none"> <li>• Metacarpal and Phalangeal fracture management</li> <li>• Articular fractures and dislocations (hand) management</li> </ul>
3.	Aug 15 – 20, 2021	<ul style="list-style-type: none"> <li>• Thumb joint injuries: CMC</li> <li>• Thumb joint injuries: MCP</li> </ul>
4.	Aug 22 – 27, 2021	<ul style="list-style-type: none"> <li>• Joint contracture management</li> </ul>
5.	Aug 29 – Sept 3, 2021	<ul style="list-style-type: none"> <li>• Bony and ligamentous anatomy of the wrist, carpal kinematics &amp; stability</li> </ul>
6.	Sept 5 – 10, 2021	<ul style="list-style-type: none"> <li>• Carpal instability: dissociative and non-dissociative, diagnosis &amp; management</li> <li>• Carpal instability: perilunate and axial trauma</li> </ul>
7.	Sept 12 – 17, 2021	<ul style="list-style-type: none"> <li>• Scaphoid fractures, acute and non-union: diagnosis &amp; management</li> <li>• Non-scaphoid carpal fractures: diagnosis &amp; Management</li> </ul>
8.	Sept 19 – 24, 2021	<ul style="list-style-type: none"> <li>• Fractures of the Humerus and Ulna</li> </ul>
9.	Sept 26 – Oct 1, 2021	<ul style="list-style-type: none"> <li>• Avascular necrosis: Kienbock's and Pressier Disease</li> </ul>
10.	Oct 3 – Oct 8, 2021	<ul style="list-style-type: none"> <li>• Rheumatoid arthritis in the hand &amp; wrist: Soft tissue <ul style="list-style-type: none"> <li>○ Non-operative management, therapy, splinting &amp; bracing</li> <li>○ Operative management</li> </ul> </li> </ul>
11.	Oct 10 – Oct 15, 2021	<ul style="list-style-type: none"> <li>• Rheumatoid arthritis in the hand &amp; wrist: Bone &amp; joint <ul style="list-style-type: none"> <li>○ Non-operative management, therapy, splinting &amp; bracing</li> </ul> </li> </ul>

		○ Arthroplasty
12	Oct 17 – Oct 22, 2021	<ul style="list-style-type: none"> <li>• Sero-negative arthritis in the hand &amp; wrist: Osteoarthritis, post-traumatic, crystal deposition arthropathies, infectious</li> </ul>
13	Oct 24 – Oct 29, 2021	<ul style="list-style-type: none"> <li>• Arthroplasty: wrist, finger joints: indications, options, surgical technique, post-op rehab</li> </ul>
14	Oct 31 – Nov 5, 2021	<ul style="list-style-type: none"> <li>• Comprehensive management of the thumb CMC joint, including non-surgical and surgical, post op management,</li> </ul>
15	Nov 7 – Nov 12, 2021	<ul style="list-style-type: none"> <li>• Arthrodesis: wrist and hand</li> </ul>
16	Nov 14 – Nov 19, 2021	<ul style="list-style-type: none"> <li>• Distal radius fracture management: diagnosis, classification, surgical and non-surgical treatment, post-op rehabilitation</li> <li>• Advances in DRF treatment techniques &amp; devices</li> <li>• Management of malunions</li> </ul>
17	Nov 21 – Nov 26, 2021	<ul style="list-style-type: none"> <li>• Distal radio-ulnar joint: anatomy, mechanics, acute trauma, chronic instability, arthritis: diagnosis, conservative and surgical treatment options, rehab (arthroscopy, repair, shortening, replacement, excision)</li> </ul>
18	Nov 28 – Dec 3, 2021	<ul style="list-style-type: none"> <li>• Tendon healing</li> </ul>
19	Dec 5 – Dec 10, 2021	<ul style="list-style-type: none"> <li>• Flexor tendons: <ul style="list-style-type: none"> <li>○ Injuries</li> <li>○ Anatomy &amp; mechanics</li> <li>○ Primary repair techniques and rehabilitation protocols</li> <li>○ Secondary repair &amp; reconstruction</li> </ul> </li> </ul>
20	Dec 12 – Dec 17, 2021	<ul style="list-style-type: none"> <li>• Extensor tendons: <ul style="list-style-type: none"> <li>○ Anatomy &amp; mechanics</li> <li>○ Injuries</li> <li>○ primary repair and rehabilitation</li> <li>○ Secondary repair &amp; reconstruction</li> </ul> </li> </ul>
21	Dec 19 – Dec 24, 2021	<ul style="list-style-type: none"> <li>• Tendinopathies: trigger finger, deQuervain's, Lateral &amp; medial epicondylitis, ECU, EPL, Intersection syndrome</li> </ul>



22	Dec 26 – Dec 31, 2021	<ul style="list-style-type: none"> <li>• Nerve injury &amp; healing</li> <li>• Sensory and motor innervation of the upper extremity</li> <li>• Nerve repair: primary, secondary, grafting, conduits, transfers</li> </ul>
23	Jan 2 – Jan 7, 2022	<ul style="list-style-type: none"> <li>• Nerve compression neuropathy, upper extremity: acute and chronic: carpal tunnel, cubital tunnel, radial tunnel, anterior interosseous, pronator teres syndrome, supinator syndrome, plexopathy, cervical radiculopathy</li> <li>• Nerve compression neuropathy, lower extremity: Tarsal Tunnel Syndrome, Meralgia Paraesthetica, Morton's neuroma, Common Peroneal acute &amp; chronic compression</li> </ul>
24	Jan 9 – Jan 14, 2022	<ul style="list-style-type: none"> <li>• Brachial plexus (adult): anatomy, injury, diagnosis, reconstruction</li> </ul>
25	Jan 16 – Jan 21, 2022	<ul style="list-style-type: none"> <li>• Tendon transfers: principals, techniques, rehabilitation: <ul style="list-style-type: none"> <li>○ Median nerve injury: high and low</li> <li>○ Ulnar nerve injury: high and low</li> <li>○ Radial nerve injury: high and low</li> </ul> </li> </ul>
26	Jan 23 – Jan 28, 2022	<ul style="list-style-type: none"> <li>• Complex Regional Pain Syndrome &amp; chronic pain management</li> <li>• Post-operative pain management, NSAIDs and narcotics</li> <li>• Pharmacology of local anaesthetic agents</li> </ul>
27	Jan 30 – Feb 4, 2022	<ul style="list-style-type: none"> <li>• Embryology of the hand</li> <li>• Diagnosis &amp; Classification of congenital differences</li> </ul>
28	Feb 13 – Feb 18, 2022	<ul style="list-style-type: none"> <li>• Congenital differences of the thumb: hypoplasia, polydactyly</li> </ul>
29	Feb 20 – Feb 25, 2022	<ul style="list-style-type: none"> <li>• Congenital differences of the hand: polydactyly, syndactyly, symbrachydactyly, cleft hand, Camptodactyly, Clinodactyly,</li> </ul>
30	Feb 27 – Mar 4, 2022	<ul style="list-style-type: none"> <li>• Congenital differences of the wrist and forearm &amp; Madelung's deformity</li> </ul>
31	Mar 6 – Mar 11, 2022	<ul style="list-style-type: none"> <li>• Pediatric hand and wrist trauma, flexor and extensor tendon injuries</li> </ul>
32	Mar 13 – Mar 18, 2022	<ul style="list-style-type: none"> <li>• Tetraplegic hand, cerebral palsy &amp; generalize neuromuscular disorders affecting the hand, and secondary disorders (stroke, head-injury)</li> </ul>

33	Mar 20 – Mar 25, 2022	<ul style="list-style-type: none"> <li>Soft tissue coverage options hand, wrist, forearm: skin grafts, local flaps, regional and free flaps,</li> </ul>
34	Mar 27 – Apr 1, 2022	<ul style="list-style-type: none"> <li>Microsurgery: vascularized bone transfers, toe-to-hand transfers, functional muscle transfers,</li> </ul>
35	Apr 3 – Apr 8, 2022	<ul style="list-style-type: none"> <li>Vascular disorders, vascular insufficiency, Scleroderma, Buerger's disease, diabetes, vasospastic disorders</li> </ul>
36	Apr 10 – Apr 15, 2022	<ul style="list-style-type: none"> <li>Primary and secondary bone diseases: metabolic, nutritional</li> </ul>
37	Apr 17 – Apr 22, 2022	<ul style="list-style-type: none"> <li>Dupuytren's disease: anatomy, mechanisms, conservative, non-surgical and surgical options, needle aponeurotomy, chemical aponeurotomy, post-op rehab</li> </ul>
38	Apr 24 – Apr 29, 2022	<ul style="list-style-type: none"> <li>Infections of the hand and wrist: nail and nail bed, felon, tenosynovitis, infectious arthritis, deep space infections, rapidly progressing infections,</li> <li>Update on current antibiotic use</li> </ul>
39	May 1 – May 6, 2022	<ul style="list-style-type: none"> <li>Compartment syndrome of the upper and lower extremity, high pressure injection injury management,</li> </ul>
40	May 8 – May 13, 2022	<ul style="list-style-type: none"> <li>Burns: classification, healing, resuscitation, acute management, ABA criteria for transfer/admission</li> <li>Burns of the hand &amp; wrist: <ul style="list-style-type: none"> <li>Primary surgery</li> <li>Dressing options</li> <li>Splinting &amp; Secondary surgery</li> <li>Later reconstruction, release, complications</li> </ul> </li> <li>Chemical burns &amp; frost bite</li> </ul>
41	May 15 – May 20, 2022	<ul style="list-style-type: none"> <li>Benign lesions of the skin and soft tissue of the hand/wrist</li> <li>Benign bony lesions of the hand and wrist</li> <li>Malignant tumours of the skin and soft tissues</li> <li>Malignant tumours of bones of the hand and wrist, primary &amp; metastatic</li> </ul>
42	May 22 – May 27, 2022	<ul style="list-style-type: none"> <li>Benign and malignant neoplasms of the skin and soft tissues: diagnosis, workup, treatment options, reconstructive options:</li> </ul>

		<ul style="list-style-type: none"> <li>○ Head and neck</li> <li>○ Elsewhere</li> <li>○ Diagnosis, classification, and recommended management of Malignant Melanoma</li> </ul>
43	May 29 – Jun 3, 2022	<ul style="list-style-type: none"> <li>• Abdominal wall: anatomy, integrity, primary and secondary reconstruction options, repair techniques, biomaterials, post-op management</li> </ul>
44	Jun 5 – Jun 10, 2022	<ul style="list-style-type: none"> <li>• Breast: Anatomy, deformities, current reconstructive considerations: <ul style="list-style-type: none"> <li>○ Reduction mammoplasty</li> <li>○ Augmentation</li> <li>○ Mastopexy</li> <li>○ Reconstruction options: implant, staged implant, autologous</li> </ul> </li> </ul>
45	Jun 12 – Jun 17, 2022	<ul style="list-style-type: none"> <li>• Head and Neck: Anatomy, innervation, common injuries</li> </ul>
46	Jun 19 – Jun 24, 2022	<ul style="list-style-type: none"> <li>• Management of maxillary and mandibular fractures</li> <li>• Management of maxillofacial/orbital fractures</li> </ul>
47	Jun 26 – Jul 1, 2022	<ul style="list-style-type: none"> <li>• Lower extremity: Anatomy, trauma, open fracture classification <ul style="list-style-type: none"> <li>○ Soft tissue trauma management</li> <li>○ Reconstruction of soft tissue loss in lower extremity</li> </ul> </li> </ul>
48	Jul 3 – Jul 8, 2022	<ul style="list-style-type: none"> <li>• Review current standards for:</li> <li>• Peri-operative management of Diabetes (for surgeons)</li> <li>• Peri-operative management of anti-coagulant therapy and recommended anti-thrombosis protocols</li> <li>• Criteria for outpatient vs in-patient surgery</li> <li>• Criteria for routine pre-operative investigations, anesthesia assessment</li> </ul>

Primary Sources:

1. Murray, PM; Hammert, WC, Ed.: Hand Surgery Update VI, 2016, American Society for Surgery of the Hand (ASSH), Chicago, Illinois
2. Wolfe, SW; et.al., Ed.: Green's Operative Hand Surgery, 8<sup>th</sup> Ed. (2021), Elsevier Churchill Livingston, Philadelphia, PA
3. Mathes, SJ; Nahai, F; Reconstructive Surgery: Principles, Anatomy & Technique, Elsevier Churchill Livingston, 2008, New York, NY