

ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL

Citation: *College of Physicians and Surgeons of Ontario v. Sidhu*, 2025 ONPSDT 16

Date: May 29, 2025

Tribunal File No.: 24-027

BETWEEN:

College of Physicians and Surgeons of Ontario

College

- and -

Ajeet Singh Sidhu

Registrant

FINDING AND PENALTY REASONS

Heard: May 6, 2025, by videoconference

Panel:

Raj Anand (panel chair)

Stephen Bird (public)

Catherine Grenier (physician)

Rob Payne (public)

Katina Tzanetos (physician)

Appearances:

Sayran Sulevani and Robin Goldberg, for the College

Josh Koziobrocki and Shanelle Dover, for the registrant

RESTRICTION ON PUBLICATION

Pursuant to Rule 2.2.2 of the HPDT Rules of Procedure and ss. 45-47 of the Health Professions Procedural Code, no one shall publish or broadcast the names of patients or any information that could identify patients or disclose patients' personal health information or health records referred to at a hearing or in any documents filed with the Tribunal. There may be significant fines for breaching this restriction.

Introduction

[1] The registrant, Dr. Sidhu, is a 49-year-old family physician who has been registered to practise medicine in Ontario since 2020. Before that, he was licensed to practise in California since 2017.

[2] Dr. Sidhu comes before this Tribunal as a result of an alleged incident of sexual misconduct in 2019. Disciplinary proceedings in California began in 2022 and were resolved in 2023 when Dr. Sidhu made a qualified admission and agreed to surrender his California license. Under the consent order, if he seeks reinstatement of his right to practise in California, he will be deemed to admit the truth of the sexual misconduct allegation.

[3] Before this Tribunal, the parties agreed that the allegation and its resolution in California governs the result of this proceeding.

[4] At the hearing, we made a finding of professional misconduct and accepted the parties' joint submission to order a penalty that included a ten-month suspension, a reprimand and a requirement to complete specified ethical instruction and limit his communications with patients outside medical appointments.

[5] These are our reasons.

Professional Misconduct

[6] We will summarize the evidence provided by the parties in their agreed statement of facts.

California Proceedings

[7] In July 2017, Dr. Sidhu received his license to practise medicine in California.

[8] In September 2022, the Medical Board of California, Department of Consumer Affairs (the Medical Board) filed an Accusation against Dr. Sidhu alleging that he had engaged in sexual misconduct with Patient One.

[9] The Accusation stated that Dr. Sidhu provided primary care to Patient One between 2017, when she was about 22 years old, and June 2019, when she had her final appointment. In July 2019, Dr. Sidhu began texting with Patient One to ask if she could

assist with decorating his apartment. At his suggestion, she came to his apartment on the evening of July 29, 2019, and they engaged in general conversation.

[10] The Accusation went on to allege the following:

As Patient One measured the room and began offering ideas about changing the room's appearance, [Dr. Sidhu] sat on the bed and began telling Patient One about his divorce. Patient One continued to discuss decorating and ordered some items for the room from her cell phone. Patient One then sat on a bench at the foot of the bed and [Dr. Sidhu] moved closer to her. Patient One was wearing a knee-length dress which, when she was seated on the bench, caused the hem of her dress to be about mid-thigh. [Dr. Sidhu] leaned toward Patient One and placed his hand on her thigh. Surprised and nonplussed, Patient One did not know how to react. [Dr. Sidhu] then asked, "Are you okay with my hand here?" Extremely discomforted, Patient One mumbled a response. [Dr. Sidhu] then stated, "If you weren't my patient, I would put the moves on you." When Patient One asked what that meant, [Dr. Sidhu] answered, "I would want to sleep with you." [Dr. Sidhu] told Patient One she was beautiful and that she should be flattered that he was willing to risk his medical career for her. Patient One excused herself and went to the bathroom. When she returned, Patient One told [Dr. Sidhu] she needed to leave. [Dr. Sidhu] told Patient One that, "It sucks being a good guy, doing the right thing." [Dr. Sidhu] then told Patient One he was going to masturbate after she left. Patient One texted [Dr. Sidhu] the following day, telling him she would no longer be seeing him as her primary care physician, that "last night was weird and made me uncomfortable." [Dr. Sidhu] replied to Patient One's text, stating, "I'm sorry. I shouldn't have said anything. I'm really really sorry."

Resolution of the California Proceedings

[11] On September 18, 2023, Dr. Sidhu voluntarily entered into a Stipulated Surrender of License and Order (the Stipulation) to resolve the Medical Board's pending discipline proceeding.

[12] Under the Stipulation, Dr. Sidhu did not contest that, at an administrative hearing, the Medical Board could establish a *prima facie* case with respect to the charges and allegations contained in the Accusation.

[13] The Stipulation also stated that if Dr. Sidhu ever petitions for reinstatement of his certificate in California, all of the charges and allegations in the Accusation would be deemed true, correct and fully admitted by him for purposes of that proceeding or any

other licensing proceeding involving Dr. Sidhu in California or elsewhere. Dr. Sidhu understood that by signing the Stipulation, he enabled the Board to issue an order accepting the surrender of his certificate without further process.

[14] The parties agree that the surrender of Dr. Sidhu's certificate and the Medical Board's acceptance of the surrendered certificate constituted the imposition of discipline against him, even though there was no finding of professional misconduct in California.

[15] The Medical Board's Decision and Order stated the above facts, and the College was satisfied that the records provided by the Medical Board were authentic, accurate and complete. The California order became effective on October 17, 2023, and on that date Dr. Sidhu lost all rights and privileges as a physician and surgeon in California.

Analysis

[16] Based on this evidence, the registrant admitted that he engaged in professional misconduct under s. 1(4) of O. Reg. 856/93, which states:

(4) A member shall be deemed to have committed an act of professional misconduct if,

(a) the governing body of a health profession in a jurisdiction other than Ontario has provided records to the College evidencing that an allegation of professional misconduct or incompetence or a similar allegation has been made against the member and he or she has entered into an agreement or compromise with the governing body in order to settle the matter without a finding of misconduct or incompetence or a similar finding being made;

(b) the College is satisfied that the records are authentic, accurate and complete; and

(c) the act or omission that is the subject of the allegation would, in the opinion of the College, be an act of professional misconduct as defined in subsection (1), or would constitute incompetence as defined in section 52 of the Code.

[17] The parties agreed, and we found, that the College proved the three elements of s. 1(4): in short, that as confirmed by reliable records from a health profession regulator outside Ontario, the registrant settled an allegation with that regulator that he committed

an act or omission that would constitute professional misconduct or incompetence under Ontario legislation.

[18] Regarding s. 1(4)(c), the College initially took the position that it was unnecessary to point to a specific act of professional misconduct among the more than 40 that are listed in s. 1(1) of the same regulation. In our view, that is not correct. In the course of argument, the College pointed to para. 33 of s. 1(1), which is clearly applicable to the acts of sexual misconduct that were alleged against Dr. Sidhu: “an act... relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional” (DDU). The registrant’s alleged acts in July 2019 showed a “serious...disregard for one’s professional obligations,” which was the test adopted for DDU by the Divisional Court in *Attallah v. College of Physicians and Surgeons of Ontario*, 2021 ONSC 3722 at para 54.

[19] While the hearing proceeded on the basis of admitted liability and a joint submission on penalty, the foundation for a finding against the registrant in this case - subsection 1(4) - is an unusual disciplinary provision in professional regulation, and in our view, it merits some discussion about its proper scope.

[20] Under s. 1(4), the College was not required to demonstrate that Dr. Sidhu had engaged in acts or omissions toward Patient One in late July 2019 that constituted acts of professional misconduct, or that a jurisdiction outside Ontario had made such a finding about his actions at that time. (Subsection 1(3) deems it to be professional misconduct in Ontario where such a finding is made by the other regulator.) A misconduct finding in this province under s. 1(4) only requires the allegation and its settlement by another regulator.

[21] We did not receive any jurisprudence of this Tribunal or its predecessor that discussed this ground to any extent or made a finding of professional misconduct based solely on this subsection. In the two cases cited by the College where a physician settled a misconduct complaint in another jurisdiction, the College also put forward findings of professional misconduct in the jurisdiction outside Ontario with respect to other acts or omissions.

[22] In *College of Physicians and Surgeons of Ontario v. Holmes*, 2000 ONCPSD 4, the Alabama regulator received three misconduct complaints over a two-year period against the physician. Findings of professional misconduct and significant penalties were

issued in the first two cases. Rather than facing the third complaint, Dr. Holmes voluntarily surrendered his license, but a finding of guilty was nevertheless made. The CPSO Discipline Committee was therefore able to rely on three Alabama findings involving “frequent and dangerous malpractice”, indirect responsibility for patient mortality, and ungovernability. Based on these findings, the Committee revoked the physician’s registration.

[23] In *College of Physicians and Surgeons v. Blum*, 1998 ONCPSD 17, the physician settled one allegation of professional misconduct in Texas, but he also violated two orders issued by his regulator, and his license was ultimately revoked in Texas. The Discipline Committee made a finding of professional misconduct based on Dr. Blum’s settlement agreement as well as the substantive findings that were made against him in Texas. The Committee’s penalty analysis, culminating in a revocation decision, focused largely on the affirmative Texas findings of misconduct as well as incidents of failure to maintain the standard of the profession in Ontario.

[24] The question arises whether s. 1(4) can apply where the allegation in the other jurisdiction was clearly unmeritorious, or where there is no evidence before the Tribunal to support it, but the allegation was nevertheless settled outside Ontario without any finding, one way or the other. It would appear inconsistent with the important objectives of professional regulation to make a finding that a physician committed an act of professional misconduct by choosing to resolve a frivolous complaint in order to move on.

[25] In such circumstances, the Tribunal would have to consider a purposive interpretation of s. 1(4) to ask whether the provision must be read down, and lines must be drawn, to reach a sensible conclusion about the required strength of the allegation that was settled elsewhere. The Tribunal might have to consider whether the subsection is valid delegated legislation if its only proper interpretation is to require the Tribunal to make a finding of professional misconduct in every case where an allegation similar to those listed in s. 1(1) is resolved in the other jurisdiction without a finding.

[26] Beyond some brief comments in response to the panel’s questions, the College was not required to address this question of the proper merits threshold for the application of s. 1(4). In this case, it is not necessary for the Tribunal to reach any definitive conclusion on the criteria to be applied where the College relies on the

registrant's settlement in the absence of a finding by the other regulator. That determination can be deferred to another case that squarely raises the issue.

[27] In any event, we do have some evidence about the strength of the allegation concerning his conduct in July 2019. He admitted that the California Medical Board had *prima facie* proof that he committed professional misconduct, and that a full admission of the alleged facts would become effective if he were to apply for reinstatement. It cannot be said that the complaint was frivolous, and there is clearly some evidence that it was meritorious. The parties do not contest, and we accept, that this evidence satisfies the requirements of s. 1(4).

Penalty and costs

[28] The parties presented a joint submission on both issues. The law is clear that the Tribunal must accept the parties' joint submission unless it is so "unhinged from the circumstances" that ordering it would bring the administration of the College's professional discipline system into disrepute: *R. v. Anthony-Cook*, 2016 SCC 43; *College of Physicians and Surgeons of Ontario v. Bahrgard Nikoo*, 2022 ONPSDT 15 at para. 34; *Bradley v. Ontario College of Teachers*, 2021 ONSC 2303 (Div. Ct.).

[29] The proposed order consisted of

- Delivery of a reprimand;
- A 10-month suspension, beginning immediately;
- Terms, conditions and limitations on Dr. Sidhu's certificate of registration of two kinds:
 - Completion of the PROBE Ethics & Boundaries program within an anticipated six-month deadline; and
 - A prohibition on communication with patients outside of in-person encounters, other than in compliance with the College's Virtual Care Policy.
- Payment by the registrant of the standard \$6,000 tariff rate for costs.

Analysis

[30] The College pointed to the serious alleged conduct in this case, and the aggravating circumstances: asking a young patient to provide decorating assistance at his home; inviting her there; engaging in sexual touching and various sexual comments about “putting the moves” on her; wanting to sleep with her; being willing to risk his medical career; and intending to masturbate. The registrant clearly made the patient very uncomfortable, causing her to terminate the professional relationship.

[31] Again, these were aspects of the alleged conduct. The seriousness and duration of the misconduct is typically the starting point for a penalty determination, but in this case, it was difficult to precisely characterize this factor, given the absence of a finding that the alleged conduct took place.

[32] Similarly, relevant precedents were difficult to find in this unusual case, where there has been no finding that the alleged sexual misconduct took place. The College provided the two s. 1(4) cases we discussed above, which as noted did not rely to any appreciable extent on the s. 1(4) breach, since that allegation in both cases was accompanied by admissions and findings of very serious professional misconduct that resulted in revocation.

[33] The College also referred the panel to five decisions in which this Tribunal made findings of professional misconduct, in several cases for acts or omissions similar to what was alleged in California against this registrant: *College of Physicians and Surgeons of Ontario v. Yaghini*, 2017 ONCPSD 29; *College of Physicians and Surgeons of Ontario v. Phipps*, 2019 ONCPSD 45; *College of Physicians and Surgeons of Ontario v. Bahrgard Nikoo*, 2022 ONPSDT 15; *College of Physicians and Surgeons of Ontario v. Iannantuono*, 2023 ONPSDT 20. The College also provided *College of Physicians and Surgeons of Ontario v. Czilli*, 2023 ONPSDT 12, in which this Tribunal made a finding of professional misconduct based on an earlier finding by another Ontario health profession regulator.

[34] *Yaghini* and *Phipps* involved findings of multiple instances of egregious sexual abuse, and resulted in penalties that included 14-month and nine-month suspensions, respectively. *Bahrgard Nikoo* included misuse of a position of power, rude language and inappropriate medical treatment to a colleague, and the registrant received a 12-month suspension. In *Iannantuono*, the physician abused his authority by exposing himself,

forcing a staff member to touch his penis and disregarding protocols. There was an 18-month suspension.

[35] *Czilli* involved a registrant who was also a pharmacist. She embarked in a lengthy scheme to breach Ontario government policies and its agreement with her pharmacy in order to receive substantial funds under false pretences. Her penalty at the Discipline Committee of the Ontario College of Pharmacists included a 12-month suspension, and she received the same length of suspension from this Tribunal.

[36] Simply in terms of the duration of the suspensions in the last five cases, the range straddled the agreed suspension of 10 months in the case before us. Clearly, as in most discipline cases, the penalties had several elements, and the decisions were very fact specific, involving the seriousness and duration of the misconduct, the aggravating and mitigating factors, and prospects for rehabilitation.

[37] The parties noted a significant mitigating factor, that the registrant had admitted the misconduct allegation before this Tribunal and had saved the parties, the Tribunal and potential witnesses the cost and inconvenience of a contested hearing.

[38] Clearly, it is difficult in this case to find “comparables” or precedents to guide us. Nevertheless, having reviewed the evidence and the available jurisprudence, it is important to give weight to the goals of penalty decisions, in terms of specific and general deterrence, public protection and maintenance of public confidence in the medical profession and its ability to regulate itself in the public interest.

[39] Where allegations are made in another jurisdiction, apparently serious enough to result in the loss of the right to practise there in return for avoiding a difficult hearing, we have no basis under *Anthony-Cook* to reject a substantial suspension, together with terms, conditions and limitations in the interests of public protection, as “unhinged from the circumstances” of this case.

[40] We also accepted the parties’ standard costs disposition for a half day hearing.

Order

[41] We therefore ordered:

Penalty

1. The Tribunal requires the registrant to appear before the panel to be reprimanded.

2. The Tribunal directs the Registrar to:
 - a. suspend the registrant's certificate of registration for 10 months commencing May 7, 2025 at 12:01 a.m.;

 - b. place the following terms, conditions and limitations on the registrant's certificate of registration effective May 7, 2025 at 12:01 a.m.:
 - i. Dr. Sidhu shall participate in and successfully complete, without condition or qualification and at his own expense, the PROBE Ethics & Boundaries program offered by the Centre for Personalized Education for Professionals. Dr. Sidhu will complete the PROBE Program within six (6) months of the date of this Order, or if it is not available within that timeframe, at the earliest opportunity. He will provide proof of completion to the College, including proof of registration and attendance and participant assessment reports, within one (1) month of completing it; and

 - ii. Dr. Sidhu shall not communicate with patients outside of in-person encounters at any practice location, unless such communication complies with the College's [Virtual Care Policy](#).

Costs

1. The Tribunal requires the registrant to pay the College costs of \$6,000.00 by June 4, 2025.

ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL

Tribunal File No.: 24-027

BETWEEN:

College of Physicians and Surgeons of Ontario

College

- and -

Ajeet Singh Sidhu

Registrant

**The Tribunal delivered the following Reprimand
by videoconference on Tuesday, May 6, 2025**

*****NOT AN OFFICIAL TRANSCRIPT*****

Dr. Ajeet Singh Sidhu, you are before this panel today because of allegations of sexual misconduct made by the Medical Board of California involving a patient under your care while practising in that jurisdiction. In September 2023, you voluntarily surrendered your licence to resolve the Board's pending disciplinary proceeding. In doing so, you did not contest that, had the matter proceeded to a hearing, the allegations of sexual misconduct could have been established on a prima facie basis.

As described in the Medical Board's Accusation, you invited the patient to your home for assistance with decorating your apartment. During this visit you allegedly placed your hand on the patient's thigh and made sexually inappropriate and explicit comments, making the patient uncomfortable. These comments included: "I would put the moves on you", "I want to sleep with you" and "going to masturbate". This alleged conduct is a clear violation of the boundaries expected in the physician-patient relationship and represents an egregious abuse of your position of trust and authority.

Your alleged behaviour demonstrates a fundamental disregard for the ethical responsibilities and professional standards that every physician is required to uphold. It causes harm to patients and damages the trust that the public places in the integrity of the profession.

A ten-month suspension of your certificate of registration has been ordered. You are also required to complete the PROBE Ethics and Boundaries course. The panel considers this an essential step toward rehabilitation. We expect you to engage fully and sincerely in this educational process, and to demonstrate a clear understanding of the standards expected of physician.

We urge you to use this time to reflect deeply on your conduct and the broad and serious impact it has had. Upon your return to practice, we expect nothing less than an unwavering commitment to ethical conduct, professional integrity, and patient safety. You must ensure that such behaviour is never repeated.