

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

**of**

**DR. STEPHEN ANDREW BRAKE**  
**(“Dr. Brake”)**

**to**

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

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**A. PREAMBLE**

- (1) In this Undertaking:

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

“Discipline Tribunal” means the Ontario Physicians and Surgeons Discipline Tribunal of the College;

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

“OHIP” means the Ontario Health Insurance Plan;

“Ontario Physicians and Surgeons Discipline Tribunal” means the Discipline Committee established under the Code;

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

- (2) I, **Dr. Brake**, certificate of registration number **32929**, am a member of the College.

- (3) I, **Dr. Brake**, acknowledge that, following a College investigation into my standard of practice, I was required to undergo remediation and submit to a reassessment of my practice. The reassessment report subsequently received by the College raised concerns about my standard of practice in family medicine.

**B. UNDERTAKING**

- (4) I, **Dr. Brake**, undertake to abide by the provisions of this Undertaking, effective immediately.

(5) ***Resignation***

- (a) I, **Dr. Brake**, hereby resign from the College effective December 31, 2021 (the “Effective Date”).
- (b) I, **Dr. Brake**, hereby undertake not to apply or re-apply for registration as a physician to practise medicine in Ontario or any other jurisdiction after the Effective Date.
- (c) I, **Dr. Brake**, acknowledge that, other than in Ontario, I am not currently registered to practise medicine in any other jurisdiction, and I further acknowledge that I currently do not have any outstanding applications for registration to practice medicine in any jurisdiction.
- (d) I, **Dr. Brake**, acknowledge that in the event that the College should become aware that I am in breach of this Undertaking including, but not limited to, becoming aware that I have either applied, re-applied or attempted to apply or re-apply for registration as a physician or for a certificate of registration, or equivalent, to practise medicine in any jurisdiction after the Effective Date, the College shall, in its sole discretion, have the right to proceed with a disciplinary proceeding on the basis of a breach of this Undertaking and shall have the right to seek instructions from the ICR Committee in respect of the reassessment that resulted in this Undertaking and/or to proceed with a referral of specified allegations to the Discipline Tribunal.
- (e) I, **Dr. Brake**, hereby agree to bear the risk of any prejudice that the passage of time might cause to my ability to make full answer and defence, and waive the right to seek any remedy on the basis of the passage of time, should the College proceed with any allegations that may arise as a result of a breach of this Undertaking and/or pursuant to section (d) above.
- (f) I, **Dr. Brake**, undertake to abide by the College’s Policy on [Closing a Medical Practice](#).
- (g) I, **Dr. Brake**, undertake that upon signing this Undertaking, I shall forward a request to the General Manager of OHIP that my billing number be deactivated for services rendered after the Effective Date.

(6) ***Clinical Supervision***

- (a) I, **Dr. Brake**, undertake to practice under the guidance of a clinical supervisor acceptable to the College (the “Clinical Supervisor”) until December 31, 2021.
- (b) I, **Dr. Brake**, acknowledged that I have reviewed the Clinical Supervisor’s undertaking attached hereto as Appendix “A”, and understand what is required of the Clinical Supervisor. The Clinical Supervisor will, at minimum,

- (i) Review the materials provided by the College and have an initial meeting to discuss practice recommendations;
  - (ii) Meet with me at my practice location, or another location approved by the College, once every month;
  - (iii) Review at least fifteen (15) of my patient charts at every meeting;
  - (iv) Discuss any concerns arising from the chart reviews;
  - (v) Make recommendations to me for practice improvements and for the closure of my practice and inquire into my compliance with the recommendations;
  - (vi) Perform any other duties, such as reviewing other documents or conducting interviews with staff or colleagues, that the Clinical Supervisor deems necessary to my Clinical Supervision;
  - (vii) Submit written reports to the College once every month or more frequently if the Clinical Supervisor has concerns about my standard of practice.
- (c) **I, Dr. Brake**, acknowledge that the charts reviewed shall be selected by the Clinical Supervisor based on the areas of concern identified in the report of the assessor dated July 4, 2021, and other concerns that may arise during the period of Clinical Supervision.
- (d) **I, Dr. Brake**, undertake to cooperate fully with the Clinical Supervision described in section (7) of this Undertaking and Appendix “A” attached, and undertake to abide by the recommendations of my Clinical Supervisor, including but not limited to recommended practice improvements and recommendations related to the closure of my practice.
- (e) **I, Dr. Brake**, undertake to ensure that Appendix “A” to this Undertaking is signed and delivered to the College within fourteen (14) days of the date I execute this Undertaking.
- (f) **I, Dr. Brake**, undertake that if a person who has given an undertaking in Appendix “A” to this Undertaking is unable or unwilling to continue to fulfill its provisions, I shall, within twenty (20) days of receiving notice of same, obtain an executed undertaking in the same form from a similarly qualified person who is acceptable to the College and ensure that it is delivered to the College within that time.
- (g) **I, Dr. Brake**, undertake that if I am unable to obtain a Clinical Supervisor as set out in sections 7(e) and 7(f) above, I will cease practising medicine until such time I have obtained a Clinical Supervisor acceptable to the College.
- (h) **I, Dr. Brake**, acknowledge that if I am required to cease to practise as a result of section 7(g) above this will constitute a term, condition or limitation on my

certificate of registration and said term, condition or limitation will be included on the public register.

(7) ***Monitoring***

- (a) I, **Dr. Brake**, undertake to inform the College of each and every location that I practise or have privileges, including, but not limited to, any hospitals, clinics, offices, and any Independent Health Facilities with which I am affiliated, in any jurisdiction (collectively, my “Practice Location” or “Practice Locations”), within five (5) days of executing this Undertaking. Going forward, I further undertake to inform the College of any and all new Practice Locations within five (5) days of commencing practice at that location.
- (b) I, **Dr. Brake**, undertake that I will submit to, and not interfere with, unannounced inspections of my Practice Locations and patient records by a College representative for the purposes of monitoring my compliance with the provisions of this Undertaking.

**C. ACKNOWLEDGEMENT**

- (8) I, **Dr. Brake**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (9) I, **Dr. Brake**, acknowledge and undertake that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc., if any, arising from the implementation of any of the provisions of this Undertaking.
- (10) I, **Dr. Brake**, acknowledge and confirm that I have read and understand the provisions of this Undertaking and that I have obtained independent legal counsel in reviewing and executing this Undertaking, or have waived my right to do so.
- (11) I, **Dr. Brake**, acknowledge that the College will provide this Undertaking to any Chief of Staff, or a colleague with similar responsibilities, at any Practice Location (“Chief of Staff” or “Chiefs of Staff”).
- (12) I, **Dr. Brake**, acknowledge that a breach by me of any provision of this Undertaking may constitute an act of professional misconduct and/or incompetence, and may result in any one or more of the following: consideration by the ICRC, an investigation by the College, or further action by the College, including a referral of specified allegations to the Discipline Committee.
- (13) I, **Dr. Brake**, acknowledge that this Undertaking constitutes terms, conditions, and limitations on my certificate of registration for the purposes of section 23 of the Code.
- (14) I, **Dr. Brake**, give my irrevocable consent to the College to make appropriate enquiries of OHIP and/or any person who or institution that may have relevant information, in order for the College to monitor my compliance with the provisions of this Undertaking.

- (15) I, **Dr. Brake** acknowledge that this Undertaking constitutes terms, conditions, and limitations on my certificate of registration for the purposes of section 23 of the Code.

**D. CONSENT**

- (16) I, **Dr. Brake**, give my irrevocable consent to the College to make appropriate enquiries of OHIP and/or any person who or institution that may have relevant information, in order for the College to monitor my compliance with the provisions of this Undertaking.
- (17) I, **Dr. Brake**, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix “B” and that the consent forms part of this Undertaking.
- (18) I, **Dr. Brake**, give my irrevocable consent to the College to provide the following information to all Clinical Supervisors:
- (a) any information the College has that led to the circumstances of my entering into this Undertaking;
  - (b) any information arising from any investigation into, or assessment of, my practice; and
  - (c) any information arising from the monitoring of my compliance with this Undertaking.
- (19) I, **Dr. Brake**, give my irrevocable consent to the College to provide all Chiefs of Staff with any information arising from the monitoring of my compliance with this Undertaking.
- (20) I, **Dr. Brake**, give my irrevocable consent to all Clinical Supervisors and Chiefs of Staff to disclose to the College, and to one another, any information:
- (a) relevant to this Undertaking;
  - (b) relevant to the provisions of the Clinical Supervisor’s undertaking set out at Appendix “B”;
  - (c) relevant for the purposes of monitoring my compliance with this Undertaking; and
  - (d) which comes to their attention and which they reasonably believe indicates a potential risk of harm to my patients.
- (21) ***Public Register***
- (a) I, **Dr. Brake**, consent to this Undertaking being posted on the Public Register.
  - (b) I, **Dr. Brake**, acknowledge that, in addition to this Undertaking being posted in accordance with section (21)(a) above, the following summary shall be posted on the Public Register during the time period that this Undertaking remains in effect:

Following a College investigation into Dr. Brake's standard of practice, Dr. Brake was required to undergo remediation and submit to a reassessment of his practice. As a result of the reassessment:

- Dr. Brake has agreed to resign from the College, effective December 31, 2021, and has agreed never to apply or re-apply for registration as a physician in Ontario or any other jurisdiction.
- Dr. Brake shall practice under the guidance of a Clinical Supervisor acceptable to the College until December 31, 2021.