

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Cholemkeril Kuncheria Thomas, this is notice that the Discipline Committee ordered that there shall be a ban on publication of the names and any information that could disclose the identity of patients referred to orally or in the exhibits filed at the hearing under subsection 45(3) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

Every person who contravenes an order made under ... section 45... is guilty of an offence and on conviction is liable,

(a) in the case of an individual to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence; or

(b) in the case of a corporation to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.

**Indexed as: Ontario (College of Physicians and Surgeons of Ontario) v. Thomas,
2019 ONCPSD 36**

**THE DISCIPLINE COMMITTEE OF THE COLLEGE
OF PHYSICIANS AND SURGEONS OF ONTARIO**

IN THE MATTER OF a Hearing directed by
the Inquiries, Complaints and Reports Committee of the College of Physicians and Surgeons of Ontario
pursuant to Section 26(1) of the **Health Professions Procedural Code**
being Schedule 2 of the *Regulated Health Professions Act, 1991*,
S.O. 1991, c. 18, as amended.

B E T W E E N:

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

- and -

DR. CHOLEMKERIL KUNCHERIA THOMAS

PANEL MEMBERS:

**MR. J. LANGS
DR. C. CLAPPERTON
DR. W. KING
MS. C. TEBBUTT
DR. J. RAPIN**

COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO:

MS. PENNY NG

COUNSEL FOR DR. THOMAS:

MR. JEFFREY MUTTER

INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:

MS. JENNIFER McALEER

**Hearing Date: June 19, 2019
Decision Date: June 19, 2019
Written Decision Date: August 7, 2019**

PUBLICATION BAN

DECISION AND REASONS FOR DECISION

The Discipline Committee (the “Committee”) of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on June 19, 2019. At the conclusion of the hearing, the Committee released a written order stating its finding that Dr. Cholemkeril Kuncheria Thomas committed an act of professional misconduct and setting out its penalty and costs order with written reasons to follow.

THE ALLEGATION

The Notice of Hearing alleged that Dr. Cholemkeril Kuncheria Thomas committed an act of professional misconduct:

1. under paragraph 1(1)33 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O. Reg. 856/93”), in that he has engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

RESPONSE TO THE ALLEGATION

Dr. Thomas admitted the allegation in the Notice of Hearing.

THE FACTS

The following facts were set out in an Agreed Statement of Facts and Admission which was filed as an exhibit and presented to the Committee:

A. Dr. Cholemkeril Kuncheria Thomas

1. Dr. Cholemkeril Kuncheria Thomas (“Dr. Thomas”) is a 64 year-old family physician who received his certificate of registration authorizing independent practice from the College of Physicians and Surgeons of Ontario (the “College”) in 2001.
2. Dr. Thomas currently practices Emergency Medicine in Iroquois Falls, Ontario and previously practiced Emergency Medicine and Family Medicine in Espanola, Ontario.

B. BACKGROUND

3. On April 19, 2017, the Inquiries, Complaints and Reports Committee of the College (the “ICRC”) directed that Dr. Thomas attend the College to be cautioned and required that Dr. Thomas complete a specified continuing education and remediation program (a “SCERP”) with the following components:

- (a) **Courses:** Attend and complete the next available session of the following courses (with proof of attendance to be provided):
 1. The Medical Record-Keeping Course, through a course provider indicated by the College;
 2. The Safe Opioid Prescribing Course, through a course provider indicated by the College (three webinars and workshop);
 3. ATLS (Advanced Trauma Life Support) (<https://www.facs.org/quality-programs/trauma/atls/about>); and
 4. An Emergency Medicine Review Course (for example, the National Capital Conference on Emergency Medicine at <http://www.emottawa.ca/eng/60-nccem.html>).

- (b) **One-on-one instruction:** Complete one-on-one instruction in collaboration and professionalism (including respect for colleagues and co-workers, punctuality, responsiveness to calls for patient care and responsiveness to requests from the College).

- (c) **Self-directed learning with written summaries:** Review and prepare written summaries of up to 2000 words (2-4 pages) of each of the following documents with reference to current standards of practice (where applicable), how it is applicable to Dr. Thomas’ situation, as well as how Dr. Thomas has made, or plans to make changes, to his practice. The written summaries were to be submitted within 4 months of receipt of the decision.
 1. Clinical Practice Guidelines regarding vaginal bleeding during pregnancy;
 2. Choosing Wisely Canada Recommendations for Emergency Medicine;
 3. The College’s policy on *Medical Records*;

4. The College's policy on *Physician Behaviour in the Professional Environment*; and
5. The College's Practice Guide.

- (d) **Clinical Supervision:** Engage a Clinical Supervisor acceptable to the College to engage in focused educational sessions as set out in an Individualized Education Plan. The Clinical Supervisor was required to sign an undertaking with the College within 30 days' of Dr. Thomas' receipt of the April 19, 2017 ICRC Decision. Dr. Thomas was required to meet with the Clinical Supervisor for a period of 12 months, no less than monthly for six months, and then quarterly for six months; and review at least 20 Emergency Department charts at each meeting.
- (e) **Reassessment:** Approximately six months following the completion of the education and remediation set out above, Dr. Thomas' Emergency Department practice is to be reassessed.

A copy of the decision of the ICRC directing the April 2017 SCERP is attached at Tab 1 to the Agreed Statement of Facts and Admission.

C. DR. THOMAS' FAILURE TO COMPLY WITH THE APRIL 2017 SCERP

4. On May 16, 2017, the College's Compliance Case Manager wrote to Dr. Thomas' counsel about the implementation of the April 2017 SCERP. The Compliance Case Manager asked that a Clinical Supervisor be identified to him by June 1, 2017.
5. Dr. Thomas proposed potential Clinical Supervisors on June 12, 2017 and June 27, 2017. The two Clinical Supervisors proposed by Dr. Thomas were not approved by the College.
6. On July 11, 2017, the Compliance Case Manager advised that he had located a potential Clinical Supervisor for Dr. Thomas. Dr. Thomas confirmed that he would be willing to work with the College's proposed Clinical Supervisor.
7. On August 2, 2017, the Compliance Case Manager confirmed that the College's proposed Clinical Supervisor ("Clinical Supervisor A") had been approved by the College. The Compliance Case Manager urged Dr. Thomas to contact Clinical Supervisor A shortly to begin

the supervision meetings. On August 4, 2017, Clinical Supervisor A signed a Clinical Supervisor Undertaking to the College.

8. On September 15, 2017, Dr. Thomas, through his counsel, wrote to the Compliance Case Manager requesting an extension for completing the written summaries for the self-directed learning portion of the April 2017 SCERP to October 9, 2017. At the same time, he advised that Dr. Thomas had registered for the Medical Record-Keeping Course, the Safe Opioid Prescribing Course and an Emergency Medicine Review Course. He did not indicate whether Dr. Thomas had registered for a course in ATLS (Advanced Trauma Life Support). The College granted Dr. Thomas' request for an extension for completion of his written summaries to October 9, 2017.

9. In October of 2017, the Compliance Case Manager contacted Clinical Supervisor A to inquire about the status of her first supervision report, which had yet to be submitted to the College. Between October 17, 2017 and October 27, 2017, in an email exchange and in a telephone conversation, Clinical Supervisor A indicated to the Compliance Case Manager that she had had difficulty connecting and scheduling a meeting with Dr. Thomas.

10. On November 6, 2017, the Compliance Case Manager reminded Dr. Thomas, through his counsel, that it was Dr. Thomas' responsibility to ensure that he meets monthly with his Clinical Supervisor and that Dr. Thomas is in breach of his undertaking.

11. On December 7, 2017, Dr. Thomas' counsel wrote to provide an update regarding Dr. Thomas' compliance with the April 2017 SCERP. Dr. Thomas' counsel indicated that Dr. Thomas had attended the Medical Record-Keeping Course, the Safe Opioid Prescribing Course and an Emergency Medicine Review Course and that he intended to complete a course in ATLS (Advanced Trauma Life Support) in early 2018. He also indicated that Dr. Thomas had completed an initial meeting with his one-on-one instructor, and that he had not yet completed the self-study with written summaries of 5 policies/guidelines (for which he had previously been granted an extension to October 9, 2017), but that these would be completed by December 15, 2017. As well, he indicated that Dr. Thomas had met with his Clinical Supervisor on September 16, 2017 and October 29, 2017.

12. On December 15, 2017, Dr. Thomas sent several emails to the Compliance Case Manager

requesting that he be exempted from preparing written summaries for his self-directed learning as required by the April 2017 SCERP. In response, the Compliance Case Manager reminded Dr. Thomas that he had already been provided with two extensions and stated that the written summaries must be provided to the College by December 22, 2017.

13. On December 19, 2017, in response to a follow-up email from the Compliance Case Manager, Clinical Supervisor A advised the Compliance Case Manager that the meeting she had been scheduled to have with Dr. Thomas on December 12, 2017 had not occurred due to bad weather. Clinical Supervisor A had suggested that she could spend the day with Dr. Thomas in the emergency room but he had not been willing to do so. Given that Clinical Supervisor A had not been able to meet with Dr. Thomas in accordance with the terms of the April 19, 2017 ICRC Decision, the Compliance Case Manager advised that Clinical Supervisor A was no longer approved to act as Dr. Thomas' Clinical Supervisor.

14. On December 21, 2017, the Compliance Case Manager wrote to Dr. Thomas' counsel advising that the name of a new proposed Clinical Supervisor should be forwarded to her by January 12, 2018.

15. On January 3, 2018, the Compliance Case Manager wrote to Dr. Thomas' counsel advising that she had received an email from Dr. Thomas requesting yet another extension of time to complete his self-directed learning written summaries. She advised that she would grant one final extension to January 12, 2018. The Compliance Case Manager also stated that Dr. Thomas was required to have a College-approved Clinical Supervisor by January 12, 2018.

16. On January 15, 2018, the Compliance Case Manager wrote to Dr. Thomas' counsel and advised that Dr. Thomas had not submitted his self-directed learning written summaries, nor had she received the name of a proposed Clinical Supervisor. In her letter, the Compliance Case Manager indicated that she would grant an extension to January 26, 2018, failing which the matter would be returned to Committee for further direction.

17. On March 27, 2018, the Compliance Case Manager wrote to Dr. Thomas' counsel informing him that Dr. Thomas' matter would be returning to ICRC on April 3, 2018 for consideration of action due to his failure to complete the terms of the April 2017 SCERP.

18. As of April 3, 2018, when this matter was referred to the Discipline Committee by the ICRC, Dr. Thomas had failed to complete the terms of the April 2017 SCERP.

Status of Compliance at Date of Referral to the Discipline Committee

19. In particular, as of April 3, 2018, the status of Dr. Thomas' compliance with the terms of the April 2017 SCERP was as follows:

- (a) **Courses:** Incomplete. Dr. Thomas had completed some, but not all, of his coursework.
- (b) **One-on-one instruction:** Incomplete. Dr. Thomas had attended an initial meeting with his one-on-one instructor but then failed to attend follow-up sessions.
- (c) **Self-directed learning with written summaries:** Incomplete. On multiple occasions, Dr. Thomas had requested and received extensions from the College to submit his written summaries.
- (d) **Clinical Supervision:** Incomplete. Clinical Supervisor A ceased being Dr. Thomas' Clinical Supervisor on December 20, 2017, as Dr. Thomas failed to meet with her in accordance with the terms of the April 2017 SCERP. Dr. Thomas failed to identify a new Clinical Supervisor.
- (e) **Reassessment:** Incomplete.

Current Status of Dr. Thomas' Compliance with the April 2017 SCERP

20. Following the ICRC's referral of Dr. Thomas' matter to the Discipline Committee, Dr. Thomas made some further efforts to comply with the April 2017 SCERP.

21. As of June 12, 2019, the status of Dr. Thomas' compliance with the terms of the April 2017 SCERP is as follows:

- (a) **Courses:** Complete.
- (b) **One-on-one instruction:** Complete.
- (c) **Self-directed learning with written summaries:** Complete.
- (d) **Clinical Supervision:** Incomplete. Dr. Thomas retained a new Clinical Supervisor in December of 2018.

Dr. Thomas attended Clinical Supervision meetings on the following dates:

- January 12, 2019
- February 17, 2019
- March 16, 2019
- May 10, 2019

Dr. Thomas was scheduled to meet with his Clinical Supervisor in mid-April of 2019. However, Dr. Thomas cancelled the meeting. Therefore, Dr. Thomas did not meet with his Clinical Supervisor in April of 2019.

Dr. Thomas was also scheduled to meet with his Clinical Supervisor on May 31, 2019. However, on May 31, Dr. Thomas requested that the meeting be rescheduled. Thus, the May 31, 2019 meeting was rescheduled to June 2, 2019. On June 2, 2019, Dr. Thomas again requested that the meeting be rescheduled. The meeting was then rescheduled to June 3, 2019. On June 3, 2019, approximately one hour before the scheduled meeting time, Dr. Thomas called the Clinical Supervisor and advised that he forgot the time, would be late, and asked to start the meeting one hour later. Dr. Thomas Clinical Supervisor was not able to accommodate this third rescheduling request. Dr. Thomas' next meeting with his Clinical Supervisor is scheduled for June 14, 2019.

Subject to any further delays, Dr. Thomas is scheduled to complete his Clinical Supervision in February of 2020.

(e) **Reassessment:** Incomplete. Dr. Thomas' reassessment is to be scheduled approximately 6 months' following completion of Dr. Thomas' Clinical Supervision.

PART II – ADMISSION

22. Dr. Thomas admits the facts at paragraphs 1-21 above, and admits that, based on these facts, he engaged in professional misconduct under paragraph 1(1)33 of O Reg. 856/93, in that he engaged in acts or omissions relevant to the practice of medicine that would be regarded by members as disgraceful, dishonourable or unprofessional by failing to comply with the April 19, 2017 decision of the Inquiries, Complaints and Reports Committee requiring that he complete a

specified continuing education or remediation program.

FINDING

The Committee accepted as correct all of the facts set out in the Agreed Statement of Facts and Admission. Having regard to these facts, the Committee accepted Dr. Thomas' admission and found that he committed an act of professional misconduct in that he has engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

AGREED STATEMENT OF FACTS RELEVANT TO PENALTY

The following Agreed Statement of Facts relevant to Penalty was presented to the Committee:

Relevant College History

1. In June 2014, the Inquiries, Complaints and Reports Committee (the "ICRC") of the College of Physicians and Surgeons of Ontario (the "College") considered a complaint from a prior employer of Dr. Thomas in Ottawa. That employer complained that Dr. Thomas left his position without any notice or follow-up plans for his patients, did not respond to efforts by clinic staff to contact him, and took some patient records with him. In addition, Dr. Thomas failed to respond to a letter from the College's investigator with questions regarding the matter. The ICRC issued a written caution to Dr. Thomas regarding his lack of appropriate management upon leaving a practice. A copy of the June 2014 ICRC decision is attached at Tab 1 to the Agreed Statement of Facts relevant to Penalty.

Additional Relevant History

2. In August 1996, a complaint was received by the College of Physicians and Surgeons of Nova Scotia from the Nova Scotia Prescription Monitoring Program that Dr. Thomas failed to respond to their requests for information concerning his prescribing of controlled substances to Patient X. After investigation of the matter, Dr. Thomas was counseled with respect to not responding promptly and appropriately to the Prescription Monitoring Program. The Investigation Committee also suggested that he review the organization of his office to ensure

that all mail was dealt with appropriately. A copy of the Addendum to Certificate of Standing from the College of Physicians and Surgeons of Nova Scotia is attached at Tab 2 to the Agreed Statement of Facts Relevant to Penalty.

PENALTY AND REASONS FOR PENALTY

Counsel for the College and counsel for the member made a joint submission as to an appropriate penalty and costs order. The penalty proposed consisted of: a reprimand; a one-month suspension; terms, conditions and limitations on Dr. Thomas' certificate of registration (including a requirement that Dr. Thomas comply with the College Policy #2-07, "Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation", and re-imposition of the incomplete elements of the previously ordered SCERP); and costs to the College in the amount of \$6,000.

In assessing the penalty proposed, the Committee was mindful of the principles governing fair and appropriate penalties. These include: public protection; maintaining the integrity of the profession and public confidence in the College's ability to regulate the profession in the public interest; specific deterrence of the member and general deterrence of the profession; and, where applicable or appropriate, rehabilitation of the member. Other principles include denunciation of the misconduct and proportionality.

The Committee was also mindful of the direction of the Supreme Court of Canada in *R. v. Anthony-Cook* 2016 SCC 43. Specifically, that it should not depart from a joint submission unless the proposed penalty is so disproportionate to the misconduct that it would bring the administration of justice into disrepute or is otherwise not in the public interest

In assessing the penalty proposed, the Committee considered the nature of the misconduct, Dr. Thomas' prior history, and prior similar cases of this Committee.

Nature of the Misconduct

In April 2017, the ICRC directed that Dr. Thomas attend the College to be cautioned and required that he complete a SCERP. Its provisions, as detailed above, included: courses in

medical record-keeping, safe opioid prescribing, ATLS and emergency medicine review; one-on-one instruction and self-directed learning, with written summaries in five areas; clinical supervision for a period of 12 months; and a practice reassessment six months upon completion of the education and remediation.

Despite the assistance of the College's Compliance Case Manager and multiple indulgences with respect to deadlines, the matter was returned to the ICRC in April 2018 for consideration due to Dr. Thomas' failure to complete the terms of the April 2017 SCERP. At the time of the return of the matter to ICRC, none of the elements of the SCERP had been more than partially completed. This resulted in ICRC referring the matter to this Committee.

The Committee recognizes that following the ICRC's referral, Dr. Thomas has made some efforts to comply with the April 2017 SCERP. He is scheduled to complete all elements by June 2020. Despite this progress, the Committee is troubled by Dr. Thomas' lack of responsiveness to the College as his governing body. Dr. Thomas showed a lack respect for the College's regulatory role. This type of misconduct compromises the College's ability to promote and maintain public trust in the profession. Dr. Thomas should have understood that strict compliance by physicians with orders made by any College committee is of utmost importance, and not doing so is a serious act of misconduct.

Prior History

The Committee took into account that this is not the first time Dr. Thomas has been involved in compliance-related matters with regulatory authorities. In 1996, the Prescription Monitoring Program of the College of Physicians and Surgeons of Nova Scotia counselled Dr. Thomas with respect to not responding promptly and appropriately to their requests for information.

In 2014, the ICRC issued a written caution to Dr. Thomas regarding his lack of appropriate management upon leaving a practice. During the investigation phase of this mater, Dr. Thomas failed to respond to a letter from the College's investigator.

The fact that this is not the first time that Dr, Thomas has required oversight with respect to compliance related matters is an aggravating factor.

Mitigating Factors

The fact that Dr. Thomas has admitted his misconduct and has cooperated with the College to reach a resolution, thereby avoiding the necessity of a contested hearing, are mitigating factors.

Prior Cases

The Committee was provided with a Joint Book of Authorities that contained five prior decisions of this Committee: *Strang*, 2018 ONCPSD 52; *Pinto*, 2017 ONCPSD 5; *Lowe*, 2015 ONCPSD 21; *Botros*, 2015 ONCPSD 16; and *Achiume*, 2015 ONCPSD 4. Although the Committee's prior decisions are not binding as precedent, the Committee accepts as a principle of fairness that like cases should be treated alike.

The Committee was initially concerned that a one-month suspension might not provide sufficient deterrence to the member and to the profession in general. However, upon review of the decisions provided which the Committee found to be similar with respect to the scope of the misconduct, and in which the Committee imposed penalties ranging from no suspension to two months, the Committee found the one-month suspension proposed to be appropriate in the circumstances of this case in that it fit within a reasonable range of orders.

Conclusion

It is the opinion of the Committee that the penalty jointly proposed by the parties is appropriate in the circumstances of this case. The penalty sends a strong signal that non-compliance with orders made by any College Committee will not be tolerated. The suspension and public reprimand reflect the seriousness of the misconduct, and serve as specific deterrents to Dr. Thomas and general deterrents to the profession. The nine-month period of clinical supervision, followed by reassessment and ongoing monitoring will serve to rehabilitate Dr. Thomas and provide for public protection.

ORDER

The Committee stated its finding in paragraph 1 of its written order of June 19, 2019. In that order, the Committee ordered and directed on the matter of penalty and costs that:

2. Dr. Thomas attend before the panel to be reprimanded.
3. The Registrar suspend Dr. Thomas' certificate of registration for a period of one (1) month, commencing from July 3, 2019 at 12:01 a.m.
4. The Registrar place the following terms, conditions and limitations on Dr. Thomas' certificate of registration:
 - i. Dr. Thomas shall comply with the College Policy #2-07 "Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation", a copy of which is attached at Schedule "A" to this Order;

Clinical Supervision

- ii. For a period of nine (9) months from the date of this Order, Dr. Thomas shall practice medicine only under the supervision of a clinical supervisor approved by the College (the "Clinical Supervision").
- iii. Within ten (10) days of this Order, Dr. Thomas shall have a College-approved clinical supervisor (the "Clinical Supervisor") sign an Undertaking in the form attached hereto as Schedule "B".
- iv. Dr. Thomas shall meet with the Clinical Supervisor once in August 2019, once in November 2019, and once in February 2020. At each meeting, the Clinical Supervisor shall:
 - a) Review a minimum of twenty (20) patient charts, to be selected by the Clinical Supervisor in accordance with the educational needs identified

in the Individualized Education Plan attached hereto at Schedule “C” (the “IEP”);

- b) Discuss with Dr. Thomas any concerns the Clinical Supervisor may have arising from the chart reviews;
 - c) Make recommendations to Dr. Thomas for practice improvements and inquire into Dr. Thomas’ compliance with the recommendations; and
 - d) Keep a log of all patient charts reviewed along with patient identifiers.
- v. The Clinical Supervisor shall submit written reports to the College promptly after every meeting with Dr. Thomas, or immediately if the Clinical Supervisor has concerns about Dr. Thomas’ standard of practice or that Dr. Thomas’ patients may be exposed to harm or injury.
- vi. Dr. Thomas shall fully cooperate with the Clinical Supervision and shall abide by all recommendations of the Clinical Supervisor.
- vii. If a person who has given an Undertaking in Schedule “B” to this Order is unable or unwilling to continue to fulfill its provisions, Dr. Thomas 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.
- viii. If Dr. Thomas is unable to obtain a Clinical Supervisor as set out in this Order, he shall cease practising medicine until such time as he has obtained a Clinical Supervisor acceptable to the College.
- ix. If Dr. Thomas is required to cease practise as a result of section 4 (viii) above, this will constitute a term, condition or limitation on his certificate of registration and that term, condition or limitation will be included on the public register.

Reassessment

- x. Approximately six (6) months following completion of the Clinical Supervision, Dr. Thomas shall undergo a reassessment of his practice by a College-appointed assessor (the “Reassessment”).
- xi. The Reassessment shall focus on the educational needs addressed during the period of Clinical Supervision as set out in the IEP and may include a review of Dr. Thomas’ patient charts, direct observations, and interviews with staff and/or patients and any other tools deemed necessary by the College. The Assessor shall report the results of the Reassessment to the College.

Monitoring

- xii. Dr. Thomas shall inform the College of each and every location where he practices, in any jurisdiction (his “Practice Location(s)”) within fifteen (15) days of this Order and shall inform the College of any and all new Practice Locations within fifteen (15) days of commencing practice at that location.
- xiii. Dr. Thomas shall consent to the sharing of information between the Clinical Supervisor, the Assessor and the College as any of them deem necessary or desirable in order to fulfill their respective obligations.
- xiv. Dr. Thomas shall consent to the College making enquiries of the Ontario Health Insurance Program, the Narcotics Monitoring System and/or any person or institution that may have relevant information, in order for the College to monitor his compliance with this Order and shall promptly sign such consents as may be necessary for the College to obtain information from these persons or institutions.
- xv. Dr. Thomas shall co-operate with unannounced inspections of his office practice and patient charts by the College for the purpose of monitoring and enforcing his compliance with the terms of this Order.
- xvi. Dr. Thomas shall notify any employer, or any hospital at which he may have privileges, about this Order.

- xvii. Dr. Thomas shall be responsible for any and all costs associated with implementing the terms of this Order.
- 5. Dr. Thomas pay costs to the College in the amount of \$6,000.00 within 30 days of the date of this Order.

At the conclusion of the hearing, Dr. Thomas waived his right to an appeal under subsection 70(1) of the Code and the Committee administered the public reprimand.

TEXT of PUBLIC REPRIMAND
Delivered June 19th, 2019
in the case of the
COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO
and
DR. Cholemkeril Kuncheria Thomas

Dr. Thomas,

It is a fundamental responsibility of a member to comply with his or her regulator. This is critical to maintain public trust and confidence in the ability of the profession to govern itself in the public interest.

The Panel considers your behavior incomprehensible. You have consistently and deliberately ignored your regulators. You were given many extensions and indulgences to comply, and yet you repeatedly failed to meet your deadlines.

In our view, you have demonstrated a complete lack of respect for your regulator. It is essential that you change your ways. Today's Order is giving you yet a further opportunity. It is totally within your control to avoid further sanctions relating to your conduct. You may be seated.