

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

**of**

**DR. GURPAL SINGH MAND**  
**(“Dr. Mand”)**

**to**

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

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**PREAMBLE**

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;

“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.

I, **Dr. Mand**, certificate of registration number **52248**, am a member of the College.

I, **Dr. Mand**, acknowledge that following an assessment that identified issues with my knowledge, skill and judgement in my family practice, I underwent remediation and submitted to a reassessment of my practice (the “2017 SCERP”). The reassessment report subsequently received by the College pursuant to the 2017 SCERP continued to raise concerns about my knowledge, skill and judgement in my family practice. I accordingly underwent further remediation and submitted to a further reassessment (the “2019 Undertaking”). The further reassessment report received by the College pursuant to the 2019 Undertaking in File Number CAS-08192-Y8F3J5 has continued to raise concerns about my standard of practice in family medicine.

**UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT**

I, **Dr. Mand**, hereby resign from the College effective December 31, 2021 (the “Effective Date”).

I, **Dr. Mand**, 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.

- I, **Dr. Mand**, 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.
- I, **Dr. Mand**, acknowledge that in the event that the College should become aware that I am in breach of this Undertaking including, but not limited to, becoming aware that I have either applied, re-applied or attempted to apply or re-apply for registration as a physician or for a certificate of registration, or equivalent, to practise medicine in any jurisdiction after the Effective Date, the College shall, in its sole discretion, have the right to proceed with a disciplinary proceeding on the basis of a breach of this Undertaking and shall have the right to proceed with the Investigation it terminated as a result of this Undertaking and/or to proceed with a referral of specified allegations to the Discipline Tribunal.
- I, **Dr. Mand**, 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 0 above.
- I, **Dr. Mand**, undertake to abide by the College's Policy on [Closing a Medical Practice](#).
- I, **Dr. Mand**, 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.
- I, **Dr. Mand**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- I, **Dr. Mand**, 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.
- I, **Dr. Mand**, 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.
- I, **Dr. Mand**, 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.
- I, **Dr. Mand**, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix "A" and that the consent forms part of this Undertaking.

### ***Public Register***

- (a) I, **Dr. Mand**, consent to this Undertaking being posted on the Public Register.

- (b) I, **Dr. Mand**, acknowledge that, in addition to this Undertaking being posted in accordance with section 0(a) above, the following summary shall be posted on the Public Register during the time period that this Undertaking remains in effect:

Following an assessment that identified issues with Dr. Mand's knowledge, skill and judgement in his family practice, he underwent remediation and submitted to a reassessment of his practice. The reassessment report subsequently received by the College continued to raise concerns about his knowledge, skill and judgement in his family practice. Dr. Mand accordingly underwent further remediation and submitted to a further reassessment. The further reassessment report has continued to raise concerns about Dr. Mand's standard of practice in family medicine. In the face of this further reassessment, Dr. Mand has resigned from the College effective December 31, 2021 and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction.