

Indexed as: **Ontario (College of Physicians and Surgeons of Ontario) v. Wojcicki, 2016
ONCPSD 9**

**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. ANDRZEJ TOMASZ WOJCICKI

PANEL MEMBERS:

**DR. M. GABEL
S. BERI
DR. F. SLIWIN
DR. E. ATTIA
DR. M. DAVIE**

Hearing Date: February 22, 2016
Decision Date: February 22, 2016
Release of Written Reasons: April 14, 2016

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 February 22, 2016. At the conclusion of the hearing, the Committee stated its finding that the member committed an act of professional misconduct and that the member is incompetent and delivered its penalty and costs order with written reasons to follow.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. Wojcicki committed an act of professional misconduct:

1. under paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* (“O. Reg. 856/93”), in that he has failed to maintain the standard of practice of the profession; and
2. under paragraph 1(1)33 of 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.

The Notice of Hearing also alleged that Dr. Wojcicki is incompetent as defined by subsection 52(1) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*.

RESPONSE TO THE ALLEGATIONS

Dr. Wojcicki admitted the allegations in the Notice of Hearing, that he failed to maintain the standard of practice of the profession; 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; and that he is incompetent.

THE FACTS

An Agreed Statement of Facts and Admissions was filed as an exhibit and presented to the Committee. It is excerpted below:

PART I - FACTS

Background

1. Dr. Andrzej Tomaz Wojcicki (Dr. Wojcicki) is an internal medicine specialist who received his medical degree from Bialystok University in Poland in 1977. He obtained his certificate of registration authorizing independent practice from the College of Physicians and Surgeons of Ontario (the College) in 1996.
2. At the relevant time, Dr. Wojcicki practiced medicine at the Vivian Medical Spa, located at 6165 Vivian Road, Mount Albert, Ontario (Vivian Medical Spa) and at the Southlake Regional Health Centre (SRHC) in Newmarket, Ontario.
3. This referral flows from two investigations conducted under section 75(1)(a) of the Health Professions Procedural Code (the Code), one relating to Dr. Wojcicki's practice at the Vivian Medical Spa, and the other relating to his practice at SHRC.

Section 75(1)(a) Investigation re: Complementary and Alternative Medicine

4. This investigation was commenced after the College received information, both anonymously and from a physician. The College retained Dr. X, an internal medicine specialist, to provide an opinion on Dr. Wojcicki's internal medicine practice and

complementary and alternative medicine (CAM) practice based on his care of 25 patients, whose charts had been obtained from the Vivian Medical Spa. On the basis of his chart reviews, an interview with Dr. Wojcicki, as well as information obtained relating to his CAM practice, Dr. X concluded that Dr. Wojcicki's care did not meet the standard of practice of the profession in all of the 25 charts reviewed. In 24 of these charts, Dr. X also found that Dr. Wojcicki's care reflected a lack of knowledge, skill and judgment and that his clinical practice is likely to expose many of his patients to a risk of harm or injury. The details of his concerns include:

- [Dr. Wojcicki's] documentation practices do not meet the standard of practice of the profession. For example, he does not appear to use a Cumulative Patient Profile or similar instrument to document the patient's previous and current medical problems and treatment;
- Dr. Wojcicki makes a diagnosis without explaining his reasoning in the same chart note [which] is particularly problematic in light of the unconventional diagnoses (e.g., adult hormone deficiency syndrome) that [he] reaches;
- In many instances, Dr. Wojcicki makes a treatment recommendation without indicating clearly why he has chosen a particular course of action;
- In many instances, Dr. Wojcicki recommends that patients with atherosclerosis undergo chelation and "plaque therapy" which consists of intravenous administration of phospholipids and other agents. This treatment is not considered standard and ... if offered should be done so in the context of an approved research study or under the auspices of the CPSO's Complementary and Alternative Medicine Policy;
- ... in several instances, not only with regard to plaque therapy and intravenous chelation, but also in regard to bioidentical hormone replacement therapy ... Dr. Wojcicki's practice does not adhere to CPSO's Complementary and Alternative Medicine Policy;

- Dr. Wojcicki recommends that patients with testosterone levels below the reference range be treated with testosterone creams, even in older adults (e.g., patients over the age of 65) who do not have symptoms and signs strongly suggestive of testosterone deficiency, and even in those with a history of prostate disease;
- Dr. Wojcicki recommends that patients with “adult hormone deficiency syndrome” or simply “hormone deficiency” be treated with growth hormone [and] in some cases this diagnosis is reached even when IGF-1 is within the reference range....the standard of practice is such that the diagnosis would generally be made or confirmed by an endocrinologist [and] treatment should also generally occur under the supervision of an endocrinologist;
- In many instances, Dr. Wojcicki appears to have ordered tests that are not indicated given the clinical circumstances – e.g., C-peptide levels, FSH and LH levels in women who are obviously post-menopausal, estradiol and progesterone in men, co-enzyme Q10, Vitamin A, mercury, various tumour markers, etc. ... the ordering of these tests reflects a lack of knowledge and judgment and is inconsistent with the standard of practice;
- In one instance, Dr. Wojcicki treated a patient with a history of estrogen receptor positive breast cancer with estrogen. Such treatment is contraindicated and... should only be offered in extremely unusual circumstances with the approval of a patient’s oncologist;
- Dr. Wojcicki treated post-menopausal women with estrogen. Because of the increased risk of cardiovascular disease, the standard of practice is that estrogen should only be used to treat severe menopausal symptoms, for a short period of time, and only after discussion of benefits and risks;
- In at least one instance, he treated a patient with newly diagnosed metastatic breast cancer with unconventional treatments without

documenting a discussion regarding chemotherapy and without referring her to a medical oncologist; and

- In some instances, Dr. Wojcicki has provided care to patients with established medical diagnoses and has not treated these patients in a manner consistent with standard medical practice.

A copy of Dr. X's report, dated March 18, 2013, is attached at Tab 1 of the Agreed Statement of Facts and Admissions.

5. In response to Dr. X's report, Dr. Wojcicki retained Dr. Z, a practitioner of integrative-complementary/alternative medicine, to provide an opinion with respect to his care and treatment of patients at the Vivian Medical Spa. Dr. Z provided a report dated May 25, 2015, wherein he opined as follows:

In my opinion, Dr. Wojcicki's care, as demonstrated in the chart review, did not meet the standard of care expected of the profession. Dr. Wojcicki demonstrates a lack of compliance and understanding of the CPSO's policy related to CAM Practice. He has displayed a lack of judgment in his care, and a failure to provide proper informed consent. His record-keeping is inadequate.

Illustratively, Dr. Wojcicki demonstrated a lack of judgement in the prescribing of bio-identical estrogen replacement to a receptor positive breast cancer patient. The patient record does not contain any evidence of a consent discussion. Also of significant concern is the application of chelation therapy without fulsome assessment or proper informed consent, to a patient on whom he initiated intravenous chelation therapy by way of email correspondence. As teacher and Co-Chair for the Chelation Therapy workshop for ACAM, the world leader in chelation training and whose protocol was adopted for the TACT study, it is, in my view, below standard for a patient to begin the treatments in the manner that this individual did i.e. without examination by Dr. Wojcicki... Dr. Wojcicki's [sic] has inaccurately described the study results in his correspondence and

dialogue with his patients, given that the TACT subjects were an exclusive group, of specific age and clear cardiac history (not simply hypertensive or diabetic).

It is imperative that standard therapies be discussed and documented in the patient chart prior to initiation of any CAM modality, according to the CAM policy of the CPSO. This fact is not consistently demonstrated by Dr. Wojcicki, nor is there sufficient evidence of robust discussion/documentation of risks of therapies offered or denied. This would apply particularly to his management of dyslipidemia, and “hormone deficiency syndromes”.

6. Dr. X reviewed Dr. Z’s report and concluded that it did not change the opinion as contained in his report dated March 18, 2013.

Section 75(1)(a) Investigation re: Hospital Practice

7. As a result of the concerns raised by Dr. X in his report, the College commenced an investigation into Dr. Wojcicki’s internal medicine practice at SRHC. At the time the charts were requested, SRHC indicated that Dr. Wojcicki was listed as the Most Responsible Physician for a total of 63 patients in 2014. Of these 63 patients, 25 patient charts were selected by the College for review.

8. The College retained an internal medicine specialist, Dr. Y, to opine on the 25 patients charts. Dr. Y opined that in 16 out of 24 charts, Dr. Wojcicki’s care and documentation fell below the standard of practice of the profession.

9. Dr. Y found 4 instances that demonstrated Dr. Wojcicki’s lack of knowledge, including:

- In two cases a full dose of enoxaparin was ordered in a patient with severe renal insufficiency;

- An incorrect dose of IV Zantac was prescribed; and
- The wrong dose of Digoxin was prescribed.

10. With respect to his lack of judgment, Dr. Y found that Dr. Wojcicki:

- Did not address elevated troponin and creatinine levels in testing done in the E.R. for one patient;
- Did not acknowledge or treat pneumonia perceived on chest x-ray done in the E.R. for one patient;
- Ordered triple anticoagulation for a patient without sufficient evidence it was needed;
- Ordered medications a patient was taking at home without regard for E.R. clinical status;
- Ordered anticoagulant and laxatives in a patient with bloody diarrhea; and
- Did not consider that a follow-up appointment was needed for patient to receive biopsy results.

11. With respect to lack of skill, Dr. Y opined:

There was consistent criticism of inadequate Consult Notes and Discharge Summaries. I felt that the Consult Notes were very brief and did not reflect the consultation that would be expected from an Internist. The Discharge Summaries generally did not provide a good picture of the events of the hospitalization.

12. Dr. Y found that the following examples from the charts demonstrate that Dr. Wojcicki's practice, behaviour or conduct exposes or is likely to expose patients to harm or injury:

- Triple anticoagulant therapy based on diagnosis of Acute Coronary Syndrome, without firm evidence to support this diagnosis;

- Two cases of prescribing a full prophylactic dose of enoxaparin when creatinine levels were, respectively, 1479 and 379;
- Ordering prophylactic anticoagulation in patient having bloody diarrhea and ordering NSAID in same patient with history of esophagitis and prepyloric ulcerations; and
- Ordering a dose of Digoxin 0.625 mg instead of 0.0625 mg.

A copy of Dr. Y's report, dated June 9, 2015, is attached at Tab 2 of the Agreed Statement of Facts and Admissions.

13. Dr. Wojcicki, and his counsel, responded to Dr. Y's June 9, 2015 report. These responses are attached at Tab 3 of the Agreed Statement of Facts and Admissions. Dr. Y responded to Dr. Wojcicki's comments on July 8, 2015. A copy of that response is attached at Tab 4 of the Agreed Statement of Facts and Admissions.

14. In further response to the opinion of Dr. Y, Dr. Wojcicki provided an expert report by Dr. V, dated July 16, 2015. In summarizing her review of the same 25 charts that were reviewed by Dr. Y, Dr. V noted:

In general, I do agree that Dr. Wojcicki's notes tend to be quite brief and more complete notes would often be helpful. I would encourage him to be more complete in his note writing/dictation, perhaps following a template including all parts of a complete consultation letter. However, in general, I find his care to be appropriate. Occasionally I do find that I had to extrapolate based on the rest of the chart and other consult notes and orders. Overall documentation seems to be sparse, for example in admitted patients there are only progress notes seen. In someone admitted for a very short period of time, an admit note and discharge summary suffices as adequate; however when patients are admitted for longer durations I would expect to see more documentation from the MRP (Most Responsible Physician). This is likely to be a systems issue at Southlake, given that Dr. Wojcicki is not generally the MRP and likely multiple other physicians serve this role, and in this sampling of 25 charts I found this to

be a common issue. I understand that the system of writing discharge notes is often left to the weekend covering attending instead of the usual MRP. This is a system issue, which could use correction in the hospital.

Similarly another easy careless error, which can occur is a mistaken dose of medication. This should also have a system level backup, such as with an Electronic medical record or pharmacy, which should catch such dosing errors.

15. Dr. Y was asked to review Dr. V's report and provide a response. His response, dated August 14, 2015, is attached at Tab 5 of the Agreed Statement of Facts and Admissions.

Ontario Health Insurance Plan (OHIP) Billing Issues

16. OHIP billing information was obtained in the College's first section 75(1)(a) investigation with respect to care and treatment provided by Dr. Wojcicki at the Vivian Medical Spa. The OHIP data covered services provided between November 1, 2011 and December 31, 2012.

17. Based on this data and Dr. Wojcicki's records, the College formed the view that Dr. Wojcicki billed OHIP on numerous occasions for services for which there is no documentation. In particular, for 21 of the patients whose charts were reviewed, the patient would attend the Vivian Medical Spa for intravenous treatment on a weekly or twice weekly basis. On many of these occasions, patients were never directly assessed by Dr. Wojcicki. Instead, they were under supervision of nurses and Dr. Wojcicki would do 'rounds' with the nurses to discuss any issues with respect to individual patients.

18. On these occasions, without assessing patients directly, Dr. Wojcicki would submit claims to OHIP using billing codes such as A138, which is the internal medicine code for a partial assessment and requires direct examination of the patient.

Section 37 Interim Order by the College

19. On December 10, 2014, after referring allegations of professional misconduct to the Discipline Committee, the Inquiries Complaints and Reports Committee directed the Registrar to impose terms, conditions and limitations on Dr. Wojcicki's certificate of registration pursuant to section 37 of the Code. The Order required, among other things, that Dr. Wojcicki cease to engage in complementary/alternative medicine practice.

Undertaking to the College

20. As part of the resolution of the allegations referred to the Discipline Committee, Dr. Wojcicki executed an undertaking to the College on February 19, 2016. In his undertaking Dr. Wojcicki agreed to cease engaging in any CAM practice and has undertaken not to apply or reapply to practice CAM in Ontario. He must also post a sign indicating this restriction in all locations where he practices primary care.

PART II – ADMISSION

21. Dr. Wojcicki admits the facts specified in paragraphs 1 to 20 above.

22. Dr. Wojcicki admits that the conduct described above constitutes professional misconduct under paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991*, and that he has failed to maintain the standard of practice of the profession.

23. Dr. Wojcicki admits that he is incompetent as defined by subsection 52(1) of the Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*.

24. Dr. Wojcicki further admits that the conduct described in paragraphs 16 – 18 above constitutes professional misconduct under paragraph 1(1)33 of Ontario Regulation 856/93 made under the *Medicine Act, 1991*, 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 in respect of his OHIP billings.”

FINDINGS

The Committee accepted as true all of the facts set out in the Agreed Statement of Facts and Admissions. Having regard to these facts, the Committee accepted Dr. Wojcicki’s admission and found that he failed to maintain the standard of practice of the profession; 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; and that he is incompetent.

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 Committee recognized that a joint submission on penalty must be accepted unless to do so would be contrary to the public interest and would bring the administration of justice into disrepute.

In considering the joint submission on penalty, the Committee reviewed the Agreed Statement of Facts and Admissions and the Joint Book of Authorities as well as the parties’ submissions. The Committee also reviewed an undertaking signed by Dr. Wojcicki (attached as Schedule “A” to the Committee’s order), in which Dr. Wojcicki undertook, effective immediately, to cease to engage in complementary and alternative medicine in any respect in Ontario, among other things.

Aggravating Factors

The Committee considered the aggravating factors in this case.

In his practice of Complementary and Alternative Medicine (“CAM”), Dr. Wojcicki failed to maintain the standard of practice in several areas. Dr. Wojcicki failed to follow the guidelines for CAM set out by the CPSO’s Complementary and Alternative Medicine Policy by:

- engaging in inadequate record-keeping, including lack of Cumulative Patient Profiles documenting patients’ medical history and treatments;
- failing to obtain consent from his patients;
- failing to explain standard medical treatments to his patients;
- ordering unnecessary tests;
- treating patients who did not demonstrate signs and symptoms of the condition he was treating, and
- ordering medications which were inappropriate, considering the diagnosis.

The Committee noted that both the assessor retained by the College, Dr. X, and the assessor retained by Dr. Wojcicki, Dr. Z, concurred that Dr. Wojcicki failed to meet the standard of practice of the profession in his practice of CAM.

Dr. Wojcicki failed to maintain the standard of practice of the profession in his internal medicine hospital practice because of his:

- lack of knowledge, demonstrated by prescribing incorrect dosages of medication;
- lack of judgement with respect to the management of several patients in the ER;
and
- inadequate consult notes and discharge summaries.

With respect to Dr. Wojcicki’s OHIP billing practice, the Committee noted that Dr. Wojcicki billed OHIP for services for which there is no documentation.

The Committee considered the degree to which Dr. Wojcicki failed to meet the standard of practice as an aggravating factor in this case. In his CAM practice, Dr. Wojcicki’s care did not meet the standard of practice in all 25 of the charts reviewed. In his Internal

Medicine Hospital practice, Dr. Wojcicki did not meet the standard of practice in 16 of the 24 charts reviewed.

The Committee was particularly concerned by the fact that both of the College-retained independent assessors stated that Dr. Wojcicki's clinical practice is likely to expose his patients to risk of harm or injury.

Mitigating Factors

The Committee also considered the mitigating factors in this case. Dr. Wojcicki has no previous findings with the Discipline Committee. He has admitted that he failed to meet the standard of practice of the profession and that he is incompetent, such that he requires supervision. He has signed an undertaking to no longer practise CAM. Dr. Wojcicki has reduced the time and cost required for a full contested hearing by admitting to his misconduct and entering a joint submission on penalty and costs.

Previous Discipline Committee Cases

Although the Committee is not bound by previous decisions of the Discipline Committee, similar cases should be treated in a similar manner. The Committee found that the proposed penalty laid out in the joint submission is consistent with the penalties ordered in similar Discipline Committee cases such as *Re Armstrong* (2015), *Re Judah* (2012), *Re Martin* (2014) and *Re Syan* (2015), all of which required the member to be supervised in his or her practice after a finding was made of failure to maintain the standard of practice and, in the *Re Judah* case, of incompetence.

Conclusion

The Committee agreed with the parties' submissions that the proposed penalty would uphold the relevant penalty principles. The requirements that Dr. Wojcicki undergo supervision of both his office and hospital clinical practices, followed by a reassessment of his practice; that he abide by all recommendations of his supervisors and assessors; and that he cooperate with unannounced inspections and monitoring of his OHIP billings will protect the public by ensuring that he obtains guidance in areas of weakness so that he can practise safely in future. These requirements also help to preserve public confidence in the ability of the profession to regulate itself and allow for the rehabilitation of the member. The suspension of two months will serve as both a specific and a general deterrent. The reprimand will reflect the Committee's disapproval of Dr. Wojcicki's behavior and will thereby also serve as both a general and a specific deterrent.

The Committee also determined that this was an appropriate case to order costs at the Tariff rate of \$5,000.00 for a one-day hearing.

ORDER

Therefore, having stated the findings in paragraphs 1 and 2 of its written order of February 22, 2016, on the matter of penalty and costs:

3. The Committee ordered that Dr. Wojcicki appear before the panel to be reprimanded.
4. The Committee directed the Registrar to suspend Dr. Wojcicki's certificate of registration for a period of two (2) months, effective immediately.
5. The Committee directed the Registrar to place the following terms, conditions and limitations on Dr. Wojcicki's certificate of registration:

Education

- (a) Dr. Wojcicki shall, at his own expense, participate in and successfully complete the following educational courses:
- i. McMaster University Review Course in Internal Medicine (March 30, 2016 to April 1, 2016); and
 - ii. Canadian Cardiovascular Research Network course entitled “Gauging the Guidelines” (February 27, 2016);

Office Practice Clinical Supervision

- (b) Within thirty (30) days of the date of this Order, Dr. Wojcicki shall obtain a clinical supervisor acceptable to the College, who will supervise Dr. Wojcicki’s internal medicine office practice (the “Office Practice Clinical Supervision”) for a period of six (6) months, and who will sign an undertaking in the form attached [to the Order] as Schedule “B” (the “Office Practice Clinical Supervisor”);
- (c) The Office Practice Clinical Supervision shall be at a moderate level for a minimum of six (6) months, commencing on the date following the expiry of the suspension of Dr. Wojcicki’s certificate of registration. The Office Practice Clinical Supervisor will meet with Dr. Wojcicki bi-weekly and review ten (10) of Dr. Wojcicki’s patient charts, discuss Dr. Wojcicki’s patient care, treatment plan and follow-up, identify any concerns regarding the care, treatment plan and follow-up and make recommendations for improvement;
- (d) After three (3) months, and only upon recommendation by the Office Practice Clinical Supervisor and approval of the College, the Office Practice Clinical Supervision may be reduced to a low level for the remaining three (3) months, such that the frequency of meetings and chart reviews by the Office Practice Clinical Supervisor shall be reduced to monthly;
- (e) Within six (6) months after the completion of the Office Practice Clinical Supervision, Dr. Wojcicki will submit to a reassessment of his internal

medicine office practice (the “Office Practice Reassessment”) by an assessor or assessors selected by the College (the “Office Practice Assessor(s)”). The Office Practice Reassessment may include a chart review, direct observation of Dr. Wojcicki’s care, interviews with colleagues and co-workers, feedback from patients and any other tools deemed necessary by the College. Dr. Wojcicki shall abide by all recommendations made by the Office Practice Assessor(s), and the results of the Office Practice Reassessment will be reported to the College and may form the basis of further action by the College;

Hospital Practice Clinical Supervision

- (f) Within thirty (30) days of the date of this Order, Dr. Wojcicki shall obtain a clinical supervisor acceptable to the College, who will supervise Dr. Wojcicki’s hospital practice (the “Hospital Clinical Supervision”) for a period of three (3) months, and who will sign an undertaking in the form attached [to the Order] as Schedule “C” (the “Hospital Clinical Supervisor”);
- (g) Hospital Clinical Supervision will commence on the date following the expiry of the suspension of Dr. Wojcicki’s certificate of registration. The Hospital Clinical Supervisor will meet with Dr. Wojcicki monthly and review charts for every patient where Dr. Wojcicki has been the Most Responsible Physician, discuss Dr. Wojcicki’s patient care, including documentation and record-keeping, treatment plan and follow-up, identify any concerns regarding the care, documentation, record-keeping, treatment plan and follow-up and make recommendations for improvement;
- (h) Within six (6) months after the completion of the Hospital Clinical Supervision, Dr. Wojcicki will submit to a Reassessment of his hospital practice (the “Hospital Reassessment”) by an assessor or assessors selected by the College (the “Hospital Assessor(s)”). Hospital Reassessment may include a chart review, direct observation of Dr. Wojcicki’s care, interviews with colleagues and co-workers, feedback

from patients and any other tools deemed necessary by the College. Dr. Wojcicki shall abide by all recommendations made by the Hospital Assessor(s), and the results of the Hospital Reassessment will be reported to the College and may form the basis of further action by the College;

Collective Clinical Supervision

- (i) Dr. Wojcicki shall cooperate fully with the Office Practice Clinical Supervision and Hospital Clinical Supervision and abide by all recommendations of his Clinical Supervisor(s) with respect to practice improvements and education;
- (j) Dr. Wojcicki shall consent to the disclosure by his Clinical Supervisors to the College, and by the College to his Clinical Supervisors, of all information the Clinical Supervisors or the College deems necessary or desirable in order to fulfill the Clinical Supervisors' undertaking and to monitor Dr. Wojcicki's compliance with this Order. This shall include, without limitation, providing the Clinical Supervisors with any reports of any assessments of Dr. Wojcicki's practice in the College's possession;
- (k) If a Clinical Supervisor(s) who has given an undertaking in Schedule "B" and/or Schedule "C" [to the Order] is unable or unwilling to continue to fulfill its terms, Dr. Wojcicki 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;
- (l) If Dr. Wojcicki is unable to obtain a Clinical Supervisor in accordance with paragraphs 5(b), 5(f) or 5(k) of this Order, he shall cease practising medicine until such time as he has done so, and the fact that he has will constitute a term, condition or limitation on his certificate of registration until that time;
- (m) Dr. Wojcicki shall co-operate with unannounced inspections and shall consent to the monitoring of his OHIP billings of his Office Practice and

his Hospital Practice by a College representative(s), for the purpose of monitoring and enforcing his compliance with the terms of this Order;

- (n) Dr. Wojcicki shall inform the College of each and every location that he practises or has privileges, including, but not limited to, hospital(s), clinic(s) and office(s), in any jurisdiction 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;
 - (o) Dr. Wojcicki shall be responsible for any and all costs associated with implementing the terms of this Order.
6. The Committee ordered Dr. Wojcicki to pay costs to the College in the amount of \$5,000.00 within 30 days of the date of this Order.

TEXT of PUBLIC REPRIMAND
Delivered February 22, 2016
in the case of the
COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO
and
DR. ANDRZEJ TOMASZ WOJCICKI

Dr. Wojcicki,

The public expects physicians to practice to the highest standards in their care of patients. In your internal medicine practice, there were deficiencies that are concerning and showed lack of judgement and incompetence. This is unacceptable.

As well, when practicing in areas such as complementary medicine, a physician must fully inform patients of the accepted treatments and alternatives, as well as adhere to standards as noted in College policy. You did not do so. This, too, is unacceptable.

Physicians in Ontario have the privilege of billing for services. They are trusted to do this in an honest and appropriate manner. Failing to do so brings your reputation into question, and also affects the entire trust relationship between physicians and the public. The Committee expects that in the future you will adhere to proper billing practices.

Your treatment decisions and judgment has exposed patients to risk of injury. The complementary medicine policy of the college is meant to safeguard and inform patients as well as guide the proper practice of the physician. Your disregard of this policy not only shows disrespect for your colleagues and profession. It also has exposed patients to unnecessary and possibly dangerous practice and has denied

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patients the ability to provide fully informed consent to their treatment.

We expect the terms and conditions imposed on you today will have the effect of bringing your practice up to the accepted and required standard of Ontario physicians. We expect you to practice in the future in a way that helps and safeguards your patients and will bring credit to the profession, and there will therefore be no reason for you to appear in front of us again.