

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

**of**

**DR. GORDON WILLIAM MILNE**  
**(“Dr. Milne”)**

**to**

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

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**A. PREAMBLE**

(1) In this Undertaking:

“QAC” means the Quality Assurance Committee of the College;

“OHIP” means the Ontario Health Insurance Plan.

“SCERP” means a Specified Continuing Education and Remediation Program.

- (2) I, **Dr. Milne**, certificate of registration number **27805**, am a member of the College. I acknowledge that concerns have been identified with respect to my knowledge, skill and judgment. I am aware of the College’s concern about protecting the public. I acknowledge the nature of the College’s concerns.
- (3) I, **Dr. Milne**, acknowledge that the QAC required me to complete a SCERP that required me to, among other things, practice under the guidance of a clinical supervisor, engage in professional education, and undergo a reassessment of my practise. I have not started the SCERP.

**B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT**

- (4) I, **Dr. Milne**, hereby resign from the College effective upon the date this Undertaking is approved by the QAC (the “Effective Date”).
- (5) I, **Dr. Milne**, 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.
- (6) I, **Dr. Milne**, acknowledge and provide consent 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 Assessment it terminated as a result of this Undertaking.

- (7) I, **Dr. Milne**, undertake to the College to abide by the College's Policy on 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 hereto as Appendix "A".
- (8) I, **Dr. Milne**, undertake to the College that upon signing this Undertaking, I shall forward a request to the General Manager of the OHIP that my billing number be deactivated for services rendered after the Effective Date. I acknowledge that I have executed the OHIP consent form, attached hereto as Appendix "B" and that the consent forms part of this Undertaking.
- (9) I, **Dr. Milne**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (10) I, **Dr. Milne**, 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.
- (11) I, **Dr. Milne**, acknowledge 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.
- (12) I, **Dr. Milne**, acknowledge that this Undertaking constitutes terms, conditions, and limitations on my certificate of registration for the purposes of section 23 of the Code.
- (13) I, **Dr. Milne**, acknowledge that this Undertaking shall be posted on the College's Register that is available to the public during the time period that the Undertaking remains in effect.
- (14) I, **Dr. Milne**, acknowledge that the following summary will appear on the College's Register that is available to the public during the time period that this Undertaking remains in effect:

Concerns have been identified with respect to Dr. Milne's knowledge, skill and judgment. As a result, Dr. Milne was required to complete a Specified Continuing Education and Remediation Program ("SCERP"). Prior to starting the SCERP, Dr. Milne resigned from the College and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction.

- (15) I, **Dr. Milne**, 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.