

ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL

Citation: *College of Physicians and Surgeons of Ontario v. Iracleous*, 2026 ONPSDT 15

Date: April 28, 2026

Tribunal File No.: 25-010

BETWEEN:

College of Physicians and Surgeons of Ontario

College

- and -

Panayiotis Iracleous

Registrant

FINDING AND PENALTY REASONS

Heard: March 23, 2026

Panel:

David A. Wright (Tribunal Chair)

Madhu Azad (physician)

David Bird (public)

Ray Trask (public)

Susanna Yanivker (physician)

Appearances:

Penelope Ng and Sayran Sulevani, for the College

Jaan Lilles and Andrew Locatelli, for the registrant

RESTRICTION ON PUBLICATION

Pursuant to Rule 2.2.2 of the HPDT Rules of Procedure and ss. 45-47 of the Health Professions Procedural Code, no one shall publish or broadcast the names of patients or any information that could identify patients or disclose patients' personal health information or health records referred to at a hearing or in any documents filed with the Tribunal. There may be significant fines for breaching this restriction.

Introduction

[1] The registrant, Panayiotis Iracleous, knowingly submitted false claims to the Ontario Health Insurance Plan (OHIP) for services he did not render. The claims were for services he purportedly provided while practising in the Emergency Department at the Scarborough Health Network - Centenary Hospital (SHN). When the College investigated the alleged misconduct, he refused to provide substantive responses to the College's questions or attend an interview.

[2] We found that his actions were professional misconduct. The parties jointly submitted that the penalty should be the revocation of his certificate of registration and a reprimand, and that he should pay the College costs of \$6,000. Because the agreed-upon penalty would not bring the administration of the professional discipline system into disrepute and is not otherwise contrary to the public interest, we made the requested order at the hearing. These are our reasons.

[3] Tribunal Chair David A. Wright conducted case management conferences in this matter and sits on the panel with the consent of both parties.

Factual background

[4] The registrant pleaded no contest under Rule 14.3 of the Rules of Procedure, which means that he did not admit the allegations, but accepted that the uncontested facts would be accepted for the purposes of this proceeding only, relied upon by the panel and could lead to a finding of professional misconduct. The facts that follow were set out in the Statement of Uncontested Facts.

False OHIP claims

[5] Claims physicians submit to OHIP are paid on an honour system. OHIP processes most physician billings automatically, with the physician bearing responsibility for the accuracy of their OHIP claims and for complying with the OHIP Schedule of Benefits.

[6] The false claims in this proceeding were identified in two ways: through a review of the registrant's claims by the Ontario Ministry of Health (Ministry) and during the College's investigation.

False claims identified by the Ministry.

[7] The Ministry analyzed 408 records from SHN relating to Dr. Iracleous's billings for certain fee codes, for claims between May 1 and July 12, 2021. It found that there were no records to support any of the claims, and that for those claims, he had received \$125,353.05 in OHIP payments for which he was not eligible. In 406 of the 408 patient records, there was no record of Dr. Iracleous having rendered any services to the patient. In the other two records, there was only a brief notation in the emergency room record that handover was given to him. However, the records did not support the claims; the Ministry noted that the registrant billed fee codes pertaining to rendering critical care resuscitations, cardioversions and assessments on patients already admitted to hospital and under the care of other physicians on the ward, but it is unusual that an emergency department physician would be involved in hospital inpatient care. In November 2022, the Ministry requested repayment of the above amount, and the registrant promptly repaid the money.

False claims identified by the College.

[8] The Ministry reported concerns to the College, which commenced an investigation. As part of the investigation, the College retained Dr. Andrew Bishop, an experienced family physician practising emergency medicine, to provide an expert opinion regarding Dr. Iracleous's OHIP billing claims.

[9] Dr. Bishop analyzed 24 charts in which Dr. Iracleous had billed OHIP. The falsity of the claims is evident from the analysis, which included the following:

- In 21 of the charts, Dr. Iracleous did not appear to have been involved in the patients' care.
- In 22 of the charts, Dr. Iracleous billed for service dates on which the patients were not present in the emergency department.
- In nine of the charts, Dr. Iracleous was not scheduled to work on the dates the patients were in the emergency department.
- Dr. Iracleous billed codes that apply when a physician has been called in from home in 23 of the charts. In 21 of the 23 charts, there is no evidence

of the registrant either being involved in the care of those patients or being on call.

- Dr. Iracleous billed 13 times for cardioversion, but in 12 of those billings, there was no evidence that the procedure took place or was necessary.
- Dr. Iracleous billed for life-threatening critical care 14 times, but there was no evidence of his involvement in these cases. If he had provided life-threatening critical care, there would be a record of his involvement.

[10] Dr. Iracleous took scarce health care dollars for his personal benefit. He betrayed the trust that the Ontario public places in physicians to honestly and carefully make claims that comply with the rules. He diminished the reputation of the profession. His conduct was disgraceful, dishonourable and unprofessional, contrary to para. 33 of s. 1(1) of Ontario Regulation 856/93 made under the *Medicine Act, 1991*, SO 1991, c. 30 (Professional Misconduct Regulation).

Failure to cooperate

[11] The privilege of practising medicine carries with it the obligation to cooperate with the College, which has the responsibility to protect the public. Section 76 (3.1) of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991*, SO 1991, c. 18 requires a registrant to “co-operate fully with an investigator.” Paragraph 30 of s. 1(1) of the Professional Misconduct Regulation makes it professional misconduct to fail to respond appropriately or within a reasonable time to a written inquiry from the College. This includes the obligation to participate in an interview on request (see, for example, *College of Physicians and Surgeons of Ontario v. Chandra*, 2018 ONCPSD 28 at pp. 26-29).

[12] The College made the following requests:

- On April 19, 2023, the College investigator asked the registrant for a response to the concern that he may have billed OHIP for services he did not provide, setting out specific issues. Through counsel, the registrant answered on May 26, 2023 that he had responded to the Ministry of Health to resolve its concerns and would contest any allegations of professional misconduct.

- On October 11, 2023, the investigator wrote to the registrant's counsel indicating that an assessor had been appointed and that the College would require an interview. Through counsel, the registrant declined to attend an interview. Despite being reminded of his obligation to participate, he continued to refuse.
- On January 18, 2024, the investigator provided the registrant with the assessor's report and invited him to provide written submissions. He did not do so.
- On October 31, 2024, the investigator required that the registrant answer 23 detailed questions about the charts that had been reviewed. He did not do so.

[13] The registrant committed professional misconduct when he failed to provide a substantive response to the College or attend an interview. This constitutes two types of misconduct: failing to respond appropriately or within a reasonable time to a written inquiry from the College and disgraceful, dishonourable and unprofessional conduct.

Penalty and costs

[14] When the parties jointly propose a penalty, the panel's role is limited. We are not determining the penalty that we would have ordered. Rather, we must implement the parties' agreement unless doing so would bring the administration of the professional discipline system into disrepute. This is a very high bar; a joint submission must be accepted unless it is "unhinged" from the circumstances. See *R. v. Anthony-Cook*, 2016 SCC 43; *Bradley v. Ontario College of Teachers*, 2021 ONSC 2303 (Div. Ct.) at paras. 9-12.

[15] The most important factor affecting penalty in this case, as in most, is the seriousness of the misconduct: *College of Physicians and Surgeons of Ontario v. Fagbemigun*, 2022 ONPSDT 22 at para. 12. Many recent cases involving intentional overbilling of OHIP have led to revocation: *College of Physicians and Surgeons of Ontario v. Ola*, 2025 ONPSDT 35; *Fagbemigun*; *College of Physicians and Surgeons of Ontario v. Gill*, 2021 ONCPSD 16, affirmed *Gill v. College of Physicians and Surgeons of Ontario*, 2022 ONSC 49 (Div. Ct.); *College of Physicians and Surgeons of Ontario v. Attallah*, 2020 ONCPSD 38, affirmed *Attallah v. College of Physicians and Surgeons of*

Ontario, 2021 ONSC 3722 (Div. Ct.). Indeed, in *College of Physicians and Surgeons of Ontario v. Taylor*, 2017 ONCPSD 17, the panel echoed previous caselaw that revocation should be “the norm” for cases of substantial premeditated fraud.

[16] As the English Court of Appeal said in *Bolton v. Law Society*, [1993] EWCA Civ 32 at para. 15, “[a] profession’s most valuable asset is its collective reputation and the confidence which that inspires.” The honour-based OHIP billing system is founded on public trust in the honesty and integrity of physicians. Revocation in cases like this is important to demonstrate to the public that the College requires each of its registrants to uphold that trust.

[17] The registrant’s failure to cooperate with the College investigation is also serious. His refusal to comply with this fundamental obligation of a regulated health professional impaired the College’s investigation and, more generally, the College’s ability to protect the public.

[18] There are no mitigating factors present in this case other than the plea of no contest, which spared the College from the need to call evidence, and the fact that the registrant promptly repaid the amounts requested by OHIP.

[19] We therefore concluded that the penalty of revocation would not bring the administration of the professional discipline system into disrepute. The reprimand and costs at the tariff rate are appropriate and reflect the typical terms of this Tribunal’s orders.

[20] College counsel also advised us that the parties have agreed that, if Dr. Iracleous applies for reinstatement, there are no restrictions on the evidence it can introduce or rely upon in that proceeding. In other words, while we relied only upon the claims detailed in the SUF to make findings and order a penalty in this case, the College would be allowed to call additional evidence at a reinstatement hearing.

Order

[21] We made the following order:

Penalty

1. The Tribunal requires the registrant to appear before the panel to be reprimanded.
2. The Tribunal directs the Registrar to:
 - a. revoke the registrant's certificate of registration effective immediately.

Costs

3. The Tribunal requires the registrant to pay the College costs in the amount of \$6,000 by April 22, 2026.

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College of Physicians and Surgeons of Ontario

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- and -

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Registrant

**The Tribunal delivered the following Reprimand
by videoconference on Monday, March 23, 2026**

*****NOT AN OFFICIAL TRANSCRIPT*****

Dr. Iracleous,

Patients and the public trust physicians in Ontario to bill appropriately and accurately for medical services rendered and not to dishonestly benefit from the publicly funded Ontario Health Insurance Plan or OHIP. You knowingly and inappropriately billed OHIP significant amounts for services not rendered. Through your dishonest actions, you took scarce funds from Ontario's publicly funded health-care system and breached the trust placed in physicians. Your actions reflect negatively on the entire medical profession. They would be viewed by your peers as disgraceful, dishonourable and unprofessional conduct.

Dr. Iracleous, you also committed professional misconduct when you failed to respond appropriately and within a reasonable time to a written inquiry from the College. You did not provide a substantive response to requests for information from a College investigator, and you refused to attend an interview with a College assessor. As a medical doctor, you are a member of a profession that has the privilege of self-regulation. This means you have a professional obligation to respond completely and promptly to inquiries from the College, and to attend interviews when requested. Failing to do so undermines the transparency and accountability essential for maintaining public trust and is disgraceful, dishonourable and unprofessional.

This reprimand and the revocation of your certificate of registration deliver a strong message to you and the profession that abuse of professional privilege, breach of public trust and failure to comply with your obligations to the College will not be tolerated. We strongly urge that you use this penalty as an opportunity for serious reflection.