

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
(“Undertaking”)

of

DR. WILLIAM GERALD HODGE
(“Dr. Hodge”)

to

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

A. PREAMBLE

(1) 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.

(2) I, **Dr. Hodge**, certificate of registration number **61641**, am a member of the College.

(3) I, **Dr. Hodge**, acknowledge that the College conducted an investigation bearing File Number CAS-130427-C5B5G8 (the “Investigation”) into whether I engaged in professional misconduct and/or am incompetent in my Ophthalmology practice.

B. UNDERTAKING

(4) I, **Dr. Hodge**, undertake to abide by the provisions of this Undertaking, effective immediately.

(5) ***Professional Education***

(a) I, **Dr. Hodge**, undertake to participate in and successfully complete all aspects of the detailed IEP, attached hereto as Appendix “A”, including all of the following professional education (the “Professional Education”):

- (i) [Medical Record Keeping Program, University of Toronto](#);
- (ii) Review, reflection, and a written summary of the following policy:

- 1. [Medical Records Documentation](#), College Policy.

- (b) I, **Dr. Hodge**, undertake to provide proof to the College of my successful completion of the Professional Education, including proof of registration and attendance and participant assessment reports, within one (1) month of completing it. I acknowledge that the College will determine, in its sole discretion, whether I have successfully completed the Professional Education.
- (c) I, **Dr. Hodge**, undertake to complete this requirement within three (3) months or, if no satisfactory program is available by that time, by the first possible opportunity thereafter.
- (d) I, **Dr. Hodge**, acknowledge that a report or reports may be provided to the College regarding my progress and compliance with the Professional Education.
- (e) I, **Dr. Hodge**, acknowledge that if any of the programs listed above become unavailable, substitution requests will be reviewed by the College and the College will determine in its sole discretion whether substitution is appropriate.

(6) ***Reassessment of Practice***

- (a) I, **Dr. Hodge**, undertake that, approximately six (6) months after the completion of the Professional Education set out in section (5) above, I will submit to a reassessment of my practice (“the Reassessment”) by an assessor or assessors selected by the College (the “Assessor” or “Assessors”). I acknowledge that the Reassessment may include a chart review of a minimum of fifteen (15) charts, direct observation of my care, interviews with me, colleagues and co-workers, feedback from patients, and any other tools deemed necessary by the College.
- (b) I, **Dr. Hodge**, undertake to co-operate fully with the Reassessment, conducted under the term of this Undertaking.
- (c) I, **Dr. Hodge**, acknowledge that the results of the Reassessment will be provided to me and reported to the College and the Reassessment may form the basis of further action by the College.

(7) ***Monitoring***

- (a) I, **Dr. Hodge**, undertake to inform the College of each and every location at which I practice, delegate, or have privileges, including, but not limited to, any hospitals, clinics, offices, and any Out-of-Hospital Premises and Independent Health Facilities with which I am affiliated, in any jurisdiction (collectively my “Practice Location” or “Practice Locations”), within five (5) days of executing this Undertaking. Going forward, I further undertake to inform the College of any and

all new Practice Locations within five (5) days of commencing practice at that location.

- (b) I, **Dr. Hodge**, undertake that I will submit to, and not interfere with, unannounced inspections of my Practice Locations and patient records by a College representative for the purposes of monitoring my compliance with the provisions of this Undertaking.
- (c) I, **Dr. Hodge**, 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.
- (d) I, **Dr. Hodge**, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix “B”.

C. ACKNOWLEDGEMENT

- (8) I, **Dr. Hodge**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (9) I, **Dr. Hodge**, acknowledge and undertake that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc. arising from the implementation of any of the provisions of this Undertaking.
- (10) I, **Dr. Hodge**, 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.
- (11) I, **Dr. Hodge**, acknowledge that the College will provide this Undertaking to any Chief of Staff, or a colleague with similar responsibilities, at any Practice Location (“Chief of Staff” or “Chiefs of Staff”).
- (12) I, **Dr. Hodge**, acknowledge that a breach by me of any provision of this Undertaking may constitute an act of professional misconduct and/or incompetence, and may result in a referral of specified allegations to the Discipline Tribunal of the College.
- (13) I, **Dr. Hodge**, acknowledge that this Undertaking constitutes terms, conditions, and limitations on my certificate of registration for the purposes of section 23 of the Code.
- (14) ***Public Register***
 - (a) I, **Dr. Hodge**, acknowledge that, during the time period that this Undertaking remains in effect, this Undertaking shall be posted on the Public Register.
 - (b) I, **Dr. Hodge**, acknowledge that, in addition to this Undertaking being posted in accordance with section (14)(a) above, the following summary shall be posted on the Public Register during the time period that this Undertaking remains in effect:

A College investigation was conducted into whether Dr. Hodge engaged in professional misconduct and/or is incompetent in his Ophthalmology practice. As a result of the investigation:

Dr. Hodge will engage in professional education in medical record-keeping.

Dr. Hodge's practice will be reassessed by an assessor selected by the College within 6 months of the completion of the professional education.

- (c) I, **Dr. Hodge**, acknowledge that this Undertaking remains in effect until the College determines its terms are satisfied.

D. CONSENT

- (15) I, **Dr. Hodge**, give my irrevocable consent to the College to provide the following information to any person who requires this information for the purposes of facilitating my completion of the Professional Education and to all Assessors:
 - (a) any information the College has that led to the circumstances of my entering into this Undertaking;
 - (b) any information arising from any investigation into, or assessment of, my practice; and
 - (c) any information arising from the monitoring of my compliance with this Undertaking.
- (16) I, **Dr. Hodge**, give my irrevocable consent to the College to provide all Chiefs of Staff with any information the College has that led to the circumstances of my entering into this Undertaking and/or any information arising from the monitoring of my compliance with this Undertaking.
- (17) I, **Dr. Hodge**, give my irrevocable consent to any persons who facilitate my completion of the Professional Education, Chiefs of Staff and Assessors, to disclose to the College, and to one another, any of the following:
 - (a) any information relevant to this Undertaking;
 - (b) any information relevant to the Reassessment;
 - (c) any information relevant for the purposes of monitoring my compliance with this Undertaking; and/or
 - (d) any information which comes to their attention in the course of providing the Professional Education and which they reasonably believe indicates a potential risk of harm to my patients.

