

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. William Maclaren Muirhead, this is notice that the Discipline Committee ordered that no person shall publish or broadcast the names and any information that could disclose the identity of patients or former patients referred to orally or in the exhibits filed at the hearing under subsection 45(3) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

Every person who contravenes an order made under ... section 45 or 47... is guilty of an offence and on conviction is liable,

- (a) in the case of an individual to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence; or
- (b) in the case of a corporation to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.

Indexed as: Muirhead, W. M. (Re)

**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. WILLIAM MACLAREN MUIRHEAD

PANEL MEMBERS:

DR. P. TADROS (CHAIR)
D. GIAMPIETRI
DR. D. WALKER
DR. E. ATTIA (Ph.D)
DR. C. LEVITT

Hearing Date: March 5, 2014
Decision Date: March 5, 2014
Release of Written Reasons: April 7, 2014

PUBLICATION BAN

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 March 5, 2014. At the conclusion of the hearing, the Committee stated its finding that the member committed an act of professional misconduct and delivered its penalty and costs order with written reasons to follow.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. Muirhead 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.
2. under paragraph 1(1)33 of O. Reg. 856/93, in that he has engaged in conduct or 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.
3. under clause 51(1)(b.1) of the Health Professions Procedural Code which is schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (the “Code”) in that he engaged in sexual abuse of a patient.

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

RESPONSE TO THE ALLEGATIONS

Dr. Muirhead admitted the first and second allegations in the Notice of Hearing, that he has failed to maintain the standard of practice of the profession, and that he has engaged

in conduct or 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 College withdrew the allegations of sexual abuse and incompetence.

FACTS AND EVIDENCE

The following Statement of Agreed Facts and Admission was filed as an exhibit and presented to the Committee:

1. At all material times, Dr. Muirhead was a general practitioner, whose practice was limited to psychotherapy in Waterloo, Ontario. Dr. Muirhead is no longer a member of the College, having allowed his certificate of registration to expire on August 15, 2013.
2. Between March 14, 2008 and January 8, 2009, the College received three complaints in respect of five patients of Dr. Muirhead, namely Patient L, Patient M, Patient N, Patient O and Patient K (collectively, the “Complaint Patients”). On the basis of these complaints and other information, the Registrar of the College appointed investigators to examine Dr. Muirhead’s practice (the “s. 75(1)(a) investigation”).

Boundary violations

3. Dr. Muirhead has engaged in numerous boundary violations with the following individuals while they were patients (unless otherwise specified) in the following ways:
 - a) Financial transactions with patients, including the following:
 - a. Accepting a loan from Patient B in the amount of \$4,000.00;
 - b. Lending \$500.00 and \$1,000.00 to Patient E;
 - c. Lending \$6,000.00 to Patient C;
 - d. Lending \$97.50 to Patient A;
 - e. Lending \$40.00 to Patient D;

- f. Dr. Muirhead induced Patient G, who was a former psychotherapy patient of Dr. Muirhead at the material time, to personally guarantee a bank loan for him in the amount of \$50,000; and
- g. Dr. Muirhead induced Patient A to give him a total of \$15,000, some or all of which was her parents' money, for "investment" on their behalf.

All of the loans Dr. Muirhead accepted were repaid.

- b) Dr. Muirhead repeatedly hugged patients in therapy sessions, including Patient E, Patient J, Patient P and hugged Patient K once;
- c) Dr. Muirhead exchanged gifts with patients Patient A and Patient E;
- d) Dr. Muirhead employed Patient G and Patient H to work in his office and perform his yard work, and also requested and permitted Patient A to perform administrative tasks in his office;
- e) Dr. Muirhead had contact with Patient A, Patient F, Patient D and Patient E outside of therapy, meeting Patient D and Patient E at restaurants and/or movies;
- f) Dr. Muirhead visited Patient D and Patient E at their homes;
- g) Dr. Muirhead told Patient A, Patient D, Patient E, Patient I, Patient K and Patient F that he loved them;
- h) In emails, examples of which are attached to this Statement of Agreed Facts and Admission at Tab 1, Dr. Muirhead encouraged several patients to delete their communications with him and keep the nature of their relationship with him a secret. For instance, Dr. Muirhead made the following statement in an email exchange with Patient I:

"... Your promise to keep extreme confidentiality and protect my professional relationship above anything else which clearly also protects our relationship and your therapy. If something negative

were to happen to me professionally as a result of our relationship this would have a devastating impact on your life. I cannot overemphasize the importance of this confidentiality in protecting our relationship, my profession and protecting the potential for success in your therapy.”

- i) In email exchanges with Patient G and Patient I, attached at Tab 2 [of the Statement of Agreed Facts and Admission] Dr. Muirhead disclosed confidential information about another patient, Patient K, in relation to her complaint to the College of Physicians and Surgeons of Ontario. Dr. Muirhead requested and permitted Patient G to assist him in the preparation of his response to the CPSO’s investigation of Patient K’s complaint;
 - j) Dr. Muirhead offered to pay for car repairs for Patient K; and
 - k) Dr. Muirhead offered to pay for concert tickets for Patient N, who, at that time, was a teenaged patient being seen by Dr. Muirhead for counseling in the context of her parents’ marital difficulties.
4. In the course of their investigation, College staff obtained email messages that Dr. Muirhead exchanged with Patient A, Patient D, Patient E, Patient I and Patient J. These email exchanges, copies of which are attached at Tab 3 [of the Statement of Agreed Facts and Admission], appear to describe romantic and/or sexual relationships between Dr. Muirhead and these patients. The patients deny actual sexual contact. A summary of relevant excerpts from these emails has been provided at the front of Tab 3 [of the Statement of Agreed Facts and Admission].

Standard of practice of the profession

5. The College retained Dr. X to provide an opinion regarding Dr. Muirhead’s care and treatment of patients. Dr. X is a psychiatrist, psychoanalyst and was a Professor of Psychiatry at the University of Ottawa from 1998-2000. He was a Director of the Psychotherapy Program in Ottawa from 1988-2000. In 1990, he was Senior Editor of a textbook entitled Standards and Guidelines for the Psychotherapies, U of T Press, 1998. In 1999, he was senior author of the

position paper of Psychotherapy for the Canadian Psychiatric Association. He has practiced psychiatry from 1966 to June 1, 2013. He is a fully trained psychoanalyst.

6. Dr. X was provided with patient records, as well as email correspondence between Dr. Muirhead and his patients, and video-recorded psychotherapy sessions with Dr. Muirhead. He also conducted an interview of Dr. Muirhead.
7. Dr. X provided reports in respect of Dr. Muirhead's care and treatment of the five Complaint Patients and the 25 patients whose charts were reviewed in the s. 75(1)(a) investigation.
8. In the opinion of Dr. X in the s. 75(1)(a) investigation, Dr. Muirhead failed to maintain the standard of practice in his care and treatment of the patients whose care Dr. X reviewed. It is Dr. X's opinion that Dr. Muirhead failed to maintain the standard of practice in his care and treatment of patients in the following respects:
 - (a) Dr. Muirhead's recordkeeping fell far below the standard with inadequate progress notes; some files failing to contain basic information of address or birthdate; the patient's family history, history of psychiatric disorder and developmental history were deficient in all files; no diagnosis or treatment plan was documented; there were no complete Mental Status Examinations recorded;
 - (b) In one case, Dr. Muirhead documented in the chart, "[Patient Q] *felt very depressed and anxious when she left the session yesterday. She cried all the way home and had thoughts of suicide.*" In his report, Dr. X expressed concern that Dr. Muirhead failed to record a risk assessment for this patient. Dr. Muirhead states that this patient did not exhibit genuine suicidal intent, but acknowledges that it was reasonable for Dr. X to express this concern upon reading this chart note. Dr. Muirhead acknowledges that this chart note for Patient Q is inaccurate and misleading with regard to suicidal intent;

- (c) Dr. Muirhead did not adequately explain or obtain informed consent and document this for his challenging form of therapy;
- (d) Dr. Muirhead frequently told his female patients that if they allow themselves to be close to him and feel strong feelings as well as physical sexual arousal, this would improve the result or outcome of their therapy. This is an unusual technique and overstated. There is no evidence that this amount of closeness is either necessary or sufficient to have a good outcome;
- (e) Dr. Muirhead placed excessive pressure on patients for positive feelings, affection and sexual and physical sensations of arousal. Sometimes the pressure for closeness was demanded with the threat that without it, therapy would stop;
- (f) Dr. Muirhead saw many patients who know each other. He did ask them not to talk about therapy with one another but they did. This complicates the resistance and the competitiveness for love that patients feel, especially when he commented to patients that those who are very close to him do well and those who are not close to him do not do well;
- (g) In 6 of the patient charts he reviewed, Dr. X noted that Dr. Muirhead exchanged emails with patients which characterize an intimate, loving relationship rather than a therapeutic relationship, with inappropriate self-disclosure by Dr. Muirhead;
- (h) Dr. Muirhead engaged in inappropriate contact with some patients outside therapy. He had dinner with them, visited them in their home at night, and drove with them in his car;
- (i) Dr. Muirhead occasionally talked to his patients about other patients and had one patient type his response to a College complaint made by another patient;

- (j) Dr. Muirhead engaged in unacceptable boundary crossings and violations, including hugging patients, signing his emails “Love H”, borrowing money from patients, visiting patients in his home or theirs, telling patient they are very special (“the most special person in his life”), and engaging in inappropriate self-disclosure to patients;
 - (k) In his email exchanges, the interactions characterize a personal relationship more than a therapeutic one. He does not firmly indicate that this is not and never will be a personal relationship. This is a failure to maintain boundaries and a failure in knowledge of clinical practice guidelines for psychotherapy; and
 - (k) Dr. Muirhead asked patients to delete their emails with each other.
9. In respect of Patient O, Dr. X opined that Dr. Muirhead did not maintain the standard of practice in his assessment of Patient O in his medical records, in failing to establish an alliance with Patient O, in his selection of the type of therapy provided to Patient O and in his failure to obtain informed consent. In addition, Dr. Muirhead inappropriately offered to meet the patient outside the office, told the patient to delete emails from him and gave her his cell phone number.
10. In respect of Patient L, Patient M and Patient N, Dr. X opined that:
- (a) Dr. Muirhead failed to maintain the standards of family or couple psychotherapy by offering money to a child to support attending a concert, especially knowing one parent would not support the child going to a concert in Toronto until midnight. This is a boundary violation.
 - (b) Dr. Muirhead did not form a therapeutic alliance with Patient L.
 - (c) Dr. Muirhead proceeded too quickly to try to effect change in Patient L, which was inappropriate because he had seen her ex-husband many times (total was 122 times) but was seeing her for the first time. This imbalance often causes a member of the couple to feel not treated in a fair and equal manner. By acting too fast and too aggressively with a woman whom he

was seeing for the first time and only saw 2 or 3 times for a total of 7½ hours, whereas he saw the husband 122 hours, Dr. Muirhead fell below standard.

- (d) However, the couple presented a difficult challenge. These situations often result in one or both parties being dissatisfied with therapy.

11. In respect of Patient K, Dr. X opined that Dr. Muirhead failed to maintain the standard of practice as follows:

In the initial assessment Dr. Muirhead does not record a detailed history of present function, background information history of psychiatric disorder in family. The patient is taking Zoloft and Dexedrine and has an eating disorder. We do not learn all the diagnoses the patient has ever had.

There is no mental status examination and no final diagnosis. These are all standards of care expected before starting psychotherapy. On pg. 171, Standards and Guidelines for the psychotherapies – Book states, the therapist; “1. carries out a history and mental status evaluation, makes a diagnosis, and utilizes selection criteria to assess whether the patient would benefit ---“Boundary crossings have been documented and are not denied by Dr. Muirhead. He argues that in special patients with severe trauma who are resistant to therapy – you can use unorthodox techniques. However, Ennis points out pg. 20, Standards and Guidelines, “consultation with colleagues is useful if using unconventional techniques.” This was not done.

The language of the emails exchanged characterizes a friendship rather than a therapeutic relationship. Sometimes the language seems to encourage a very affectionate, close, intimate relationship. The standard is to interpret the fear of this, not to encourage it.

...

He over-uses transference in a patient who has borderline features, who expresses concern about boundaries and who demonstrates distress about his repeated demand that she allow herself to be more close to him.

12. The College also retained Dr. Y to provide an opinion on Dr. Muirhead’s care and treatment of patients. Dr. Y is a psychiatrist, certified by the Royal College of Physicians and Surgeons of Canada in 1974, who has been an Associate Professor at the University of Toronto since 1986 and was Chief of Psychiatry at North York General Hospital between 1996 and 2007.

13. Dr. Y was provided with patient records of the s. 75(1)(a) investigation, as well as email correspondence between Dr. Muirhead and his patients and video-recorded psychotherapy sessions with Dr. Muirhead. He also conducted an interview of Dr. Muirhead.
14. Dr. Y opined that Dr. Muirhead's care and treatment of patients failed to maintain the standard of practice. In addition to the concerns noted by Dr. X, Dr. Y noted that:
 - (a) Dr. Muirhead acknowledged during his interview with Dr. Y that he often made entries in his charts months or even years after the fact. However, Dr. Muirhead did not indicate in any of the charts that there have been additions or changes or that they were not done contemporaneously;
 - (b) In his review of Dr. Muirhead's video-taped therapy sessions, Dr. Y noted that Dr. Muirhead uses a variety of idiosyncratic techniques that appear to alienate some patients and be seductive with others. For instance, he asked patients to look into his eyes and tell him what they see; he repeatedly asked patients to describe their feelings for him, often emphasizing physical feelings. Dr. Muirhead asked one patient whether she felt like hugging him;
 - (c) Dr. Muirhead's boundary crossings with patients, which include self-disclosure, expressions of love, gift-giving, exchanges of hugs, financial transactions and financial discussions with patients, were inappropriate;
 - (d) Dr. Muirhead had a patient edit his response to another patient's College complaint. This was a boundary violation; and
 - (e) The sexual content in Dr. Muirhead's emails with patients has no therapeutic value. In fact, the stimulation of sexual fantasies is contraindicated in such patients, and would prove to be detrimental to their psychological well-being, reality testing, and their social and intimate life.
15. Dr. Muirhead retained Dr. Z to provide an opinion on Dr. Muirhead's treatment and care of patients.

16. Dr. Z was provided with various patient records, including but not limited to those of the Complaint Patients, 67 supportive letters from patients, e-mail correspondence between Dr. Muirhead and his patients, video-recorded psychotherapy sessions, the report of Dr. X and the report of Dr. Y.
17. In the opinion of Dr. Z, Dr. Muirhead had knowledge and skill in this type of treatment, but Dr. Z opined that there were deficits in Dr. Muirhead's recordkeeping including failures to document mental status examinations. Further, Dr. Muirhead engaged in boundary violations including hugging patients, employing patients, lending money to patients and giving and receiving large gifts. Further, Dr. Z noted that emails discussing emotions and love, sexual fantasies or closeness can be confusing to patients.

ADMISSION

18. Dr. Muirhead admits the facts in paragraphs 1 to 17 above.
19. Dr. Muirhead admits that he thereby has failed to maintain the standard of practice of the profession under paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991*.
20. Further, Dr. Muirhead admits that his actions, as set out above, constitute acts or omissions relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

FINDINGS

The Committee accepted as true all of the facts set out in the Statement of Agreed Facts and Admission. Having regard to these facts, the Committee accepted Dr. Muirhead's admission and found that he committed an act of professional misconduct in that he failed to maintain the standard of practice of the profession, and in that he has engaged in

conduct or 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.

PENALTY AND REASONS FOR PENALTY

Joint Submission

Counsel for the College and counsel for the member made a joint submission as to an appropriate penalty and costs order.

Guiding Principles

The guiding principles in determining an appropriate penalty are that the penalty should protect the public, express the disapproval of the profession toward the member's conduct, thus maintaining public confidence in the profession and its ability to regulate itself, be both a general and a specific deterrent and, in an appropriate case, serve a rehabilitative function.

Further, in determining the penalty, the Committee must have regard to the facts of the case and should take into account aggravating and mitigating factors. The penalty should generally be proportionate to the misconduct and in keeping with penalties imposed by the Committee in previous cases involving similar misconduct.

The Committee recognized that a joint submission on penalty reflects a compromise between adverse parties who are both represented by counsel. The Committee understands that a joint submission should not be rejected unless to accept it would be contrary to the public interest and would bring the administration of justice into disrepute.

Facts of this Case

The Committee considered the facts in this matter carefully. The context of Dr. Muirhead's misconduct was psychotherapy, a therapeutic environment requiring particular attention to the vulnerability of patients and the boundaries that must be observed and respected during treatment. Dr. Muirhead violated those boundaries by

engaging in financial transactions (of significant magnitude) with his patients; by hugging patients; by exchanging gifts with patients; by employing patients in his office and at his home; by meeting patients at restaurants, at their homes and attending movies with them; by telling his patients he loved them; by coercing patients to keep secret the nature of his relationship with him; and by sharing information about patients with other patients. He also exchanged e-mail messages with five patients which appear to describe romantic and/or sexual relationships between him and those patients, although those patients subsequently denied actual sexual contact. The violation of boundaries reflected in those e-mails was particularly egregious.

The Committee also considered carefully the opinions of experts which were included in the Statement of Agreed Facts and Admission, including one who was retained on behalf of Dr. Muirhead, who all agreed that Dr. Muirhead had fallen below the standard of practice in his care of these patients in a multiplicity of ways.

The Committee found that the misconduct of Dr. Muirhead in this matter was exceedingly serious. His behaviour was egregious, exploitative of many highly vulnerable patients for his own personal gratification, and a violation of fundamental tenets of the profession. His misconduct constituted an extraordinary breach of trust. It was repetitive, involving many and varied serious boundary violations and significant deficiencies in the care of many patients over a significant period of time.

Mitigating and aggravating factors

The Committee took into account the mitigating factor that Dr. Muirhead had no previous referrals to the Discipline Committee, and that he admitted to professional misconduct and thus spared many vulnerable patients from having to testify at a stressful and lengthy contested hearing. His admission also spared the College the cost of conducting a contested hearing. The Committee reviewed patient testimonials written in his support, although given the scope and breadth of Dr. Muirhead's misconduct, it gave them little weight. The Committee also noted that Dr. Muirhead has completed both boundaries and medical records courses.

The serious nature of Dr. Muirhead's misconduct, described above, is an aggravating factor. Dr. Muirhead's abuse of his position of trust must result in a significant penalty.

Comparison to Previous Cases

Counsel for the College presented a brief of previous cases in which penalties were imposed by the Discipline Committee, each of which involved professional misconduct that in some respects was comparable to the misconduct in this case, but none of which was identical. The misconduct in those cases ranged from financial boundary violations through sexually explicit and inappropriate language, to physical boundary violations, often associated with clinical deficiencies in care. Some involved multiple patients and significant periods of time.

Penalties in the cases presented ranged from suspension of the member's certificate of registration for two months to outright revocation (in one case the member resigned and agreed never to reapply). Some cases were clearly more serious than others. Factors that distinguished the more serious cases included, as the Discipline Committee described in *Dhaliwal (Re)*, [2004] O.C.P.S.D. No. 28 a breach of trust that was "extraordinary" and, in other cases, a repetitive and persistent pattern of egregious behaviour, exploitative in nature (*Laing (Re)*, [2013] O.C.P.S.D. No. 28, *Shantz (Re)*, [2007] O.C.P.S.D. No. 15, [2007] O.C.P.S.D. No. 28).

The Committee was of the view that the misconduct in this case was at the more serious end of the spectrum of cases presented to the Committee as examples of what an appropriate penalty might consist of.

Protection of the Public

The Committee finds that a suspension of eighteen months followed by the significant and extensive terms, conditions and limitations that have been proposed will protect the public. The proposed terms, conditions and limitations address comprehensively all of the aspects of this case presented in the Statement of Agreed Facts and Admission. In particular, the lengthy and extensive remedial program and direct supervisory scrutiny of Dr. Muirhead once he returns to practice provide significant protection to future patients.

The role of the Practice Monitor, the requirement for a chaperone when Dr. Muirhead is treating female patients, and the requirement that he provide written notice to each patient of the restrictions on his practice, all provide additional protection to the public.

Disapproval of the Profession

The imposition of a lengthy suspension and the reprimand will serve to express the profound disapprobation of the profession of Dr. Muirhead's behaviour in his violation of fundamental professional standards, and his callous disregard for his patients' welfare. This will also serve to maintain public confidence in the profession's ability to regulate its members.

Deterrence

This serious penalty should serve to deter Dr. Muirhead from such misconduct in the future, as well as act as a general deterrent to the profession against engaging in such unacceptable behaviour. It will demonstrate to Dr. Muirhead and the profession that such misconduct will not be tolerated.

Rehabilitation

The nature and structure of the terms, limitations and conditions that will apply to Dr. Muirhead's certificate of registration upon his return to practice will serve a rehabilitative function. The remedial program and the intense scrutiny of a supervisor will provide Dr. Muirhead with the opportunity for significant learning, which will have to be demonstrated in a comprehensive practice assessment.

Conclusion

The Committee was satisfied that that the proposed penalty meets all of the relevant principles, is consistent with and within the range of other cases of a generally similar nature, and is proportionate to the misconduct.

Costs

The Committee agreed that this was an appropriate case in which to order costs against the member, at the Tariff rate for one day of hearing, in the amount of \$4,460.00.

DR. MUIRHEAD'S ATTENDANCE

Lastly, while it played no role in its determination of penalty, the Committee was greatly dismayed that Dr. Muirhead chose not to attend this hearing and face his professional regulator. No justifiable reason was presented to explain his absence. The Committee fully expects Dr. Muirhead to attend personally for the reprimand that it has ordered.

ORDER

Therefore, having stated its findings in paragraph 1 of its written order of March 5, 2014, on the matter of penalty and costs, the Committee ordered and directed that:

2. Dr. Muirhead appear before the panel to be reprimanded;
3. The Registrar suspend Dr. Muirhead's Certificate of Registration for a period of eighteen (18) months, commencing immediately;
4. The Registrar impose the following terms, conditions and limitations on Dr. Muirhead's Certificate of Registration:
 - a) After the completion of the suspension referred to in paragraph 3 above, Dr. Muirhead shall complete a remedial program in psychotherapy under the guidance and supervision of a preceptor or preceptors acceptable to the College (the "Remedial Program"). The Remedial Program must be approved in advance by the College and shall consist of any remedial elements the College deems appropriate, including, without limitation, the following:
 - (i) A period of no less than three months, or such longer period as deemed appropriate by Dr. Muirhead's preceptor(s) and the College, of high

supervision during which time Dr. Muirhead shall be restricted from being the Most Responsible Physician and during which he shall see patients only under the direct supervision of his preceptor(s);

- (ii) A period of no less than three months following the completion of the high supervision period referenced above, or such longer period as deemed appropriate by Dr. Muirhead's preceptor(s) and the College, of moderate supervision, during which time Dr. Muirhead will meet with his preceptor(s) on a bi-weekly basis to review patient records and discuss any issues or concerns arising therefrom;
 - (iii) A period of no less than six months following the completion of the moderate supervision period referenced above, or such longer period as deemed appropriate by Dr. Muirhead's preceptors and the College, of low supervision, during which time Dr. Muirhead will meet with his preceptor(s) on a monthly basis to review patient records and discuss any issues or concerns arising therefrom;
 - (iv) Direct observation of Dr. Muirhead's patient care by the preceptor(s) as deemed appropriate by the preceptor(s) and the College;
 - (v) College-approved courses, which may include, without limitation, courses in psychotherapy and the maintenance of appropriate physician-patient boundaries; and
 - (vi) A comprehensive practice assessment (the "Assessment") following the completion of the above-referenced remediation, to be conducted by an assessor appointed by the College, and Dr. Muirhead shall abide by any recommendations of the College's assessor.
- b) Dr. Muirhead may not have any professional contact with female patients, except in the presence of a female chaperone (the "Practice Monitor"). In particular:

- (i) The Practice Monitor shall be a member of a registered health profession pursuant to the *Regulated Health Professions Act*, 1991, S.O. 1991, c. 18, as amended, who is approved by the College and who has executed an undertaking with the College in the form attached [to the Order] as Appendix “A”;
 - (ii) The Practice Monitor shall make a note in the relevant patient chart documenting each patient interaction for which she is present, and there will be a second written record kept chronologically for each patient seen (the “Log”). The Log shall be kept by the Practice Monitor. Dr. Muirhead shall ensure that contemporaneously with any interaction with any female patient in his office, the Practice Monitor initials the Log;
 - (iii) If the Practice Monitor has concerns that Dr. Muirhead’s practice exposes his patients to risk of harm or injury, the Practice Monitor must agree to report this to the College immediately;
 - (iv) Dr. Muirhead shall place a sign in the form attached [to the Order] as Appendix “B” in his waiting room and each of the examination rooms in his office stating that Dr. Muirhead shall not see female patients unless the Practice Monitor is present and observing all of the interaction with the female patient as it is occurring.
- c) Dr. Muirhead shall use a College-approved Electronic Medical Records system for the purposes of keeping all clinical notes and records associated with his practice, and shall make audit reports from this system available to the College on request;
- d) Dr. Muirhead shall provide a written notice (the “Notice”) to each patient he sees in a form acceptable to the College advising them that Dr. Muirhead has agreed that:

- (i) He shall not tell patients that he loves them, or imply that he loves or has loving feelings towards them, and he shall not solicit expressions of affection from patients;
- (ii) He shall not hug patients, or engage in any other physical display of affection with patients;
- (iii) He shall not disclose information to patients about his personal life, including, without limitation, information concerning his financial situation;
- (iv) He shall refrain from accepting loans or gifts from patients, and he shall not make loans or gifts to patients;
- (v) He shall not employ patients or accept assistance from patients with administrative tasks;
- (vi) He shall not communicate with patients outside of therapy sessions in his office, including, without limitation, by means of telephone or e-mail, save and except for the sole purpose of scheduling appointments;
and
- (vii) He shall not meet with patients outside his office.

The Notice shall advise patients that the College may contact them to inquire whether they have experienced any inappropriate comments or behaviour during their treatment by Dr. Muirhead. Dr. Muirhead shall ensure that patients sign this written notice to acknowledge they have reviewed it, and Dr. Muirhead shall keep this signed document in each patient file; and

- e) Dr. Muirhead shall bear any costs associated with the Remedial Program, the Assessment or any other terms of this Order.

5. Dr. Muirhead pay costs to the College in the amount of \$4,460.00 within 150 days from the date of this Order.