

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Ruggles, this is notice that the Discipline Committee ordered a ban on the publication or broadcasting of names and identifying information of patients and staff disclosed 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.

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: Ontario (College of Physicians and Surgeons of Ontario) v. Ruggles, 2016 ONCPSD 40

**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. JANICE LOUISE RUGGLES

PANEL MEMBERS:

**DR. P. POLDRE
MR. J. LANGS
DR. P. CHART
MAJ. A. KHALIFA
DR. D. KRAFTCHECK**

**COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF
ONTARIO:**

**MS. L. BROWNSTONE
MS. D. AWAD**

COUNSEL FOR DR. RUGGLES:

**MR. M. LERNER
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INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:

MR. R. COSMAN

Hearing Date: October 5, 2016

Decision Date: October 5, 2016

Release of Written Reasons: December 5, 2016

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 October 5, 2016. 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 in writing with written reasons to follow.

THE ALLEGATIONS

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

1. under paragraph 1(1)(33) of Ontario Regulation 856/93 (“O. Reg. 856/93”), in that she 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
2. under paragraph 1(1)(2) of O.Reg. 856/93, in that she failed to maintain the standard of practice of the profession.

It is also alleged that Dr. Ruggles 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. Ruggles admitted the allegations of professional misconduct in the Notice of Hearing, that she 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 she failed to maintain the standard of practice of the profession. The College withdrew on the allegation of incompetence.

THE FACTS

The following facts were set out in an Agreed Statement of Facts and Admission that was filed as an exhibit and presented to the Committee:

PART I – FACTS

BACKGROUND

1. Dr. Janice Louise Ruggles (“Dr. Ruggles”) is a 54 year-old obstetrician-gynecologist who received her certificate of registration authorizing independent practice from the College of Physicians and Surgeons of Ontario (“the College”) on July 2, 1999.
2. At the times relevant to the facts below, Dr. Ruggles practiced at a private office in Pickering, Ontario and held hospital privileges at the Rouge Valley Health System in the Greater Toronto Area.

THE COLLEGE’S PREVIOUS INVESTIGATION

3. On January 31, 2011, the College received information from a pharmacist that Dr. Ruggles had been writing prescriptions for large quantities of OxyContin over the past several years to a non-patient with whom Dr. Ruggles had a work-related association.
4. Following receipt of this information, the College commenced an investigation under s. 75(1)(a) of the Health Professions Procedural Code.
5. Dr. Ruggles sent a response to the College investigation dated June 14, 2011. She acknowledged providing prescriptions to the individual (“Individual 1”), and promised to treat and/or prescribe only to those with whom she has a doctor/patient relationship and in circumstances where she has conducted a complete assessment. She made the following statements, among others:

I am aware of the need to prescribe medications to only those with whom I have a doctor/patient relationship and in circumstances where I have conducted a complete assessment. ...The prescriptions that I provided to [Individual 1] from February, 2009 through and until August, 2010

represent an aberration in my unwavering professionalism and good judgment. Unfortunately, I exhibited a significant lapse in judgment which, as I stated above, I attribute (at least in part) to my difficult personal circumstances at the time. I can assure the CPSO that I am aware of my significant error, have learned from this experience and can promise that such a situation will not arise again in the future. ...

I am committed to taking a narcotics prescribing course and boundaries course at the earliest opportunity to improve the quality of care I provide and to make sure this does not happen again....

I ask that the Inquiries, Complaints and Reports Committee consider all of the above and appreciate that I have learned from this regrettable incident and commit to not letting a similar situation occur in the future.

6. In disposing of the investigation in August, 2011, the Inquiries, Complaints and Reports Committee (“the ICRC”) cautioned Dr. Ruggles in writing regarding inappropriately prescribing narcotics, and treating a person with whom she had a work-related association, including by prescribing narcotics to that individual. The Committee noted the following relevant considerations:

- (i) Dr. Ruggles’ prescription of narcotics and other medications to a person with whom she had a work-related association was clearly inappropriate;
- (ii) This was an isolated event in Dr. Ruggles’ practice; and
- (iii) Dr. Ruggles admitted to the indiscretion and agreed to appropriate remediation.

The ICRC also required Dr. Ruggles to complete a boundaries course and a narcotics prescribing course. A copy of the ICRC decision from August, 2011 is attached at Tab 1 of the Agreed Statement of Facts and Admission.

7. Dr. Ruggles completed courses regarding narcotics prescribing and boundaries on March 23 and 24, 2012, and April 20 and 21, 2012, respectively.

THE COLLEGE'S CURRENT INVESTIGATION

Conduct

8. In May 2013, the College received a telephone call from another individual with whom Dr. Ruggles had a work-related association ("Individual 2") advising that Dr. Ruggles had been prescribing narcotics to that individual.
9. Following receipt of this information, the College commenced an investigation under s. 75(1)(a) of the Health Professions Procedural Code.
10. The College obtained pharmacy records in the course of its investigation. Those records demonstrated that Dr. Ruggles had written the following prescriptions for Individual 2:
 - July 2011: Clonazepam .5mg, 180 tablets, with 2 repeats
 - Nov 2011: Azithromycin (Zithromax) 500 mg po OD, then 250mg po 4 days
 - July 2012: Macrobid, 100mg for 7 days
 - Naproxen 500mg po tid, 80 tablets, with 1 repeat;
 - Oxy IR 10mg, 60 tablets, with 1 repeat
 - Nov 2012: Oxy IR 10mg, 60 tablets, with 1 repeat;
 - Naproxen 500mg po tid no substitution, 80 tablets, 1 repeat
 - Dec 2012: Tamiflu, 75mg, 5 day supply
11. In her response to this investigation, Dr. Ruggles admitted to treating Individual 2 and to providing the above-noted prescriptions to Individual 2 during their work-related association.
12. The first prescription was written by Dr. Ruggles to Individual 2 within weeks of

Dr. Ruggles' June 14, 2011 response to the College's previous investigation, as described and excerpted in paragraph 5 above.

13. The additional prescriptions were written by Dr. Ruggles for Individual 2 both before and after Dr. Ruggles completed the boundaries and narcotics prescribing courses required by the College, and both before and after she received the ICRC decision cautioning her for this behaviour, referred to in paragraph 6 and Tab 1 above.

Standard of Practice

14. In the course of its investigation, the College retained an expert, Dr. Enrique Reyes, to review Dr. Ruggles' care of patients in her office practice. Dr. Reyes' report, attached at Tab 2 of the Agreed Statement of Facts and Admission, concludes in part as follows:

- (a) The main issues of concern were found in three charts (of the 24 he reviewed) and the related prescription analysis. It has to do with Dr. Ruggles' prescriptions, ordering much larger amounts of narcotics than commonly prescribed, in particular: Oxycodone, Clonazepam, and Ativan.
- (b) One of these 3 charts was that of Individual 2. The care Dr. Ruggles provided to Individual 2 did not meet the standard of practice. In this regard Dr. Reyes noted:

A large amount of narcotics and sedatives were prescribed... She did not show good judgment and her management of this patient fell below the standard of practice. The same can be said about the Doctor's failure to recognize the conflict of interest and potential harm created by continuing to keep [Individual 2] as a patient ...Dr. Ruggles also failed to maintain proper boundaries in this relationship.

- (c) With respect to a second patient, Dr. Reyes stated in part, as follows:

I find it concerning that the patient was seen only twice within 1 month and had 2 prescriptions for a total of 300 Oxy RI [sic] tabs, 200 Ativan tabs, and 180 Rivotril tabs. Based on the above

information, I feel that in this case the standard of care was not met. The Physician was not likely prescribing within her scope of practice and did not show good judgement.

- (d) With respect to a third patient, Dr. Reyes noted that the patient was given a prescription of 200 Percocets in March 2011, and 60 Percocets and 60 Toradol in June 2011. 30 more Percocets were prescribed in November 2011. Dr. Reyes concluded that this was overly generous prescribing and that Dr. Ruggles did not meet the standard of care as she prescribed an excessive amount of narcotics, putting the patient at risk.
 - (e) Dr. Reyes opined that Dr. Ruggles demonstrated a lack of knowledge and judgment in respect of these three cases.
 - (f) Dr. Reyes opined that in respect of the first and second cases, Dr. Ruggles was not likely prescribing within her scope of practice.
 - (g) With respect to the 21 other patients reviewed, Dr. Reyes opined that the care provided by Dr. Ruggles met the standard of practice. Specifically, he concluded that most of the charts revealed very good consultation notes, follow up notes and operative notes, and that the antenatal records contained all necessary information. He noted that Dr. Ruggles had appropriately arranged referrals on multiple occasions.
15. On September 29, 2014, in response to this investigation and Dr. Reyes' report, Dr. Ruggles volunteered to cease all prescriptions of narcotics other than to patients seen in her hospital practice. Dr. Ruggles also offered to undertake to no longer treat or have any clinical dealings with those people with whom she had work-related associations.

PART II – ADMISSION

16. Dr. Ruggles admits the facts specified in paragraphs 1-15 above and admits that, based on these facts:
- (a) She has failed to maintain the standard of practice in the profession

contrary to paragraph 1(1)(2) of Ontario Regulation 856/93 (“O. Reg. 856/93”); and

- (b) She 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, contrary to paragraph 1(1)(33) of O. Reg. 856/93, in that:
- a. she treated and prescribed to an individual with whom she had a work-related association;
 - b. she did so after having been cautioned by the College for this very behaviour; and
 - c. she did so after having completed both the narcotics prescribing course and the boundaries course required by the College.

FINDINGS

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

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 proposed order included a two month suspension, a reprimand, and a substantial number of terms, conditions and limitations to be placed on Dr. Ruggles’ certificate of registration. The order also called for Dr. Ruggles to pay costs of \$5,000.00 to the College within 30 days of the order.

In considering whether the proposed order represented an appropriate sanction in this matter, the Committee was mindful of the principle that the order should address and be proportional to the misconduct. Protection of the public is the prime consideration. Also important are the general penalty principles which are well accepted and include: denunciation of the misconduct, specific and general deterrence, maintaining public confidence in the profession and its ability to regulate in the public interest, and rehabilitation. In our analysis, these principles are considered in the context of the jointly proposed order on penalty.

The Committee is also aware of the judicial direction that a joint submission on penalty should be accepted by the Committee unless the proposed penalty is so disproportionate to the misconduct that to accept it would be contrary to the public interest and would bring the administration of justice into disrepute.

ANALYSIS

Nature and Extent of the Misconduct

The acts of the professional misconduct are set out in detail in the Agreed Statement of Facts. The Committee makes the additional following comments to highlight the gravity of Dr. Ruggles' misconduct.

As Dr. Ruggles is a specialist in obstetrics and gynaecology, the expectation of the public and the profession is that she will treat patients appropriately with the knowledge and skill of that specialty. This includes the appropriate prescribing of narcotics and other related substances. The importance of appropriate prescription of narcotics cannot be overstated. Abuse of narcotics and other restricted substances is an acknowledged societal problem. Physicians can inadvertently support this activity by indiscriminate prescribing and failing to assess and monitor appropriately. This can lead to drug diversion with resulting negative consequences on the public and the health care system. Dr. Ruggles, with her training, is expected to be aware of these facts.

Not only did Dr. Ruggles prescribe excessively large amounts of narcotics to patients, she did so to an individual with whom she had a work relationship (Individual 1) and to a further individual (Individual 2) with whom she had a work relationship.

Dr. Ruggles had been cautioned by the ICRC in 2011 for prescribing narcotics and other related medications to a person with whom she had a work-related relationship (Individual 1). Dr. Ruggles acknowledged that this behaviour exhibited a lack of judgment and promised to treat and/or prescribe only to those with whom she has a doctor-patient relationship and where she has conducted a complete assessment. She committed to and completed courses in Boundaries and Prescribing, and gave her personal assurance that she was aware of her significant errors and had learned from this experience. Dr. Ruggles committed to the College that such behavior would not occur in the future: “I can assure the CPSO that I am aware of my significant error, have learned from this experience, and can promise that such a situation will not arise again in future.” [Paragraph 5 of the Agreed Statement of Facts]

Notwithstanding the above, Dr. Ruggles was prescribing for another individual with whom she had a work-related association (Individual 2) within two weeks of making the above commitment. Dr. Ruggles’ prescribing for Individual 2 is documented from July 2011 to December 2012, and included various medications including narcotics and other restricted substances. Dr. Ruggles continued to issue prescriptions for Individual 2, both before and after taking the boundaries and narcotics prescribing courses as well as before and after receiving the ICRC’s caution for her similar behaviour regarding Individual 1. This is a compelling aggravating factor.

The Committee was appalled that Dr. Ruggles would act in such a fashion. She impugns her own character and undermines her own integrity. There is a gap in Dr. Ruggles’ understanding of professional responsibility, including with respect to professional boundaries. Hers is serious misconduct which reflects negatively on the profession as a whole as well as on the public expectation of how physicians should behave. Such misconduct, in the face of a caution, further undermines the College as regulator of the profession.

All of the above factors support the conclusion that Dr. Ruggles has engaged in serious professional misconduct and serious consequences must follow. This includes a period of suspension of her certificate of registration.

The parties agreed that a suspension of two months was appropriate. The Committee accepted the joint proposal, having regard for the applicable law and appropriate penalty principles.

In addition to the aggravating circumstances noted above, the Committee also considered certain mitigating factors, which include: no prior discipline referral, a demonstration of some degree of insight, and favourable comments contained in the expert report.

The Committee had regard for the case law provided by the parties which supports that a two month suspension is a reasonable penalty. While all of the cases are unique on their facts, the terms of the penalty orders, as they apply to length of suspension, have some relevance where the misconduct bears some similarity.

In *CPSO v. Skocylak*, the Committee received a joint submission regarding penalty except for the length of suspension. The findings in *Skocylak* included both a failure to maintain the standard of practice and disgraceful, dishonourable, or unprofessional conduct. The specific misconduct involved not only inappropriate prescribing of narcotics or other controlled drugs, but doing so after privileges to do so were terminated by a decision of the Discipline Committee. A four month suspension was ordered. A breach of an order of the Discipline Committee is viewed as particularly serious and this was reflected in the length of suspension.

In *CPSO v. Saul*, the Committee made a finding of disgraceful, dishonourable, or unprofessional conduct by a physician issuing Medical Declarations for Medicinal Marijuana after undertaking to the College that he would no longer do so. A two month suspension was ordered.

In *CPSO v. Price*, the Committee made a finding of disgraceful, dishonourable, or unprofessional conduct for altering a medical record in a misleading fashion and misleading an investigator of the College. A three month suspension was ordered.

In *CPSO v. Pontarini*, the Committee made findings of disgraceful, dishonourable, or unprofessional conduct and a failure to maintain the standard of practice. Dr. Pontarini's misconduct involved inappropriate prescribing of stimulants and deficiencies in record keeping. He also prescribed for a patient's dog. Dr. Pontarini had a discipline history with the College. A one month suspension was ordered.

In *CPSO v. Dr. MacNeal*, the Committee made findings of disgraceful, dishonourable, or unprofessional conduct and failure to maintain the standard of practice for inappropriate prescribing of narcotics, record keeping and some instances of inappropriate clinical care. A suspension of two months was ordered.

While these cases are not identical to Dr. Ruggles', they do provide some guidance and demonstrate that a two month suspension for Dr. Ruggles is not only fully justified but also falls within the range of penalty for this type of misconduct. This suspension serves to denounce the misconduct, and serves as a specific and general deterrent.

Terms, Conditions and Limitations Proposed

The terms, conditions, and limitations on Dr. Ruggles' certificate of registration in the proposed order address necessary practice restrictions to achieve protection of the public and required rehabilitation.

Prescribing privileges have been carefully crafted to prevent the misuse of narcotics and other controlled drugs as specified. Dr. Ruggles will cease to prescribe these medications with the narrow exception of patients and circumstances as outlined in 5(3). This permits Dr. Ruggles to function in her role as an obstetrician gynecologist while assuring there will be no inappropriate prescribing.

Dr. Ruggles must post a visible and secure sign in her waiting room that she shall not prescribe narcotics or other controlled drugs identified in the order (Schedule D). This sign will also clearly set out for patients and staff that Dr. Ruggles is prohibited from advising/prescribing to any of her employees.

Dr. Ruggles must maintain a prescription log as specified in Schedule E, which will enable the College to review her limited prescribing practice. The further requirement that patients must initial a document described in Schedule F provides transparency to patients and sets out for them the nature and limitation of Dr. Ruggles' prescribing practice.

Dr. Ruggles is prohibited from treating employees (both hospital and office) or family members except in an emergency situation. This condition ensures the appropriate function of the health care system and achieves protection of the public interest.

Dr. Ruggles' required coursework in medical ethics has a rehabilitative purpose in ensuring she understands the expectations and responsibilities of a physician from a moral and ethical perspective.

Dr. Ruggles will undergo a practice reassessment approximately 12 months after the date of this order. This will ensure that steps that have been taken and lessons learned have been retained and implemented in practice.

The parties have jointly proposed a number of compliance terms which will ensure appropriate informing, monitoring, and payment of costs arising from this order. The Committee finds them appropriate in the circumstances.

A reprimand is, in our view, appropriate and enables the Committee to express its view of Dr. Ruggles' misconduct in clear language directed to her.

It is also appropriate in the circumstances that Dr. Ruggles bears the costs of the one hearing day that was required to dispose of this case.

Accordingly, the Committee accepted the jointly proposed order put forward by counsel for the parties, and found it to represent an appropriate sanction and protection of the public in the circumstances of this case.

ORDER

The Committee stated its findings in paragraphs 1 and 2 of its written order of October 5, 2016, and ordered and directed on the matter of penalty and costs that:

3. Dr. Ruggles to appear before the panel to be reprimanded.
4. The Registrar suspend Dr. Ruggles' certificate of registration for a two (2) month period, to commence at 12:01 a.m. on October 13, 2016 and concluding at 12:01 a.m. on December 13, 2016.
5. The Registrar impose the following terms, conditions and limitations on Dr. Ruggles' certificate of registration:

Prescribing Privileges

- (1) Dr. Ruggles shall not issue new prescriptions or renew existing prescriptions for any of the following substances:
 - (a) Narcotic Drugs (from the *Narcotic Control Regulations* made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19);
 - (b) Narcotic Preparations (from the *Narcotic Control Regulations* made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19);
 - (c) Controlled Drugs (from Part G of the *Food and Drug Regulations* under the *Food and Drugs Act*, S.C., 1985, c. F-27);
 - (d) Benzodiazepines and Other Targeted Substances (from the *Benzodiazepines and Other Targeted Substances Regulations* made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19); or (A summary of the above-named drugs [from Appendix I to the *Compendium of Pharmaceuticals and Specialties*] is attached hereto as Schedule "A"; and the current regulatory lists are attached hereto as Schedule "B"); and

- (e) All other Monitored Drugs (as defined under the *Narcotics Safety and Awareness Act*, 2010, S.O. 2010, c. 22 as noted in Schedule “C”); and as amended from time to time.
- (2) Dr. Ruggles will return any supplies of the substances referred to in paragraph (1) above that are presently in her possession, in any place, to a pharmacy in a safe and secure manner, as stipulated in the College's Policy Number 8-12, "Prescribing Drugs."
- (3) Notwithstanding paragraph 5.(1):
 - (a) Dr. Ruggles may prescribe the above-noted substances to her in-patients only, during the course of their in-patient stay through the hospital pharmacy; and
 - (b) Dr. Ruggles may issue prescriptions to patients she treats in the emergency department while on call, hospital outpatients or hospital inpatients on discharge of only:
 - (i) Tylenol #3 (to a maximum of 10 tablets, with no repeats); or
 - (ii) OxyIR 10 mg (to a maximum of 10 tablets, with no repeats).

And said prescriptions may only be issued to emergency department patients, hospital outpatients or to hospital inpatients on discharge in relation to the following procedures:

- (i) Caesarean Sections;
- (ii) Complex Vaginal Deliveries;
- (iii) Laparoscopic Surgery;
- (iv) Open Abdominal Surgery; or
- (v) Perineal/Vaginal procedures.

Posting a Sign

- (4) Dr. Ruggles shall post a sign in the waiting room(s) of her office, in a clearly visible and secure location, in the form set out at Schedule “D”. For further clarity, this sign shall state as follows: "Dr. Ruggles shall not prescribe Narcotic Drugs, Narcotic Preparations, Controlled Drugs,

Benzodiazepines and Other Targeted Substances, or any other Monitored Drugs. Dr. Ruggles shall not provide any medical advice, recommendations, consultations, treatment or prescriptions to any of her employees. Further information may be found on the College of Physicians and Surgeons of Ontario website at www.cpsso.on.ca".

- (5) Dr. Ruggles shall post a certified translation in any language in which she provides services, of the sign described in paragraph 5.(4) above, in the waiting room(s) of her office.
- (6) Dr. Ruggles shall provide the certified translation(s) described in paragraph 5.(5), to the College within thirty (30) days of this Order.
- (7) Should Dr. Ruggles elect to provide services in any other language(s), she must notify the College prior to providing any such services.
- (8) Dr. Ruggles shall provide to the College the certified translation(s) described in paragraph 5.(5) prior to beginning to provide services in the language(s) described in paragraph 5.(7).

Prescription Log

- (9) In the event that Dr. Ruggles writes a prescription pursuant to paragraph 5.(3), she shall record this prescription and other specified information in a prescription log in the form attached as Schedule “E”, which shall be made available to the College at the College’s request. Dr. Ruggles shall also append to the prescription log a copy of each prescription she issues under paragraph 5.(3).
- (10) Dr. Ruggles shall provide a document in the form set out at Schedule “F” to each patient to whom she prescribed in accordance with paragraph 5.(3). The patient shall initial the document, and Dr. Ruggles shall append a copy of the initialed document to the log referred to in paragraph 5.(9).

Treating Family Members or Employees

- (11) Dr. Ruggles will not treat any office or hospital employees or family members in any manner whatsoever, except in an emergency situation.

This includes, but is not limited to, providing advice, consultations, treatment, prescriptions or treatment recommendations.

Coursework

- (12) At her own expense, Dr. Ruggles shall participate in and successfully complete, within 6 months of the date of this Order, individualized instruction in medical ethics satisfactory to the College, with an instructor selected by the College. The instructor shall provide a summative report to the College including his or her conclusion about whether the instruction was completed successfully by Dr. Ruggles.

Reassessment

- (13) Dr. Ruggles shall undergo a reassessment of her practice approximately twelve (12) months from the date of this Order.

Compliance

- (14) Dr. Ruggles must inform the College of each and every location that she practises or has privileges, including, but not limited to, hospital(s), clinic(s) and office(s), in any jurisdiction (collectively the "Practice Location(s)"), within fifteen (15) days of commencing practice at that location.
- (15) Dr. Ruggles shall be solely responsible for payment of all fees, costs, charges, expenses, etc. arising from the implementation of any of the terms of this Order.
- (16) Dr. Ruggles shall co-operate with unannounced inspections of her Practice Location(s) and patient charts by the College and to any other activity the College deems necessary in order to monitor her compliance with the terms of this Order.
- (17) Dr. Ruggles shall provide her irrevocable consent to the College to make appropriate enquiries of the Ontario Health Insurance Plan ("OHIP"), the Drug Program Services Branch, the Narcotics Monitoring System ("NMS") implemented under the Narcotics Safety and Awareness Act,

2010 and any person or institution that may have relevant information, in order for the College to monitor her compliance with the terms of this Order.

- (18) Dr. Ruggles acknowledges that the College may provide this Order to any Chief(s) of Staff, or a colleague with similar responsibilities, at any Practice Location where she practices or has privileges ("Chief(s) of Staff"), or other person or individual as necessary for the implementation of this Order and shall consent to the College providing to said Chief(s) of Staff, person or organization with any information the College has that led to this Order and/or any information arising from the monitoring of her compliance with this Order.
6. Dr. Ruggles pay to the College its costs of this proceeding in the amount of \$5,000 within thirty (30) days from the date of this Order.

At the conclusion of the hearing, Dr. Ruggles waived her right to an appeal under subsection 70(1) of the Code and the Committee administered the public reprimand.