

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Pardis, this is notice that the Discipline Committee ordered that no person shall publish or broadcast the identity of the patients or any information that could disclose the identity of the patients 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... 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. Pardis,
2017 ONCPSD 18**

**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. BIJAN PARDIS

PANEL MEMBERS:

**DR. PEETER POLDRE
MS DEBBIE GIAMPIETRI
DR. PAUL CASOLA
MR. SUDERSHEN BERI
DR. TRACEY MORIARITY**

COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO:

MS MORGANA KELLYTHORNE

COUNSEL FOR DR. PARDIS:

**MS KEARY GRACE
MS KARA SMITH**

INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:

MR. ROBERT W. COSMAN

PUBLICATION BAN

Hearing Date:	March 8, 2017
Decision Date:	March 8, 2017
Release of Written Reasons:	May 2, 2017

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 8, 2017. At the conclusion of the hearing, the Committee released a written order stating its finding that Dr. Pardis committed an act of professional misconduct and setting out its penalty and costs order with written reasons to follow.

THE ALLEGATIONS

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

1. in that he 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* (“O. Reg. 856/93”).

The Notice of Hearing also alleged that Dr. Pardis 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*, S.O. 1991, c. 18 (“the Code”).

RESPONSE TO THE ALLEGATIONS

Dr. Pardis admitted the first allegation in the Notice of Hearing, that he failed to maintain the standard of practice of the profession. The College withdrew the allegation of incompetence.

THE FACTS

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

Background

1. Dr. Bijan Pardis (“Dr. Pardis”) is a 55 year old family physician who received his certificate of registration authorizing independent practice from the College of Physicians and Surgeons of Ontario (“the College”) on July 1, 1995.

2. At the relevant time, Dr. Pardis practised in the Greater Toronto area, maintaining both a family practice and a methadone practice.

Dr. Pardis’ Family Practice

3. In February 2013, the Inquiries, Complaints and Reports Committee of the College required Dr. Pardis to complete a specified education and remediation program directed at his family practice, including coursework, a preceptorship, and a reassessment. The preceptor, Dr. Evan Llewellyn, delivered three reports during his engagement. These reports were received on February 6, 2014, May 29, 2014, and October 6, 2014. They are attached at Tab 1 and form part of the Agreed Statement of Facts and Admission. Dr. Llewellyn identified a number of concerns with Dr. Pardis’ practice, including a need for better documentation of physician-patient encounters and to consistently update Cumulative Patient Profiles. Dr. Llewellyn found that Dr. Pardis made improvements throughout the course of the preceptorship in his recordkeeping. However, as found by Dr. Llewellyn, there were a number of care concerns in the charts that he reviewed for his final report:

- (a) Dr. Pardis diagnosed a fibroadenoma in a male patient without ordering confirmatory imaging;
- (b) Dr. Pardis did not do a foot examination in a poorly controlled diabetic patient complaining of foot paresthesias, and did not measure the patient’s blood pressure;
- (c) Dr. Pardis was unfamiliar with updated Canadian anti-platelet guidelines;
- (d) Dr. Pardis had a patient on both oral and intramuscular testosterone replacement therapy;
- (e) Dr. Pardis did not perform a digital rectal examination (“DRE”) or order a prostate specific antigen (“PSA”) test in a patient with worsening urinary symptoms while on testosterone replacement;

- (f) Dr. Pardis did not perform a DRE on a patient to whom he was beginning to prescribe medication, namely a 5-alpha reductase inhibitor (Avodart), in response to the patient's report of worsening nocturia and an enlarged prostate;
- (g) Dr. Pardis' medical management of a patient with newly diagnosed peripheral artery disease was deficient, in that he did not seek to maximize the medical therapy of the patient, did not measure blood pressure or review home readings to ensure blood pressure was at target, and did not prescribe a statin where it was appropriate to do so;
- (h) Dr. Pardis did not order an international normalized ratio ("INR") test to monitor blood coagulation of a patient who came to see him due to recurrent bruising and who was prescribed an anticoagulant by her cardiologist, because he noted that the INRs were monitored elsewhere "with no report to me," even there was no note of when the most recent INR was obtained;
- (i) Dr. Pardis assessed a change in voice reported by an elderly patient as being due to anticholinergic effects of a prescribed medication, without ruling out other causes, although it could be due to serious underlying disorders, including malignancies.

4. Dr. Llewellyn found that in at least two of the eight cases, symptoms that Dr. Pardis failed to investigate could be due to an underlying malignancy. On the basis of Dr. Llewellyn's concerns, the College requested Dr. Pardis' comments regarding action taken with respect to investigation of underlying malignancy. In response, Dr. Pardis advised the College through counsel of follow-up steps that he had taken regarding these patients since Dr. Llewellyn's review of their care.

5. The reassessment of Dr. Pardis' practice under the terms of the Inquiries, Complaints and Reports Committee's order was to take place eighteen months after completion of the preceptorship with Dr. Llewellyn. However, the reassessment did not occur. Instead, as a result of the concerns raised by Dr. Llewellyn, an investigation under section 75(1)(a) of the Health Professions Procedural Code was commenced, and College investigators were appointed. Dr. Robert Michael Bernstein was retained by the College to review Dr. Pardis' family practice. He reviewed twenty-five of Dr. Pardis' patient charts and interviewed Dr. Pardis. Dr. Bernstein's report, received on September 28, 2015, together an addendum received on December 10, 2015

which takes into account Dr. Pardis' response, is attached at Tab 2 to the Agreed Statement of Facts and Admission.

6. Dr. Bernstein observed that Dr. Pardis' practice consisted primarily of immigrants from Iran, many of whom spent time regularly in Iran while also seeing physicians there, and that it was difficult to provide comprehensive coordinated care to those patients. Dr. Bernstein stated that Dr. Pardis provided care with cultural sensitivity and demonstrated knowledge of the circumstances of their lives during the interview with Dr. Bernstein. However, Dr. Bernstein found that there were a number of concerns with Dr. Pardis' practice and that he failed to meet the standard of practice of the profession. Among other things:

- (a) Dr. Pardis' recordkeeping fell below the standard with respect to eighty percent of the charts he reviewed. This continued to be the case even after September 2013, although after that date there was significant improvement. For example, Cumulative Patient Profiles were not updated appropriately, and patient histories, physical examinations, follow up, and patient instructions were not appropriately documented.
- (b) Dr. Pardis failed to provide preventive care that met the standard of practice of the profession to his patients in the majority of cases, and did not record having done or ordered most recommended preventive care activities, such as PAP tests, mammograms, and colon cancer screening;
- (c) Dr. Pardis lacked a coordinated approach to chronic disease management;
- (d) Dr. Pardis did not document having weighed the risks appropriately when prescribing non-steroidal anti-inflammatory drugs ("NSAIDs") to patients with cardiovascular risk factors and/or gastrointestinal inflammation, and lacked knowledge regarding these risks;
- (e) Dr. Pardis did not take steps to provide renal and vascular protection to patients with diabetes;
- (f) Dr. Pardis engaged in over-testing and over-screening, including by ordering unnecessary echocardiograms and routine blood and urine testing without justification;

(g) Dr. Pardis overprescribed antibiotics for viral illnesses; and

(h) Dr. Pardis coordinated care poorly with consultants regarding medication management.

7. Dr. Bernstein initially formed the view that six charts he reviewed demonstrated an immediate risk of harm, but after reviewing Dr. Pardis' response, Dr. Bernstein revised his opinion to find that four charts demonstrated a "more immediate risk of harm." In addition, Dr. Bernstein found that apart from the more immediate risk of harm in those cases, on balance Dr. Pardis' care was "substandard" and represented a potential risk of harm.

Dr. Pardis' Methadone Practice

8. As a result of clinical concerns on the part of the College's Methadone Committee regarding Dr. Pardis' methadone practice and his ongoing deviations from the Methadone Maintenance Treatment Guidelines, Dr. Pardis entered into an undertaking to the College on November 9, 2010, by which he agreed that his methadone practice would be subject to clinical supervision and would be reassessed by a College-appointed assessor.

9. Pursuant to Dr. Pardis' undertaking, Dr. Melissa Snider-Adler was appointed to reassess Dr. Pardis' methadone practice. Dr. Snider-Adler's final report, dated February 8, 2015, is attached at Tab 3 to the Agreed Statement of Facts and Admission. She reviewed twenty-five patient charts and interviewed Dr. Pardis.

10. As found by Dr. Snider-Adler, Dr. Pardis failed to meet the standard of practice of the profession. In particular:

(a) In the case of Patient A, Dr. Pardis continued to provide the patient with one "carry" and increased the patient's methadone dose, despite ongoing positive urine drug screens ("UDS") and a note in the chart that the patient uses cocaine twice a week. Dr. Pardis did not document his clinical decision-making in this regard;

(b) In the case of Patient B, Dr. Pardis continued to provide the patient with two carries, despite ongoing positive UDS and the fact that the patient was prescribed

benzodiazepines by the family physician. Dr. Pardis did not document his clinical decision-making in this regard;

- (c) In the case of Patient C, Dr. Pardis prescribed Domperidone when the patient was receiving a methadone dose of 130 milligrams, but was unaware of the potential for cardiac side effects, namely QTc prolongation and Torsades de Pointe. Dr. Pardis did not document any potential side effects or risks, nor did he order an echocardiogram to ensure that the patient's QTc was normal before prescribing a medication that could result in a prolonged QTc;
- (d) Dr. Pardis' medical record-keeping was so deficient that it was not possible to determine in other cases whether his care met the standard of practice of the profession. He did not use a SOAP (Subjective Objective Assessment Plan) format in his medical records and none of his notes included any 'Objective' findings or reports. Dr. Pardis used an electronic medical record that was a template within which he wrote 'yes' or 'no.' He did add in detail but in many cases there was not enough detail in the note to enable the assessor to understand what was going on. Dr. Pardis did not adequately document medications prescribed, including conversations with his patients about the medication and its side effects as well as follow-up on how the patient was doing on the medications afterwards. Dr. Pardis did not adequately document discussion and counselling regarding patients' lifestyles;
- (e) Dr. Snider-Adler also noted concerns regarding Dr. Pardis' prescribing of testosterone replacement to methadone patients, specifically appropriate dosage and regular monitoring of the same in eight cases.

11. In response to Dr. Snider-Adler's concerns, Dr. Pardis indicated that he had made changes to his practice, including only prescribing medications in his methadone practice that are related to methadone treatment and its side effects, seeking to improve his counselling of patients about side effects and risks of medications and documenting those discussions, and documenting patient counselling. He also advised that he had upgraded his electronic medical recordkeeping system to include a methadone module.

Admission

Dr. Pardis admits the facts set out above and admits that, based on these facts, he engaged in professional misconduct, in that he has failed to maintain the standard of practice of the profession, under paragraph 1(1)2 of O. Reg. 856/93, made under the *Medicine Act, 1991* (“O/Reg. 856/93”).

FINDING

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

AGREED STATEMENT OF FACTS REGARDING PENALTY

The following facts were set out in an Agreed Statement of Facts regarding Penalty that was filed as an exhibit in the hearing:

Dr. Pardis’ History with the College

1. In February 2013, the Inquiries, Complaints and Reports Committee (“ICRC”) of the College considered a report of an investigation into Dr. Pardis’ family practice. The Committee’s decision is attached at Tab 1 to the Agreed Statement of Facts regarding Penalty. The medical inspector noted deficiencies of care, including in primary prevention. The ICRC determined that there were significant gaps in how Dr. Pardis applied his knowledge in his clinical care. The ICRC therefore ordered Dr. Pardis to undergo a specified continuing education or remediation program (“SCERP”), which resulted in the preceptorship with Dr. Evan Llewellyn described in the Agreed Statement of Facts and Admission. In disposing of the investigation, the ICRC also issued Dr. Pardis a written caution with respect to his record-keeping, which it described as “very deficient,” and provided him with advice about his practice management.

2. Also in February 2013, the ICRC issued a written caution to Dr. Pardis in a public complaint. The Committee's decision is attached at Tab 2 to the Agreed Statement of Facts regarding Penalty. The ICRC's written caution to Dr. Pardis was with respect to compliance with the College policy on *Ending the Physician-Patient Relationship* and also with respect to practice deficiencies that result in poor patient care, including that:
 - He should not treat methadone patients for chronic pain;
 - He should not treat methadone patients for other medical problems (i.e. family practice concerns);
 - He should ensure better practice management, e.g. assigning appointment times;
 - He should ensure his medical record-keeping is in keeping with the expectations set out in the College policy on *Medical Records*.

Dr. Pardis' Status Pending This Hearing

3. The ICRC made an interim order on April 12, 2016 under section 37 of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*. Pending resolution of the allegations against him, Dr. Pardis was required, among other things, to practise under the guidance of a clinical supervisor acceptable to the College in respect of his family medicine practice.
4. Subsequently, on April 15, 2016, Dr. Pardis' counsel advised the College that, as Dr. Pardis did not expect to be able to find a clinical supervisor for his family practice as required by the interim order, he would cease practising family medicine as of April 24, 2016. Dr. Pardis has not practised family medicine since that date.
5. Dr. Pardis entered into an interim undertaking regarding his methadone practice pending resolution of the allegations against him. Dr. Pardis' interim undertaking, dated April 28, 2016, is attached at Tab 3 to the Agreed Statement of Facts regarding Penalty.. Among other things, Dr. Pardis agreed to practise under the guidance of a clinical supervisor acceptable to the College in respect of his methadone practice.

6. As a result of the interim order, Dr. Pardis has practised under the guidance of Dr. David Marsh in respect of his methadone practice pending this hearing. The reports delivered by Dr. Marsh are attached at Tab 4 to the Agreed Statement of Facts regarding Penalty. Dr. Marsh's reports have been positive.

Dr. Pardis' Undertaking

7. Dr. Pardis has entered into an undertaking to the College, dated March 8, 2017, attached at Tab 5 to the Agreed Statement of Facts regarding Penalty. Dr. Pardis has undertaken not to practise family medicine, effective immediately. He has agreed to notify each of his methadone patients in writing that he cannot act as their family physician or provide primary care, and to advise them that they should have their own family physician. Dr. Pardis has undertaken to maintain a record of this communication in each patient's chart and to note in the patient's chart whether he or she has a family physician and, if so, who that is, and to communicate relevant information to each patient's family physician.

PENALTY AND REASONS FOR PENALTY

Counsel for the College and counsel for Dr. Pardis made a joint submission as to an appropriate penalty and costs order that is set out in full below. The Committee is mindful of the guiding principles of the courts in imposing penalty. The law is very clear regarding the test to apply in considering a joint submission from the parties, which is that the proposed penalty should only be rejected if it would bring the administration of justice into disrepute or if it is otherwise contrary to the public interest. The Committee accepted the jointly proposed penalty and costs order as appropriate in this case.

The Committee has found that Dr. Pardis has engaged in professional misconduct in that he failed to maintain the standard of practice of the profession. The Committee is aware that since February 2013, Dr. Pardis' family medicine practice has been under review, investigation or subject to preceptship. This has included reports submitted by two physicians, Dr. Evan

Llewellyn (three reports dated February, May, and October 2014) and Dr. Robert Michael Bernstein (report dated 28 September 2015 with addendum 10 December 2015). Each of these physicians pointed to multiple problems in Dr. Pardis' family practice, including problems investigating medical conditions, problems in management of patients' medical conditions, record-keeping problems, excessive/unnecessary laboratory investigations, over prescribing of antibiotics, and poor coordination of care with consultants.

With respect to his methadone practice, concerns by the College date back to April 2010 when a complaint was received regarding the care of chronic addictive patients. As a result of an investigation by the College in 2010, Dr. Pardis entered into an undertaking to practise methadone treatment under the guidance of a clinical supervisor. Dr. Melissa Snyder Adler subsequently assessed Dr. Pardis' methadone practice. In her report dated February 8, 2015, she noted similar charting/record keeping deficiencies as had been seen in review of his family practice, concerns about methadone interactions with other prescribed medications, and adherence to CPSO methadone maintenance treatment program standards and clinical guidelines. Note was made that a lack of documentation to support his clinical decision making made it difficult to determine if Dr. Pardis was adhering to methadone treatment guidelines.

Aggravating factors noted by the Committee were that the deficiencies in both Dr. Pardis' family medicine practice as well as his methadone practice are long-standing, going back to at least 2013 and 2010 respectively. In addition, despite preceptorship throughout this time, there were continued problems identified in both these areas of his practice. Issues raised in Dr. Evan Llewellyn's review of his practice in 2013, continued through to his practice assessment by Dr. Bernstein in 2015. The Committee was quite troubled by the chronicity of Dr. Pardis failing to maintain the standard of practice of the profession and the seeming intransigence to change despite review and preceptorship. Serious consideration was given as to whether this physician was ungovernable or not rehabilitatable.

Mitigating factors in this case included the fact that Dr. Pardis admitted he failed to maintain the standard of practice of the profession, and that he acknowledged responsibility for his conduct. Furthermore, he has entered into an undertaking with respect to his methadone practice and will

be under the supervision of and ongoing reassessment by a respected and recognized expert in the area of methadone maintenance treatment. The Committee noted that Dr. Pardis has acknowledged by signing an undertaking that he has not practised family medicine since April 2016 and that he will not engage in the practice of family medicine going forward. This has given the Committee some comfort and demonstrates some insight on the part of Dr. Pardis. The Committee wishes to emphasize that maintaining the standard of practice is not something which is optional. The terms and conditions of the proposed order with provision for reassessment ensure that this physician will be monitored to determine not only that he has come up to the standard of practice but also that he is maintaining the standard of practice.

The Committee was presented by College counsel with two prior discipline cases with factual similarities to Dr. Pardis' case. While the Committee understood that it is not bound by prior decisions, and that each case on its facts is unique, it is aware that similar cases should be treated in a consistent manner. In *CPSO vs. Huebel* (2015) and *CPSO vs. Straka* (2016), the Committee found that the physicians failed to maintain the standard of practice of the profession. In each case, a joint submission regarding penalty was similar to that in this case. Evidence was presented that these physicians had improved their practice, were motivated, and had positive assessments from their supervisor. Penalty orders imposed in these cases included practice restrictions, monitoring/supervision, a reprimand and costs. The decisions in these cases reflect a desire by the Committee to attempt to rehabilitate and remediate the physician, providing the physician is able and willing, and the public is protected. The proposed penalty order with respect to Dr. Pardis is consistent with these prior cases. The Committee concluded that the proposed penalty order satisfies the relevant penalty principles of public protection, specific and general deterrence, rehabilitation of the member and maintenance of public confidence in the profession and the College's ability to regulate it in the public interest. The reprimand serves as a general deterrent to the profession and gives notice to the profession of the importance of maintaining practice standards and that failure to maintain standards will result in practice restrictions and further censure, up to and including revocation.

The Committee determined that payment by Dr. Pardis of costs in the amount of \$5,500 for one day of hearing, to be paid within 30 days, is appropriate in this case.

ORDER

The Committee stated its finding in paragraph 1 of its written order of March 8, 2017, that Dr. Pardis has committed an act of professional misconduct in that he has failed to maintain the standard of practice of the profession. In that order, the Committee ordered and directed on the matter of penalty and costs that:

2. Dr. Pardis appear before the panel to be reprimanded.
3. The Registrar to place the following terms, conditions and limitations, effective immediately, on Dr. Pardis' certificate of registration:

Clinical Supervision

- (a) Dr. Pardis shall retain a clinical supervisor, approved by the College, who will sign an undertaking in the form attached hereto as Appendix "A" (the "Clinical Supervisor"), to be returned to the College in executed form no later than seven (7) days after the date of this Order. Dr. Pardis shall practise with respect to his methadone practice under the guidance of the Clinical Supervisor for a period of three (3) months, during which time the Clinical Supervisor will at minimum review at least ten (10) of Dr. Pardis' patient charts from his methadone practice once every month, to be selected independently by the Clinical Supervisor. Dr. Pardis shall meet with the Clinical Supervisor at least once every month at his Practice Location or another location approved by the College to discuss any concerns related to patient care and/or arising from the Clinical Supervisor's chart review. Dr. Pardis shall cooperate fully with the Clinical Supervisor and shall abide by the recommendations of the Clinical Supervisor, including, but not limited to, any recommended practice improvements and ongoing professional development.
- (b) If a person who has given an undertaking in Appendix "A" to this Order is unable or unwilling to continue to fulfil its provisions, Dr. Pardis shall, within twenty (20) days of receiving notice of same, obtain an executed undertaking in the same

form from a similarly qualified person who is acceptable to the College and ensure that it is delivered to the College within that time.

- (c) If Dr. Pardis is unable to obtain a Clinical Supervisor on the provisions set out under paragraphs 3(a) and/or (b) above, Dr. Pardis shall cease practising medicine until such time as he has obtained a Clinical Supervisor acceptable to the College. If he is required to cease practising medicine as a result of the application of this term of this Order, this requirement shall constitute a term, condition or limitation on his certificate of registration and that term, condition or limitation will be included on the College's public register.

Reassessment

- (d) Within approximately six (6) months after the completion of the period of Clinical Supervision referred to above in paragraph 3(a), Dr. Pardis will submit to a reassessment of his methadone practice (the "First Reassessment") by an assessor or assessors selected by the College (the "Assessor(s)"). The Reassessment may include a chart review, direct observation of Dr. Pardis' care, interviews with colleagues and co-workers, feedback from patients and any other tools deemed necessary by the College. The First Reassessment shall be at Dr. Pardis' expense and he shall co-operate fully with all elements of the First Reassessment. Dr. Pardis shall abide by all recommendations made by the Assessor(s) subject to paragraph (f) below, and the results of the First Reassessment will be reported to the College and may form the basis of further action by the College.
- (e) Within approximately twelve (12) months after the completion of the process of the First Reassessment, Dr. Pardis will submit to a further reassessment of his methadone practice (the "Second Reassessment") by an assessor or assessors selected by the College (the "Assessor(s)"). The Second Reassessment may include a chart review, direct observation of Dr. Pardis' care, interviews with colleagues and co-workers, feedback from patients and any other tools deemed necessary by the College. The Second Reassessment shall be at Dr. Pardis' expense and he shall co-operate fully with all elements of the Second

Reassessment. Dr. Pardis shall abide by all recommendations made by the Assessor(s) subject to paragraph (f) below, and the results of the Second Reassessment will be reported to the College and may form the basis of further action by the College.

- (f) If after either the First or Second Reassessment, Dr. Pardis is of the view that any of the Assessor(s)'s recommendations are unreasonable, he will have fifteen (15) days following his receipt of the recommendations within which to provide the College with his submissions in this regard. The Inquiries Complaints and Reports ("ICR") Committee will consider those submissions and make a determination regarding whether the recommendations are reasonable, and that decision will be provided to Dr. Pardis. Following that decision, Dr. Pardis will abide by those recommendations of the Assessor(s) that the ICR Committee has determined are reasonable. Any recommendations of the Assessor(s) which are terms, conditions or limitations on Dr. Pardis' practice and any recommendations of the Assessor(s) which the ICR Committee has identified in its decision(s) referenced in this term of this Order shall be terms, conditions or limitations on Dr. Pardis' practice, to be included on the College's public register.

Other

- (g) Dr. Pardis shall inform the College of each and every location where he practices, in any jurisdiction (his "Practice Location(s)") within seven (7) days of this Order, and shall inform the College of any and all new Practice Locations within seven (7) days of commencing practice at that location, until the report of the assessment of his practice have been reported to the College.
- (h) Dr. Pardis shall submit to, and not interfere with, unannounced inspections of his Practice Location(s) and to any other activity the College deems necessary in order to monitor his compliance with the provisions of this Order.
- (i) Dr. Pardis shall give his irrevocable consent to the College making appropriate enquiries of the Ontario Health Insurance Plan, the Drug Program Services

Branch, the Narcotics Monitoring System implemented under the *Narcotics Safety and Awareness Act, 2010*, and/or any person who or institution that may have relevant information, in order for the College to monitor his compliance with this Order.

- (j) Dr. Pardis shall give his irrevocable consent to the College to provide the following information to all Clinical Supervisors and/or Assessors:
 - a. Any information the College has that led to the circumstances of this Order;
 - b. Any information arising from any investigation into, or assessment of, Dr. Pardis' practice;
 - c. Any information arising from the monitoring of his compliance with this Order or of any Undertaking to the College into which he has entered.
 - (k) Dr. Pardis shall give his irrevocable consent to all Clinical Supervisors and Assessors to disclose to the College and to one another any information:
 - a. Relevant to this Order or to any Undertaking to the College into which he has entered, including but not limited to his compliance with the same;
 - b. Relevant to the provisions of the Clinical Supervisor's undertaking set out at Appendix "A" to this Order;
 - c. Relevant to the First or Second Reassessment; and/or
 - d. Which comes to their attention in the course of their duties under this Order and which they reasonably believe indicates a potential risk of harm to his patients.
 - (l) Dr. Pardis shall be responsible for any and all costs associated with implementing the terms of this Order.
4. Dr. Pardis pay to the College costs in the amount of \$5,500.00, within 30 days of the date of this Order.

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

TEXT of PUBLIC REPRIMAND**Delivered March 8, 2017****in the case of the****COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO****and****DR. BIJAN PARDIS**

Dr. Pardis, the Committee acknowledges that you have voluntarily given up the family medicine component of your practice. This gives the Committee some comfort in our role in protecting the public interest. It also demonstrates some insight on your part.

The Committee is cautiously encouraged that under the supervision of a respected expert, you are making progress in the more focussed area of your methadone practice. The combination of clear protocols and guidelines in this realm, as well as the extensive supervision and reassessments that you will undergo provides the Committee with some hope that rehabilitation will be possible for you.

However, the Committee is very aware that over the last several years, you had several opportunities to improve, but the results of those opportunities have essentially failed. You now appear before your regulator's Discipline Committee with one final chance to meet and even exceed, the standards expected of you by the public of Ontario, your patients, and your fellow medical professionals. You may be seated.

This is not an official transcript