

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
("Undertaking")
of
DR. JORDAN KIRKWOOD MZOMA ACHIUME
("Dr. Achiume")
to
COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the "College")

A. PREAMBLE

- (1) I, Dr. Achiume, certificate of registration number 21365, am a member of the College. The College has received information regarding my standard of practice.
- (2) I, Dr. Achiume, acknowledge and agree that the Inquiries, Complaints and Reports Committee ("Committee") referred allegations of professional misconduct and incompetence to the Discipline Committee in a Notice of Hearing dated June 3, 2015 (the "Notice of Hearing") attached hereto as Appendix A.
- (3) I, Dr. Achiume, acknowledge and agree that the Committee determined that my practice exposes or is likely to expose my patients to harm or injury and imposed interim terms, conditions and limitations upon my certificate of registration by way of Order dated June 30, 2015 attached hereto as Appendix B.
- (4) I, Dr. Achiume, acknowledge and agree that, in exchange for an original copy of this Undertaking as executed by me, the College has agreed to withdraw the Notice of Hearing.

B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT

- (5) I, Dr. Achiume, hereby resign from the College effective September 30, 2015 (the "Effective Date").
- (6) I, Dr. Achiume, undertake that until the Effective Date I must not practice until I have obtained a clinical supervisor ("Clinical Supervisor") who is acceptable to the College, who has signed an undertaking in the form attached hereto as Appendix C. The Clinical Supervisor shall be the Most Responsible Physician (MRP), as that term is defined in the Guidelines for College-Directed Supervision, for all patients cared for, and must be physically present in the room with myself at all times while I am engaged in patient care and/or treatment.
- (7) I, Dr. Achiume, undertake that I shall post the sign attached in Appendix D in a prominent location in my waiting room and each of my examination rooms and shall not have any in-person professional encounters with patients until the signs have been posted.

- (8) I, Dr. Achiume, undertake that if I am unable to obtain a Clinical Supervisor as set out in (6) above, I must cease practising medicine immediately until such time I have obtained a Clinical Supervisor acceptable to the College.
- (9) I, Dr. Achiume, hereby undertake not to apply or re-apply for registration as a physician to practise medicine in Ontario after the Effective Date.
- (10) I, Dr. Achiume, hereby undertake that up until the Effective Date, I shall inform the College of each and every location where I practise including, but not limited to, hospital(s), clinic(s) and office(s), in any jurisdiction (collectively my "Practice Location(s)"), within 15 days of the date of this Undertaking. Going forward, I shall inform the College of any and all new Practice Locations within 15 days of commencing practice at that location.
- (11) I, Dr. Achiume, hereby provide the College with my irrevocable consent to make appropriate inquiries of the Ontario Health Insurance Plan in order for the College to monitor my compliance with the terms of this Undertaking, and consent to the disclosure by my Clinical Supervisor and/or any person or institution who may have relevant information to the College of all information necessary to fulfill the Clinical Supervisor's undertaking and to monitor my compliance with this Undertaking.
- (12) I, Dr. Achiume, hereby undertake to submit to and not interfere with unannounced inspections of my office(s), practice(s) and patient charts by a College representative for the purposes of monitoring his compliance with the terms of this Undertaking.
- (13) I, Dr. Achiume, agree that in the event that the College should become aware that I am in breach of this Undertaking the College shall, in its sole discretion, have the right to proceed with a disciplinary proceeding on the basis of a breach of this undertaking and shall have the right to proceed with the specified allegations set out in the Notice of Hearing.
- (14) I, Dr. Achiume, hereby agree to bear the risk of any prejudice that the passage of time might cause to my ability to make full answer and defence, and waive the right to seek any remedy on the basis of the passage of time, should the College proceed with any allegations that may arise as a result of a breach of this Undertaking and/or pursuant to paragraph (13) above.
- (15) I, Dr. Achiume, undertake to the College to abide by the terms of the College's Policy on Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation, a copy of which is attached hereto as Appendix E.
- (16) I, Dr. Achiume, undertake to the College that upon signing this Undertaking, I shall forward a request to the General Manager of the Ontario Health Insurance Plan ("OHIP") that my billing number be deactivated for services rendered after the Effective Date.

- (17) I, Dr. Achiume, acknowledge that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc., if any, arising from the implementation of any of the terms of this Undertaking.
- (18) I, Dr. Achiume, acknowledge and confirm that I have read and understand the terms and conditions provided in this Undertaking and that I have obtained independent legal counsel in reviewing and executing this Undertaking, or have waived my right to do so.
- (19) I, Dr. Achiume, give my irrevocable consent to the College to make appropriate enquiries of OHIP and/or any person or institution who may have relevant information, in order for the College to monitor my compliance with the terms of this Undertaking.
- (20) I, Dr. Achiume, consent to the terms of this undertaking being entered on the register as information that is available to the public.