

**UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
("Undertaking")**

of

**DR. RICHARD ALEXANDER IRVINE
("Dr. Irvine")**

to

**COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the "College")**

A. PREAMBLE

(1) In this Undertaking:

“Discipline Committee” means the Discipline Committee of the College;

“OHIP” means the Ontario Health Insurance Plan;

“Public Register” means the College’s register that is available to the public.

(2) I, **Dr. Irvine**, certificate of registration number **25701**, am a member of the College.

(3) I, **Dr. Irvine**, acknowledge that the College conducted investigations bearing File Numbers 1106926, 1105241 and 1105064 (the “Investigations”) into whether I engaged in professional misconduct and/or am incompetent in my family practice.

(4) I, **Dr. Irvine**, acknowledge that in addition to accepting this Undertaking, the College will also deliver a caution in person.

B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT

(5) I, **Dr. Irvine**, hereby resign from the College effective immediately (the “Effective Date”).

(6) I, **Dr. Irvine**, hereby undertake not to apply or re-apply for registration as a physician to practise medicine in Ontario or any other jurisdiction after the Effective Date.

(7) I, **Dr. Irvine**, acknowledge that in the event that the College should become aware that I am in breach of this Undertaking including, but not limited to, becoming aware that I have either applied, re-applied or attempted to apply or re-apply for registration as a physician or for a certificate of registration, or equivalent, to practise medicine in any jurisdiction after the Effective Date, 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 Investigation it terminated as a result of this Undertaking and/or to proceed with a referral of specified allegations to the Discipline Committee.

- (8) I, **Dr. Irvine**, 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 section (7) above.
- (9) I, **Dr. Irvine**, undertake to abide by the College's Policy on Closing a Medical Practice, a copy of which is attached hereto as Appendix "A".
- (10) I, **Dr. Irvine**, undertake that upon signing this Undertaking, I shall forward a request to the General Manager of OHIP that my billing number be deactivated for services rendered after the Effective Date.
- (11) I, **Dr. Irvine**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (12) I, **Dr. Irvine**, acknowledge and undertake 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 provisions of this Undertaking.
- (13) I, **Dr. Irvine**, acknowledge and confirm that I have read and understand the provisions of this Undertaking and that I have obtained independent legal counsel in reviewing and executing this Undertaking, or have waived my right to do so.
- (14) I, **Dr. Irvine**, give my irrevocable consent to the College to make appropriate enquiries of OHIP and/or any person who or institution that may have relevant information, in order for the College to monitor my compliance with the provisions of this Undertaking.
- (15) I, **Dr. Irvine**, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix "B" and that the consent forms part of this Undertaking.
- (16) **Public Register**
 - (a) I, **Dr. Irvine**, consent to this Undertaking being posted on the Public Register.
 - (b) I, **Dr. Irvine**, acknowledge that, in addition to this Undertaking being posted in accordance with section (16)(a) above, the following summary shall be posted on the Public Register during the time period that this Undertaking remains in effect:

College investigations were conducted into whether Dr. Irvine engaged in professional misconduct and/or was incompetent in his

family practice. In resolution of these investigations, Dr. Irvine resigned from the College and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction.

APPENDIX “A”

**TO THE UNDERTAKING OF DR. RICHARD ALEXANDER IRVINE
(“Dr. Irvine”)**

to

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

“CLOSING A MEDICAL PRACTICE”

APPENDIX “B”

**TO THE UNDERTAKING OF DR. RICHARD ALEXANDER IRVINE
(“Dr. Irvine”)**

to

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

**CONSENT AND DIRECTION
FOR THE RELEASE OF INFORMATION FROM THE
ONTARIO HEALTH INSURANCE PLAN**



**CONSENT AND DIRECTION
FOR THE RELEASE OF INFORMATION FROM THE
ONTARIO HEALTH INSURANCE PLAN**

I consent to the release of billing information by the Ontario Health Insurance Plan to the COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO for:

1. Name of Physician: **DR. RICHARD ALEXANDER IRVINE**
2. OHIP billing number:
3. CPSO #: **25701**
4. Dates or Time Period: **2019 onward**

Dated at _____, this ____ day of _____, 2019

DR. RICHARD ALEXANDER IRVINE

Witness (*print name*)

Witness (*Signature*)