

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
(“Undertaking”)
of

DR. ANDRZEJ TOMASZ WOJCICKI

(“Dr. Wojcicki”)

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. Wojcicki**, certificate of registration number **64521**, was a member of the College until I resigned from the College on March 13, 2020.

(3) I, **Dr. Wojcicki**, acknowledge that on August 2, 2019, I entered into an Undertaking in which I agreed to cease to practice medicine in Canada in lieu of the Inquiries Complaints and Reports Committee making an Order under section 25.4 of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

(4) I, **Dr. Wojcicki**, acknowledge that I have not practised medicine in any jurisdiction since August 2, 2019. I further acknowledge that I currently do not hold registration to practice medicine in any jurisdiction, I have not applied or re-applied for registration as a physician in any jurisdiction since August 2, 2019, and I do not have any applications pending for registration as a physician to practice medicine in any jurisdiction.

(5) I, **Dr. Wojcicki**, acknowledge that on May 9, 2019, the Out-of-Hospital Premises Inspection Program (“OHPIP”) conducted an unannounced visit at the medical office located at 6165 Vivian Road, Mount Albert, Ontario (identified in the OHPIP as “Vivian Medical Spa”). I further acknowledge that on May 15, 2019, the Premises Inspection

Committee issued the premises a Fail prohibiting me from performing any Out-of-Hospital procedures at the Vivian Medical Spa.

- (6) I, **Dr. Wojcicki**, acknowledge that the College conducted investigations bearing File Numbers 1106985 and 1106607 (the “Investigations”) into whether I engaged in professional misconduct and am incompetent in my care and treatment of patients, and into my compliance with the OHPIP Program.
- (7) I, **Dr. Wojcicki**, acknowledge that pursuant to the terms of a Discipline Committee Order dated February 22, 2016, I submitted to a reassessment of my internal medicine office practice (the “Reassessment”). The reassessment report received by the College on December 3, 2019, raised concerns about my standard of practice in internal medicine.
- (8) I, **Dr. Wojcicki**, acknowledge that after the College receives an original copy of this Undertaking as signed by me, no further action will be taken on the Investigations and Reassessment.

B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT

- (9) I, **Dr. Wojcicki**, acknowledge that I resigned from the College on March 13, 2020.
- (10) I, **Dr. Wojcicki**, hereby undertake not to apply or re-apply for registration as a physician to practise medicine in Ontario or any other jurisdiction, effective immediately (“Effective Date”).
- (11) I, **Dr. Wojcicki**, 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 Investigations it terminated as a result of this Undertaking and/or to proceed with a referral of specified allegations to the Discipline Committee.
- (12) I, **Dr. Wojcicki**, 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 (11) above.
- (13) I, **Dr. Wojcicki**, undertake to abide by the College’s Policy on [Closing a Medical Practice](#).
- (14) I, **Dr. Wojcicki**, 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.
- (15) I, **Dr. Wojcicki**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.

- (16) I, **Dr. Wojcicki**, 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.
- (17) I, **Dr. Wojcicki**, 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.
- (18) I, **Dr. Wojcicki**, 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.
- (19) I, **Dr. Wojcicki**, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix "A" and that the consent forms part of this Undertaking.
- (20) ***Public Register***
- (a) I, **Dr. Wojcicki**, consent to this Undertaking being posted on the Public Register.
- (b) I, **Dr. Wojcicki**, acknowledge that, in addition to this Undertaking being posted in accordance with section (20)(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. Wojcicki failed to maintain the standard of practice of the profession and was incompetent, and with respect to his compliance with the Out of Hospital Premises Inspection Program. In the face of the Investigations and an unsatisfactory reassessment report received by the College on December 3, 2019, Dr. Wojcicki resigned from the College on March 13, 2020, and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction.

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As from 11:59 p.m., February 22, 2016, by order of the Discipline Committee of the College of Physicians and Surgeons of Ontario, the following terms, conditions and limitations are imposed on the certificate of registration held by Dr. Andrzej Tomasz Wojcicki:

Education

- (a) Dr. Wojcicki shall, at his own expense, participate in and successfully complete the following educational courses:
- i. McMaster University Review Course in Internal Medicine (March 30, 2016 to April 1, 2016); and
 - ii. Canadian Cardiovascular Research Network course entitled "Gauging the Guidelines" (February 27, 2016);

Office Practice Clinical Supervision

- (b) Within thirty (30) days of the date of this Order, Dr. Wojcicki shall obtain a clinical supervisor acceptable to the College, who will supervise Dr. Wojcicki's internal medicine office practice (the "Office Practice Clinical Supervision") for a period of six (6) months, and who will sign an undertaking in the form attached hereto as Schedule "B" (the "Office Practice Clinical Supervisor");
- (c) The Office Practice Clinical Supervision shall be at a moderate level for a minimum of six (6) months, commencing on the date following the expiry of the suspension of Dr. Wojcicki's certificate of registration. The Office Practice Clinical Supervisor will meet with Dr. Wojcicki bi-weekly and review ten (10) of Dr. Wojcicki's patient charts, discuss Dr. Wojcicki's patient care, treatment plan and follow-up, identify any concerns regarding the care, treatment plan and follow-up and make recommendations for improvement;
- (d) After three (3) months, and only upon recommendation by the Office Practice Clinical Supervisor and approval of the College, the Office Practice Clinical Supervision may be reduced to a low level for the remaining three (3) months, such that the frequency of meetings and chart reviews by the Office Practice Clinical Supervisor shall be reduced to monthly;
- (e) Within six (6) months after the completion of the Office Practice Clinical Supervision, Dr. Wojcicki will submit to a reassessment of his internal medicine office practice (the "Office Practice Reassessment") by an assessor or assessors selected by the College (the "Office Practice Assessor(s)"). The Office Practice Reassessment may include a chart review, direct observation of Dr. Wojcicki's care, interviews with colleagues and co-workers, feedback from patients and any other tools deemed necessary by the College. Dr. Wojcicki shall abide by all recommendations made by the Office Practice Assessor(s), and the results of the Office Practice Reassessment will be reported to the College and may form the basis of further action by the College;

Hospital Practice Clinical Supervision

- (f) Within thirty (30) days of the date of this Order, Dr. Wojcicki shall obtain a clinical supervisor acceptable to the College, who will supervise Dr. Wojcicki's hospital practice (the "Hospital Clinical Supervision") for a period of three (3) months, and who will sign an undertaking in the form attached hereto as Schedule "C" (the "Hospital Clinical Supervisor");
- (g) Hospital Clinical Supervision will commence on the date following the expiry of the suspension of Dr. Wojcicki's certificate of registration. The Hospital Clinical Supervisor will meet with Dr. Wojcicki monthly and

review charts for every patient where Dr. Wojcicki has been the Most Responsible Physician, discuss Dr. Wojcicki's patient care, including documentation and record-keeping, treatment plan and follow-up, identify any concerns regarding the care, documentation, record-keeping, treatment plan and follow-up and make recommendations for improvement;

- (h) Within six (6) months after the completion of the Hospital Clinical Supervision, Dr. Wojcicki will submit to a Reassessment of his hospital practice (the "Hospital Reassessment") by an assessor or assessors selected by the College (the "Hospital Assessor(s)"). Hospital Reassessment may include a chart review, direct observation of Dr. Wojcicki's care, interviews with colleagues and co-workers, feedback from patients and any other tools deemed necessary by the College. Dr. Wojcicki shall abide by all recommendations made by the Hospital Assessor(s), and the results of the Hospital Reassessment will be reported to the College and may form the basis of further action by the College;

Collective Clinical Supervision

- (i) Dr. Wojcicki shall cooperate fully with the Office Practice Clinical Supervision and Hospital Clinical Supervision and abide by all recommendations of his Clinical Supervisor(s) with respect to practice improvements and education;
- (j) Dr. Wojcicki shall consent to the disclosure by his Clinical Supervisors to the College, and by the College to his Clinical Supervisors, of all information the Clinical Supervisors or the College deems necessary or desirable in order to fulfill the Clinical Supervisors' undertaking and to monitor Dr. Wojcicki's compliance with this Order. This shall include, without limitation, providing the Clinical Supervisors with any reports of any assessments of Dr. Wojcicki's practice in the College's possession;
- (k) If a Clinical Supervisor(s) who has given an undertaking in Schedule "B" and/or Schedule "C" to this Order is unable or unwilling to continue to fulfill its terms, Dr. Wojcicki 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;
- (l) If Dr. Wojcicki is unable to obtain a Clinical Supervisor in accordance with paragraphs 5(b), 5(f) or 5(k) of this Order, he shall cease practising medicine until such time as he has done so, and the fact that he has will constitute a term, condition or limitation on his certificate of registration until that time;

- (m) Dr. Wojcicki shall co-operate with unannounced inspections and shall consent to the monitoring of his OHIP billings of his Office Practice and his Hospital Practice by a College representative(s), for the purpose of monitoring and enforcing his compliance with the terms of this Order;
- (n) Dr. Wojcicki shall inform the College of each and every location that he practises or has privileges, including, but not limited to, hospital(s), clinic(s) and office(s), in any jurisdiction within fifteen (15) days of this Order, and shall inform the College of any and all new Practice Locations within fifteen (15) days of commencing practice at that location;
- (o) Dr. Wojcicki shall be responsible for any and all costs associated with implementing the terms of this Order.

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As from February 19, 2016, the following is imposed as a term, condition and limitation on the certificate of registration held by Dr. Andrzej Tomasz Wojcicki, in accordance with an undertaking and consent given by Dr. Wojcicki to the College of Physicians and Surgeons of Ontario:

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
("Undertaking")

of

DR. ANDRZEJ TOMASZ WOJCICKI
("Dr. Wojcicki")

to

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

A. PREAMBLE

(1) In this Undertaking:

"Code" means the Health Professions Procedural Code, which is Schedule 2 to the Regulated Health Professions Act, 1991, S.O. 1991, c. 18, as amended;

"Discipline Committee" means the Discipline Committee of the College.

- (2) I, Dr. Wojcicki, certificate of registration number 64521, am a member of the College. The College has received information regarding my standard of practice and, specifically, my standard of practice in complementary and alternative medicine.
- (3) I, Dr. Wojcicki, acknowledge and agree that the College referred allegations of professional misconduct and incompetence to the Discipline Committee in a Notice of Hearing dated November 7, 2014 and October 14, 2015.

B. UNDERTAKING

- (4) I, Dr. Wojcicki, understand and agree that I am bound by this Undertaking from the date on which I sign it.
- (5) Practice Restrictions
 - (a) I, Dr. Wojcicki, undertake that, effective immediately, I will cease to engage in complementary and alternative medicine in any respect in Ontario.
 - (b) I, Dr. Wojcicki, hereby undertake not to apply or re-apply to practise complementary and alternative medicine in Ontario.
- (6) Posting a Sign
 - (a) I, Dr. Wojcicki, undertake that, effective immediately, I shall post a sign in the waiting room(s) of all my primary care Practice Locations, in a clearly visible and secure location, in the form set out at Appendix "A." For further clarity, this sign shall state as follows: "Dr. Wojcicki must not practise complementary and alternative medicine. Further information may be found on the College of Physicians and Surgeons of Ontario website at www.cpsso.on.ca.
- (7) Monitoring
 - (a) I, Dr. Wojcicki, undertake to inform the College of each and every location where I engage in primary care, in Ontario (my primary care "Practice Locations") within fifteen (15) days of executing this Undertaking. Going forward, I further undertake to inform the College of any and all new primary care Practice Locations in Ontario within fifteen (15) days of commencing practice at that

location.

- (b) I, Dr. Wojcicki, undertake and agree that I shall submit to, and not interfere with, unannounced inspections of my primary care Practice Locations in Ontario, patient charts and/or other records that are maintained in my primary care Practice Locations in Ontario, by a College representative for the purposes of monitoring my compliance with the provisions of this Undertaking.
 - (c) I, Dr. Wojcicki, give my irrevocable consent to the College to make appropriate enquiries of the Ontario Health Insurance Plan and/or any person or institution that may have relevant information, in order for the College to monitor my compliance with the provisions of this Undertaking.
- (8) I, Dr. Wojcicki, undertake to comply with the provisions of this Undertaking and acknowledge that a breach by me of any provision of this Undertaking may constitute an act of professional misconduct and/or incompetence, and 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.
- (9) I, Dr. Wojcicki, 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 (8) above.

C. ACKNOWLEDGEMENT

- (10) I, Dr. Wojcicki, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (11) I, Dr. Wojcicki, acknowledge that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc. arising from the implementation of any of the provisions of this Undertaking.
- (12) I, Dr. Wojcicki, 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.

- (13) I, Dr. Wojcicki, acknowledge that this entire Undertaking constitutes terms, conditions, and limitations on my certificate of registration for the purposes of section 23 of the Code. I understand that this Undertaking shall be information the College's Register that is available to the public during the time period that the Undertaking remains in effect.
- (14) I, Dr. Wojcicki, acknowledge that the following summary will appear on the College's Register that is available to the public during the time period that this Undertaking remains in effect:

Allegations of professional misconduct and incompetence regarding Dr. Wojcicki were referred to a discipline hearing by the College. As a result, Dr. Wojcicki must not practise complementary and alternative medicine.

Dr. Wojcicki shall post a clearly visible sign in the waiting rooms of all his primary care Practice Locations, which states as follows: "Dr. Wojcicki must not practise complementary and alternative medicine. Further information may be found on the College of Physicians and Surgeons of Ontario website at www.cpsso.on.ca".

D. CONSENT

- (15) I, Dr. Wojcicki, give my irrevocable consent to the College to provide this Undertaking to any Chief(s) of Staff, or a colleague with similar responsibilities, at any Practice Location ("Chief(s) of Staff"), and to provide said Chief(s) of Staff with any information the College has that led to the circumstances of my entering into this Undertaking and/or any information arising from the monitoring of my compliance with this Undertaking.