



**CERTIFICATE OF THE COLLEGE OF
PHYSICIANS AND SURGEONS OF ONTARIO**

I, Dr. Sheila Laredo, do hereby certify as follows:

1. I am the Chief Medical Advisor of the College of Physicians and Surgeons of Ontario.
2. Dr. Naveen Tandon is registered as a physician with the College of Physicians and Surgeons of Ontario.
3. Dr. Naveen Tandon, who is registered with the College of Physicians and Surgeons of Ontario with CPSO number 79762 and who is referred to in this certificate, is one and the same as the Dr. Naveen Tandon -referred to in the Certificate of Professional Conduct dated July 9, 2009, provided by the College of Physicians and Surgeons of Ontario to the Saskatchewan College of Physicians and Surgeons, a true copy of which is attached as Appendix "A" to this Certificate.
4. The records of the College of Physicians and Surgeons of Ontario state that Dr. Naveen Tandon also has a licence to practise medicine in Saskatchewan.
5. The records of the College of Physicians and Surgeons of Ontario state that Dr. Naveen Tandon took Postgraduate Training in Family Medicine at the University of Western Ontario from July, 2003 to June, 2005.
6. Attached as Appendix "B" to this Certificate is a true copy of an undertaking provided by Dr. Naveen Tandon to the College of Physicians and Surgeons of Ontario which resolved a number of investigations under consideration by the Inquiries, Complaints and Reports Committee of the College of Physicians and Surgeons of Ontario

{continued on following page}

7. Attached and marked as Appendix "C" to this Certificate are true copies of seven summaries of decisions of the Inquiries, Complaints and Reports Committee of the College of Physicians and Surgeons of Ontario related to Dr. Naveen Tandon that are posted on the public register of the College of Physicians and Surgeons. In each of these decisions, the investigation was resolved by accepting Dr. Tandon's undertaking, which is Appendix B" to this Certificate, in conjunction with issuing a caution.

DATED THIS 7th day of January, 2020

College of Physicians and Surgeons of Ontario

Per: 

Dr. Sheila Laredo
Chief Medical Advisor

APPENDIX "A"

**TO THE CERTIFICATE OF THE COLLEGE
OF PHYSICIANS AND SURGEONS OF ONTARIO**

Tandon, N

PRIVATE AND CONFIDENTIAL

JUL 14 2009



THE
COLLEGE
OF
PHYSICIANS
AND
SURGEONS
OF
ONTARIO

CERTIFICATE OF PROFESSIONAL CONDUCT

ISSUED TO:

Dr Dennis A Kendel - Registrar
College of Phys & Surg of Saskatchewan
500 - 321A 21st Street
Saskatoon Saskatchewan
S7K 0C1

REGARDING:

Dr. Naveen Tandon
Postgraduate Medical Education
Schulich School of Medicine
University of Western Ontario
Room M106 Medical Science Building
London, Ontario
N6A 5C1

YEAR AND SOURCE OF MEDICAL DEGREE: 2003, University of Saskatchewan, M.D.

CPSO REGISTRATION NUMBER: 79762

STATUS OF REGISTRATION: Active Member

CURRENT CLASS OF CERTIFICATE OF REGISTRATION AND EFFECTIVE DATE: Postgraduate Education, 01 Jul 2003

HISTORY OF REGISTRATION:

First certificate of registration issued: Postgraduate Education certificate
Expiry date attached to certificate of registration

Effective: 01 Jul 2003
Expiry Date: 15 Apr 2010

TERMS, CONDITIONS AND LIMITATIONS ATTACHED TO CERTIFICATE:

- (1) Dr. Naveen Tandon shall practise medicine only as required by the postgraduate medical education program in which Dr. Naveen Tandon is enrolled at The University of Western Ontario;
- (2) Dr. Naveen Tandon shall prescribe drugs only for in-patients or out-patients of a clinical teaching unit that is formally affiliated with the department where Dr. Naveen Tandon is properly practising medicine and to which postgraduate trainees are regularly assigned by the department as part of its program of postgraduate medical education;
- (3) Dr. Naveen Tandon shall not charge a fee for medical services;
- (4) The certificate expires on the earlier of the following times: when Dr. Naveen Tandon is no longer enrolled in a program of postgraduate medical education provided by a medical school in Ontario, or when Dr. Naveen Tandon no longer holds Canadian citizenship, permanent resident status or a valid employment authorization under the Immigration Act (Canada).

Note: This certificate expires on 15 Apr 2010 .

SPECIALTY QUALIFICATIONS AS RECORDED ON THE REGISTER:

None

CURRENT REFERRALS TO THE DISCIPLINE OR FITNESS TO PRACTISE COMMITTEES AS AT THE DATE OF ISSUE OF THIS CERTIFICATE:

None

HISTORY OF DISCIPLINE OR FITNESS TO PRACTISE FINDINGS AS RECORDED ON THE REGISTER:

None

JUL 14 2009

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PRIVATE AND CONFIDENTIAL



THE
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**ANY RESTRICTION OR CANCELLATION OF HOSPITAL PRIVILEGES WITHIN THE LAST TEN YEARS
INSOFAR AS ANY REPORT THEREOF APPEARS IN THE RECORDS OF THE COLLEGE:**

None

DATE OF ISSUE: 9 Jul 2009

CERTIFICATE NUMBER: 50205798

**ROCCO GERACE, MD
REGISTRAR**

..... Not official without signature of Registrar and impression of College seal
..... No further entries below this line

APPENDIX "B"

**TO THE CERTIFICATE OF THE COLLEGE
OF PHYSICIANS AND SURGEONS OF ONTARIO**

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

of

**DR. NAVEEN TANDON
("Dr. Tandon")**

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;

"NMS" means the Drug Program Services Branch, the Narcotics Monitoring System implemented under the *Narcotics Safety and Awareness Act, 2010*;

"OHIP" means the Ontario Health Insurance Plan;

"Public Register" means the College's register that is available to the public.

(2) I, **Dr. Tandon**, certificate of registration number **79762**, am a member of the College.

(3) I, **Dr. Tandon**, acknowledge that the College conducted investigations bearing File Numbers 76717, 96305, 96365, 95949, 7214360, 7214568, and 7214576 (the "Investigations") into whether I engaged in professional misconduct and/or am incompetent in my family medicine practice.

(4) I, **Dr. Tandon**, acknowledge that, in addition to accepting this Undertaking, the College will also deliver cautions in person arising out of the Investigations.

B. UNDERTAKING

(5) I, **Dr. Tandon**, undertake to abide by the provisions of this Undertaking, effective on the date this Undertaking is approved by the College's Inquiries, Complaints and Reports Committee.

(6) ***Practice Restrictions***

- (a) I, **Dr. Tandon**, undertake that I will not provide primary care in any location in Ontario, including (but not limited to) as a family physician or in a walk-in or urgent care setting.
- (b) I, **Dr. Tandon**, undertake that I will not submit any claims for payment to OHIP, nor will I provide to any patient any insured service as defined by the *Health Insurance Act*, R.S.O. 1990, c.H.6 and the Schedule of Benefits: Physicians Services under the *Health Insurance Act*, as amended from time to time.
- (c) I, **Dr. Tandon**, undertake that if I wish to practise in any area of medicine in Ontario other than primary care medicine (which I am restricted from practising under paragraph 6(a) above), I will not do so until I have obtained the approval of the College through its change of scope process, including by completing and submitting for consideration the relevant application for changing my scope of practice in compliance with the College's policy on Ensuring Competence: Changing Scope of Practice and/or Re-entering Practice, or any College policy regarding physicians changing the scope of their practice in effect at the relevant time.
- (d) Without restricting the generality of the foregoing, if I decide to practise in Ontario in an area of medicine other than primary care medicine in future, at a minimum I, **Dr. Tandon**, shall complete a change of scope program that includes at least six (6) months of clinical supervision by a College-approved clinical supervisor, and an assessment of my practice six (6) months thereafter.

(7) ***Delegation of Controlled Acts***

- (a) I, **Dr. Tandon**, acknowledge my obligation to comply with any College policy regarding Delegation of Controlled Acts, the current version of which is attached as Appendix "A" to this Undertaking.

(8) ***Monitoring***

- (a) I, **Dr. Tandon**, undertake to inform the College of each and every location where I practise or have privileges, including, but not limited to, any hospitals, clinics, offices, and any independent health facilities with which I am affiliated (collectively my "Practice Location" or "Practice Locations"), within five (5) days of executing this Undertaking. Going forward, I further undertake to inform the College of any and all new Practice Locations within five (5) days of commencing practice at that location.
- (b) I, **Dr. Tandon**, undertake that I will submit to, and not interfere with, unannounced inspections of my Practice Locations and patient charts by a College representative for the purposes of monitoring my compliance with the provisions of this Undertaking.

- (c) I, **Dr. Tandon**, give my irrevocable consent to the College to make appropriate enquiries of OHIP, NMS, 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.
- (d) I, **Dr. Tandon**, acknowledge that I have executed the OHIP and NMS consent forms, attached hereto as Appendices “B” and “C” respectively.

C. **ACKNOWLEDGEMENT**

- (9) I, **Dr. Tandon**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.
- (10) I, **Dr. Tandon**, acknowledge and undertake that I am solely responsible for payment of all fees, costs, charges, expenses, etc. arising from the implementation of any of the provisions of this Undertaking.
- (11) I, **Dr. Tandon**, acknowledge 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.
- (12) I, **Dr. Tandon**, acknowledge that the College will provide this Undertaking to any Chief of Staff, or a colleague with similar responsibilities, at any Practice Location (“Chief of Staff” or “Chiefs of Staff”).
- (13) I, **Dr. Tandon**, acknowledge that if I breach any provision of this Undertaking, it may be an act of professional misconduct and/or incompetence, and may result in a referral of specified allegations to the Discipline Committee.
- (14) I, **Dr. Tandon**, acknowledge that this Undertaking constitutes terms, conditions, and limitations on my certificate of registration for the purposes of section 23 of the Code.
- (15) ***Public Register***
 - (a) I, **Dr. Tandon**, acknowledge that, during the time period that this Undertaking remains in effect, this Undertaking shall be posted on the Public Register.
 - (b) I, **Dr. Tandon**, acknowledge that, in addition to this Undertaking being posted in accordance with section (15)(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. Tandon engaged in professional misconduct and/or was incompetent in his practice of family medicine. As a result of the investigation:

TIME RECEIVED

September 5, 2019 at 4:09:38 PM EDT

FAX NUMBER

3069240291

DURATION

56

PAGES

3

STATUS

Received

09/05/2019 02:00PM 3069240291

Physician Skincare

PAGE 01/03

- Dr. Tandon has agreed not to provide primary care in any location, including as a family physician or in a walk-in or urgent care setting.
- Dr. Tandon has agreed not to submit any claims for payment to the Ontario Health Insurance Plan or provide to any patient any insured service under the *Health Insurance Act*.
- If Dr. Tandon decides to practice in an area of medicine other than primary care medicine in future, Dr. Tandon has agreed to first obtain the approval of the College through a change of scope process, which will require completing a program which shall include, at a minimum, at least 6 months of clinical supervision and a reassessment 6 months thereafter.
- Dr. Tandon acknowledges his obligation to comply with any College policy regarding Delegation of Controlled Acts.

Further information may be found on the College of Physicians and Surgeons of Ontario website at www.cpso.on.ca".

D. CONSENT

- (16) I, **Dr. Tandon**, give my irrevocable consent to the College to provide all Chiefs of Staff with any information the College has that led to my entering into this Undertaking and/or any information arising from the monitoring of my compliance with this Undertaking.

Dated at SASKATOON, this 5th day of September, 2019



 DR. NAVEEN TANDON

Marla Fernandes
 Witness (Print Name)

Marla Fernandes
 Witness (Signature)

Approved by the ICR Committee on:

 Effective Date
 (yyyy/mm/dd)

APPENDIX "A"

TO THE UNDERTAKING OF DR. TANDON

to

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



Delegation of Controlled Acts

- APPROVED BY COUNCIL:** September 1999
- REVIEWED AND UPDATED:** Nov. 2003, Nov. 2004, Feb. 2007, Sept. 2010, Sept. 2012
- PUBLICATION DATE:** *Dialogue*, Issue 3, 2012
- KEY WORDS:** Delegation, Direct Order, Medical Directive, Controlled Act, Physician-Patient Relationship
- RELATED TOPICS:** The Practice Guide: Medical Professionalism and College Policies; Consent to Medical Treatment; Medical Records
- LEGISLATIVE REFERENCES:** *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended; *Personal Health Information Protection Act, 2004*, S.O. 2004, c.3, Sched A; *Health Care Consent Act, 1996*, S.O. 1996, c.2, Sched A
- REFERENCE MATERIALS:** Federation of Health Regulatory Colleges of Ontario *Guide to Medical Directives and Delegation*; Ontario Hospital Association, Ontario Medical Association, and Ministry of Health and Long-Term Care *Emergency Department (ED) Medical Directives Implementation Kit*
- COLLEGE CONTACT:** Physician Advisory Service

Delegation of Controlled Acts

INTRODUCTION

The College is committed to ensuring that physicians in Ontario provide the highest quality care to their patients. Under Ontario law, certain acts, referred to as “controlled acts,” may only be performed by authorized health-care professionals. However, under appropriate circumstances, these acts may be delegated to others. Delegating controlled acts in appropriate circumstances can result in more timely delivery of health care, and can promote optimal use of health-care resources and personnel.

This policy sets expectations for physicians about when and how they may delegate controlled acts, through either direct orders or medical directives.

PRINCIPLES

In accordance with *The Practice Guide*, the professional expectations in this policy are based on the following principles:

1. In every instance of delegation, the primary consideration must be the best interests of the patient.
2. An act undertaken through delegation must be as safe and effective as if it had been performed by the delegating physician.
3. Responsibility for a delegated controlled act always remains with the delegating physician.

TERMINOLOGY

Controlled Acts

Controlled acts are specified in the *Regulated Health Professions Act, 1991 (RHPA)* as acts which may only be performed by authorized regulated health professionals.¹ Of the 14 controlled acts,² physicians are authorized to perform 13 and may, in appropriate circumstances, delegate the performance of those acts to other individuals who may or may not be members of a regulated health

profession. A list of controlled acts set out in the *RHPA* can be found at Appendix A.

Delegation

Delegation is a mechanism that allows a physician who is authorized to perform a controlled act to confer that authority to another person (whether regulated or unregulated) who is not independently authorized to perform the act.³

It is not considered delegation to authorize the initiation of a controlled act that is within the scope of practice of another health professional.⁴ It is also not considered delegation to refer a patient to another physician or health professional for care. For the purposes of this policy, “delegation” occurs only when a physician directs an individual to perform a controlled act that the individual has no statutory authority to perform.

Delegation can take place through either a direct order or a medical directive. In most cases, these are used to facilitate the efficient delivery of health care to patients. They are commonly used in institutional settings.⁵

Direct Order

A direct order provides instructions from an individual physician to another health care provider or a group of health care providers. The order relates to *only one patient* and initiates a specific intervention or treatment to be delivered at a specific time. It may be verbal (over the telephone, via videoconferencing, or in person) or written. A direct order is to take place after a physician-patient relationship has been established.

Medical Directive

Medical directives are written orders by physicians (often more than one) to other health care providers that pertain to *any patient* who meets the criteria set out in the medical directive. When the directive calls for acts that will require delegation, it provides the authority to carry out the treat-

1. Although the *RHPA* prohibits performance of controlled acts by those not specifically authorized to perform them, it does not apply if the person performing the act is doing so to render first aid or temporary assistance in an emergency, or if they are fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is performed under the supervision or direction of a member of the profession (*RHPA*, s. 29(1)(a,b)).

2. At the time of writing, the amendment to Section 27(2) of the *RHPA* deeming treatment by psychotherapeutic technique a controlled act was not yet proclaimed and therefore not yet in force. Upon proclamation, the expectations in this policy with respect to this controlled act will apply to physicians.

3. While the term “delegation” can have multiple meanings, for the purposes of this policy, “delegation” refers to the delegation of controlled acts as defined under the *RHPA*.

4. For example, nurses are legally authorized to “administer a substance by injection” when the procedure has been ordered by a specified regulated health professional. Therefore, a nurse would require an order to perform this procedure, but would never require delegation.

5. Not all direct orders and medical directives contain delegation of controlled acts. A health professional may require a medical order to initiate a controlled act that he or she is already authorized to perform. In such situations, the direct order or medical directive will contain the order to perform the controlled act, but will not delegate it. In order for a physician to know whether they are delegating a controlled act or merely providing an order to initiate the performance of a controlled act, he or she must be aware of whether the scope of practice of the individual who will perform the procedure includes the controlled act in question. Ideally, this will be specified in medical directives.



ments, procedures, or other interventions that are specified in the directive, provided that certain conditions and circumstances exist.

This policy sets expectations about the use, development, and contents of medical directives. For examples of prototype medical directives, physicians are encouraged to consult the *Emergency Department Medical Directives Implementation Kit* which has been developed jointly by the Ontario Hospital Association (OHA), the Ontario Medical Association, and the Ministry of Health and Long-Term Care and is available on the OHA website.

Scope

This policy applies to all physicians who delegate controlled acts.⁶

POLICY

1. Patient Best Interests

In every instance of delegation, the primary consideration must be the best interests of the patient. In making the decision to delegate controlled acts, the physician will consider how to achieve an appropriate balance of patient need, quality and access. Controlled acts must not be delegated solely for monetary or convenience reasons and quality patient care must not be compromised by the delegation.

2. Physician-Patient Relationship

In most situations where a physician delegates the performance of controlled acts, he or she should have current knowledge of a patient's clinical status. Therefore, delegation must only occur in the context of an existing physician-patient relationship, unless patient safety and best interests dictate otherwise. This will usually mean that the physician has interviewed the patient, performed an appropriate assessment, made recommendations, obtained

an informed consent to proceed, and ordered a course of therapy.⁷

In some instances, the patient's best interests will be served by having the controlled act performed prior to assessment by the physician (in a hospital emergency room, for example, where it is common for some tests to be ordered before a physician has seen the patient). In such circumstances, the delegation may take place pursuant to a medical directive. When this happens, it is expected that a delegating physician under whose authority the controlled act has been performed will meet and assess the patient as soon after it has been performed as possible.

3. Scope and Training

The *Medicine Act, 1991* requires the physician to confine medical practice to those areas of medicine in which he or she is trained and experienced.⁸ A physician must not delegate the performance of an act that he or she is not competent to perform personally.

4. Evaluation of the Delegate

i. Ensure the delegate has the appropriate knowledge, skill and judgment to perform the delegated act.

The physician must be satisfied that the individual to whom the act will be delegated has the appropriate knowledge, skill and judgment to perform the delegated act. *The delegate must be able to carry out the act as competently and safely as the delegating physician.*

Since delegation of controlled acts involves ordering acts that are not within the scope of practice of the individual accepting the order (whether the individual is regulated or unregulated), a physician must not assume that the individual has the knowledge, skill and judgment required to perform the act. As such, a physician who elects to delegate controlled acts to any individual must be especially

6. Physicians should note that fulfilling the College's expectations with respect to the delegation of controlled acts does not entail that they have fulfilled Ontario Health Insurance Plan (OHIP) billing requirements for delegated services. Physicians who bill OHIP and who are considering delegating performance of controlled acts to others should carefully review the provisions of the OHIP Schedule of Benefits. The OMA and the Provider Services Branch at OHIP are available to answer questions and give advice about such matters.

7. Examples where the College has explicitly identified appropriate circumstances in which delegation may occur in the absence of a physician-patient relationship include:

- the provision of care by paramedics under the direct control of base hospital physicians;
- the administration of primary care in remote and isolated regions of the province by registered nurses acting in expanded roles;
- the provision of public health programs operated under the authority of a Medical Officer of Health, such as vaccinations; and
- post-exposure prophylaxis following potential exposure to a blood borne pathogen or the provision of the hepatitis B vaccine in the context of occupational health medicine.

8. O. Reg. 865/93, *Registration*, enacted under the *Medicine Act, 1991*, S.O. 1991, c.30, s. 2(5).

Delegation of Controlled Acts

diligent in ensuring that the delegate is capable of performing the act competently and safely.⁹

If physicians choose to delegate controlled acts to international medical graduates (IMGs) who have credentials or licences obtained in other jurisdictions but who do not have certificates of registration in Ontario, they must follow the same protocols that apply when delegating to any other individuals. *Physicians cannot rely exclusively on such credentials or licences to ascertain whether an IMG has the requisite knowledge, skill and judgment to safely perform a controlled act.*¹⁰

ii. Ensure the delegate is able to accept the delegation.

In addition to the limitations set out in the *RHPA*, some regulatory colleges in Ontario place limits on the types of acts that their members may be authorized to carry out through delegation. The delegate is responsible for informing the delegating physician of any regulations, policies, and/or guidelines of his or her regulatory body that would prevent him or her from accepting the delegation. Where the physician becomes aware that the delegate is not permitted for any reason to perform a controlled act, the physician must not delegate the act to that individual. Moreover, if a potential delegate declines to perform a controlled act for any reason, he or she cannot be compelled by the delegating physician to accept the delegation.

Because quality care is the primary concern, physicians must not delegate the performance of a controlled act (or direct any activity related to patient well-being or health care) to a person whose certificate to practise any health profession is revoked or suspended by the governing body of his or her discipline at the time of the delegation.

5. Consent

The physician must confirm that patients provide informed consent for the performance of controlled acts,

whether consent is obtained by the physician him or herself or by the delegate.¹¹ This will include providing the patient with appropriate information about the person who will be performing the controlled act (i.e., the delegate). If the patient requests information about how the delegate has obtained authorization to perform the controlled act, an explanation must be provided to the patient. In circumstances where the delegation takes place pursuant to a medical directive, the protocol for the directive must include obtaining the appropriate patient consent.¹²

The patient's consent must be documented in the medical record.¹³

6. Quality Assurance

i. Identification of risk involved in delegating the act

The physician must analyze the potential harm associated with the performance of the delegated act and be satisfied that delegating the act does not increase the risk to the patient. Some procedures in some circumstances carry such a high risk that only a physician should perform them. In such instances, the physician must not delegate.

ii. Psychotherapy¹⁴

The controlled act of psychotherapy, as defined in the *RHPA*, relies upon the psychotherapeutic relationship that is established between the physician and the patient. Delegating the controlled act of psychotherapy to someone outside of the psychotherapeutic relationship could not only reduce quality of care and negate treatment benefits, but also present an unduly high level of risk to the patient. As such, physicians must not delegate this controlled act under any circumstances.

iii. Resources and equipment required

As part of the risk analysis undertaken to determine whether the act can be appropriately delegated, the physi-

9. In some cases the physician may not personally know the individual to whom he or she is delegating. For example, in a hospital setting, the hospital employs the delegates (nurses, respiratory therapists, etc.) and the medical staff is not involved in the hiring process. In this case, it is reasonable to assume that the institution has ensured that its employees have the requisite knowledge, skill and judgment.

10. Delegation is not intended to provide IMGs who do not have certificates of registration with opportunities to gain credentials for their application for certification, nor to allow physicians to delegate controlled acts to IMGs for monetary or convenience reasons. As with any delegate, activities of the IMG must only substitute for the direct care of the physician when this is in the patient's best interests.

11. See CPSO policy Consent to Medical Treatment for further detail.

12. Obtaining informed consent includes the provision of information and the ability to answer questions about the material risks and benefits of the procedure, treatment or intervention proposed. If the individual who will be enacting the medical directive is unable to provide the information that a reasonable person would want to know in the circumstances, the implementation of the medical directive is inappropriate.

13. See CPSO policy Medical Records for further detail.

14. See supra note 2.



cian must identify any resources and equipment necessary to reduce risk. The physician must ensure that such resources and equipment are available on site where the delegated act is being performed.

iv. Supervision of the delegation

The accountability and responsibility for the act that has been delegated remain with the delegating physician. A physician delegating a controlled act must provide the appropriate level of supervision to ensure that the act is performed properly and safely. The nature of the supervision will vary according to the assessment of risk, taking into account the specific act being delegated, the circumstances under which the act will be performed, and the knowledge, skill, and judgment of the person performing it.

Physicians must ensure there is a communication path that will enable the individual implementing a directive to identify the physician responsible for the care of the patient in order to contact him or her immediately, if necessary.

Prior to the delegation of a controlled act, physicians must ensure that any adverse event that occurs will be managed appropriately, either by the delegate or by the delegating physician, and that there is a communication plan in place so that the delegating physician is informed of any actions taken by the delegate to manage the adverse event.

v. Ongoing monitoring and evaluation

If the particular act is routinely delegated (for example, pursuant to a medical directive in a hospital or in an office setting where staff roles include performance of delegated acts), the physician must ensure there is ongoing monitoring and evaluation of the act being performed. This would include ensuring the currency of the delegate's knowledge and skills. It would also include periodic evaluation of the delegation process itself to ensure it is safe and effective. Physicians should also consider tracking or monitoring methods to identify when medical directives are being

implemented inappropriately or are resulting in unanticipated outcomes.

vi. Documentation

The physician should ensure that there is appropriate documentation of all steps taken to meet the expectations in this policy. This documentation is necessary to answer any concerns or questions about the delegation process.¹⁵

Verbal direct orders should be noted in the patient's chart by the recipient of the direct order and must be reviewed or confirmed at the earliest opportunity by the delegating physician and in accordance with the policy of the institution in which they are used.

Where medical directives are implemented, the patient's record must include documentation of the name and number of the directive, the name and signature of the delegate, and the name(s) of the authorizing physician(s).

A medical directive must include sufficient detail to ensure that it can be implemented. The following information must be included in a medical directive:

1. The name and a description of the procedure, treatment or intervention being ordered;
2. An itemized and detailed list of the specific clinical conditions that the patient must meet before the directive can be implemented;
3. An itemized and detailed list of any situational circumstances that must exist before the directive can be implemented;
4. A comprehensive list of contraindications to implementation of the directive;
5. Identification of the individuals authorized to implement the directive;¹⁶
6. A description of the procedure itself that provides suffi-

15. For further guidance, physicians are encouraged to consult the CPSO policy on Medical Records.

16. The individuals need not be named but may be described by qualification or position in the workplace.

Delegation of Controlled Acts

cient detail to ensure that the individual implementing the directive can do so safely and appropriately;¹⁷

7. The name and signature of the physician(s) authorizing and responsible for the directive and the date it becomes effective; and
8. A list of the administrative approvals that were provided to the directive. The dates and each Committee (if any) should be specifically listed.¹⁸

Each physician responsible for the care of a patient who will receive the proposed treatment, procedure, or intervention must sign the medical directive. Medical directives must be updated each time there is a medical staff change within the department or division to which the directive applies.¹⁹

17. The directive may call for the delegate to follow a protocol that describes the steps to be taken in delivering treatment if one has been developed by the physician or the institution.

18. A more comprehensive guide and toolkit is posted on the website of the Federation of Health Regulatory College of Ontario (FHRCO). This guide was developed by a working group of FHRCO in 2006.

19. Where it is impractical for an institution to have all medical staff sign a copy of each medical directive, it is acceptable for these individuals to receive copies of each directive and sign one statement indicating that they have read and agreed with all the medical directives referred to therein. Many institutions have accomplished this by requiring acknowledgement of familiarity with and agreement to medical directives as part of their annual physician reappointment process and by creating mandatory eLearning sign-off programs for physician staff. Unless all physicians in the department are signatories to the directive, it will be administratively difficult to institute. Hospital staff should not be expected to determine whether the physician on call is or is not a signatory to a particular medical directive. If administrative simplicity is not possible, it is likely that the risk of relying on the medical directive is too high to justify its use.

Appendix A

CONTROLLED ACTS UNDER THE *RHPA*

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
 - i. beyond the external ear canal,
 - ii. beyond the point in the nasal passages where they normally narrow,
 - iii. beyond the larynx,
 - iv. beyond the opening of the urethra,
 - v. beyond the labia majora,
 - vi. beyond the anal verge, or
 - vii. into an artificial opening in the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under the *RHPA*.
8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or device used inside the mouth to prevent the teeth from abnormal functioning.²⁰
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response.
14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.²¹

20. This is the only controlled act that physicians are not authorized to perform.

21. Physicians are not permitted to delegate this controlled act. See section 6.ii. above.

DELEGATION OF CONTROLLED ACTS



COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
80 COLLEGE STREET, TORONTO, ONTARIO M5G 2E2

APPENDIX "B"

TO THE UNDERTAKING OF DR. TANDON

to

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

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



THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

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

I, Dr. Naveen, Tandon, 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. NAVEEN TANDON
2. OHIP billing number: 025592
3. CPSO #: 79762
4. Dates or Time Period: 2019 onward

Dated at SASKATOON, this 5th day of September, 2019

DR. NAVEEN TANDON

Marla Fernandes
Witness (print name)

Marla Fernandes
Witness (Signature)

APPENDIX "C"

TO THE UNDERTAKING OF DR. TANDON

to

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

**CONSENT AND DIRECTION
FOR THE RELEASE OF INFORMATION FROM THE
MINISTRY OF HEALTH AND LONG-TERM CARE**



THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

CONSENT AND DIRECTION FOR THE RELEASE OF INFORMATION FROM THE MINISTRY OF HEALTH AND LONG-TERM CARE DRUG PROGRAM SERVICES

I, DR. NAVEEN TANDON, hereby authorize and direct the Senior Manager, Pharmaceutical Services Coordinator from the Ministry of Health and Long-Term Care to provide the College of Physicians and Surgeons of Ontario with information regarding prescriptions for the following:

- narcotic drugs;
• narcotic preparations;
• controlled drugs;
• benzodiazepines and other targeted substances; and
• all other monitored drugs.

The information regarding prescriptions for the above-noted drugs and substances is to cover the period of 2019 onward, and include:

- the names of medications;
• date prescribed;
• quantities prescribed;
• quantity and date dispensed; and
• the name and contact information of the dispensing pharmacy/pharmacist.

Dated at SASKATOON, this 5th day of September, 2019

DR. NAVEEN TANDON
CPSO #: 79762

Marla Fernandes
Witness (print name)

Marla Fernandes
Witness (Signature)

APPENDIX "C"

**TO THE CERTIFICATE OF THE COLLEGE
OF PHYSICIANS AND SURGEONS OF ONTARIO**

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Naveen Tandon (CPSO #79762)
(the Respondent)**

INTRODUCTION

The Complainant was diagnosed with metastatic breast cancer in April 2014 after a year of unexplained falls and progressive back and hip pain. The Respondent was her family physician prior to her cancer diagnosis. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct, as follows:

COMPLAINANT'S CONCERNS

The Complainant is concerned with the medical care provided by the Respondent in 2014. Specifically, the Complainant is concerned that the Respondent:

- **Failed to adequately assess, diagnose, and manage the Complainant's presenting complaints of groin and leg pain, thereby significantly delaying the diagnosis of a fractured hip;**
- **Failed to appropriately disclose diagnostic imaging findings to the Complainant which were suggestive of malignancy;**
- **Failed to organize appropriate and timely follow-up to the Complainant's diagnostic imaging results; and,**
- **Falsified a medical record by documenting that smoking cessation counselling had been provided when no such service had been rendered.**

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of September 6, 2019. The Committee accepted the Respondent's signed undertaking and required him to attend at the College to be cautioned in person with respect to his professionalism, ethics, and clinical care.

The terms of the accepted undertaking provides that the Respondent will not provide primary care in any location in Ontario, will not submit any claims for payment to the Ontario Health Insurance Plan (OHIP), will comply with any College policy regarding the delegation of controlled acts, will obtain approval from the College through its change of scope process prior to practising any area of medicine other than primary care medicine, and, if he begins practising

in any area of medicine other than primary care, he will undergo at least six months of clinical supervision with a supervisor approved by the College.

COMMITTEE'S ANALYSIS

As part of this investigation, the Committee retained an independent Assessor who specializes in family medicine.

- The Assessor determined that the Respondent failed to meet the standard of practice, lacked knowledge skill and judgement in his management of the Complainant, may have contributed to the Complainant's exposure to harm and injury, failed to disclose an increase in alkaline phosphatase, and failed to organize appropriate diagnostic testing. The Committee agreed with these findings.
- In the Committee's view, there was a disconnect between how the Respondent and Complainant recollect their encounters. The Committee noted that the Respondent did not take any accountability for failing to assess, diagnose, and manage the Complainant's persisting pain. In particular, his use of the phrase "appears well" in his medical records seems meaningless in the context of the Complainant's enduring pain symptoms.
- While the Committee cannot tell if the Respondent did actually provide smoking cessation services, his overall history caused the Committee to somewhat prefer the Complainant's version of events in this case. Specifically, the Respondent has had past issues with his billing practices, and the Committee is not satisfied that he provided the services in this instance even though he did bill for the service.
- As a result of this investigation, the Committee had concerns about the Respondent's professionalism, ethics, and clinical care. In this case, the Respondent expressed his intention to take necessary steps to restrict his practice pursuant to an undertaking. Accordingly, the Committee accepted the Respondent's undertaking. In addition to accepting the Respondent's undertaking, the Committee determined that the appropriate disposition was to require the Respondent to attend the College to be cautioned in person with respect to his professionalism, ethics, and clinical care.

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Naveen Tandon (CPSO #79762)
(the Respondent)**

INTRODUCTION

The Respondent became the Complainant's family physician in January 2013. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's conduct, as follows:

COMPLAINANT'S CONCERNS

The Complainant is concerned with the medical care and administrative conduct of the Respondent in 2014. Specifically, the Respondent

- **Permitted a person who is not a physician to perform an act which ought to have been performed by a physician, by allowing a staff member to:**
 - Evaluate the Complainant's presenting condition;
 - Obtain a Pap test; and,
 - Order a diagnostic imaging test;
- **Failed to organize his clinic in a manner that would permit reasonable access to schedule weekday medical appointments;**
- **Failed to manage test results in a manner consistent with his professional obligations; and,**
- **Failed to attend a scheduled appointment on September 16, 2014.**

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of September 6, 2019. The Committee accepted the Respondent's signed undertaking and required to attend at the College to be cautioned in person with respect to his delegation practices, test results management, and the ethics of office closure.

The terms of the accepted undertaking provides that the Respondent will not provide primary care in any location in Ontario, will not submit any claims for payment to the Ontario Health Insurance Plan (OHIP), will comply with any College policy regarding the delegation of controlled acts, will obtain approval from the College through its change of scope process prior to practising any area of medicine other than primary care medicine, and, if he begins practising in any area of medicine other than primary care, he will undergo at least six months of clinical supervision with a supervisor approved by the College.

COMMITTEE'S ANALYSIS

- In his response, the Respondent did not address whether a non-physician examined the Complainant without appropriate medical supervision, his chaotic office situation that could not accommodate reasonable access to weekday medical appointments, and his failure to attend a scheduled appointment after belatedly receiving test results. The Committee was troubled by the Respondent's lack of attention to these matters in his response.
- Further, the Respondent has an extensive history with the College. It appears he struggles with a very abrupt, cavalier, impulsive and inconsiderate approach to patient care, and a lack of attention to his professional obligations. This makes it appear as though his ability to provide medical care is jeopardized. The report submitted by the Respondent about an alternate dispute resolution process he successfully completed did not adequately address the Committee's concerns about the Respondent's professionalism. Together, the lack of response and insight raises questions about the Respondent's care.
- As a result of this investigation, the Committee had concerns about the Respondent's delegation practices, test results management, and his ethics. In this case, the Respondent expressed his intention to take necessary steps to restrict his practice pursuant to an undertaking. Accordingly, the Committee accepted the Respondent's undertaking. In addition to accepting the Respondent's undertaking, the Committee determined that the appropriate disposition was to require the Respondent to attend the College to be cautioned in person with respect to his delegation practices, test results management, and the ethics of office closure.

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Naveen Tandon (CPSO #79762)
(the Respondent)**

INTRODUCTION

The Complainant was a patient in the Respondent's family practice for over three years. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct, as follows:

COMPLAINANT'S CONCERNS

The Complainant is concerned with the medical care and administrative conduct of the Respondent. Specifically, the Complainant is concerned that the Respondent:

- Permitted a non-physician to perform an act that ought to have been performed by a physician by allowing an annual physical examination to be performed by an unsupervised registered practical nurse;
- Failed to maintain regular and sufficient hours of availability during the week, therefore forcing the Complainant and her two children to attend evening or weekend walk-in clinics for routine primary care needs;
- Requisitioned a Holter monitor study without indication, without obtaining her consent, and without explaining the risks and benefits of the study; and,
- Closed his medical practice without providing sufficient notice to the Complainant and without fulfilling his professional and ethical obligations.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of September 6, 2019. The Committee accepted the Respondent's signed undertaking and required to attend at the College to be cautioned in person with respect to his professionalism, ethics, and clinical care, including his billing practices, office closure, and unnecessary testing.

The terms of the accepted undertaking provides that the Respondent will not provide primary care in any location in Ontario, will not submit any claims for payment to OHIP, will comply with any College policy regarding the delegation of controlled acts, will obtain approval from the College through its change of scope process prior to practising any area of medicine other than primary care medicine, and, if he begins practising in any area of medicine other than primary care, he will undergo at least six months of clinical supervision with a supervisor approved by the College.

COMMITTEE'S ANALYSIS

As part of this investigation, the Committee retained an independent Assessor who specializes in family medicine.

- The Assessor opined that the Respondent did not give the Complainant adequate notice before closing his practice, that there were significant concerns regarding his ordering of cardiac tests (particularly the Holter monitor), and regarding his knowledge and management of common presentations in family practice. The Committee agreed with the Assessor's findings.
- The Assessor did not have enough information to determine whether the Respondent delegated inappropriately, or whether he was available to patients during regular office hours. However, given other concurrent complaints and the Respondent's history with the College, the Committee noted that these behaviours are similar to what has been described in other investigations and complaints, heightening the Committee's concern that the Respondent delegated inappropriately and managed his office ineffectively.
- Overall, the Committee agreed with the Assessor that the Respondent did not meet the standard of practice. As a result, the Committee had concerns about the Respondent's delegation practices, test results management, and his ethics. In this case, the Respondent expressed his intention to take necessary steps to restrict his practice pursuant to an undertaking. The College and the Respondent agreed upon an undertaking that addresses the identified concerns.
- In addition to accepting the Respondent's undertaking, the Committee determined that the appropriate disposition is to require the Respondent to attend the College to be cautioned in person with respect to his professionalism, ethics, and clinical care, including his billing practices, office closure, and unnecessary testing.

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Naveen Tandon (CPSO #79762)
(the Respondent)**

INTRODUCTION

The Complainant was a patient in the Respondent's family practice. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct, as follows:

COMPLAINANT'S CONCERNS

The Complainant is concerned with the medical care and conduct of the Respondent between 2012 and 2014. Specifically, the Complainant is concerned that the Respondent:

- Closed his medical practice without providing sufficient notice to his patients and without fulfilling his professional and ethical obligations; and,
- Failed to maintain regular and sufficient hours of availability during the week, forcing patients to attend evening or weekend walk-in clinics for routine primary care needs.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of September 6, 2019. The Committee accepted the Respondent's signed undertaking and required to attend at the College to be cautioned in person with respect to his professionalism, ethics, and clinical care, including office hours and office closure procedure.

The terms of the accepted undertaking provides that the Respondent will not provide primary care in any location in Ontario, will not submit any claims for payment to OHIP, will comply with any College policy regarding the delegation of controlled acts, will obtain approval from the College through its change of scope process prior to practising any area of medicine other than primary care medicine, and, if he begins practising in any area of medicine other than primary care, he will undergo at least six months of clinical supervision with a supervisor approved by the College.

COMMITTEE'S ANALYSIS

- As a result of this investigation, the Committee had concerns about the Respondent's professionalism, ethics and clinical care, including office hours and office closure

procedure. This is particularly the case as the Respondent has had a series of other concurrent complaints regarding similar matters.

- It is inappropriate for a physician to provide insufficient notice when closing a practice, and it is also inappropriate to not provide reasonable appointment hours for regular patients with routine concerns.
- In this case, the Respondent expressed his intention to take necessary steps to restrict his practice pursuant to an undertaking. The College and the Respondent agreed upon an undertaking that addressed some of the identified concerns.
- In addition to accepting the Respondent's undertaking, the Committee determined that the appropriate disposition was to require the Respondent to attend the College to be cautioned in person with respect to his professionalism, ethics and clinical care, including office hours and office closure procedure.

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

Dr. Naveen Tandon (CPSO #79762)

INTRODUCTION

In May 2014, the College received information raising concerns about Dr. Tandon's medical care, administrative conduct, and professionalism. In particular, the FHO expressed concern that Dr. Tandon may have directed or participated in a practice structure designed to optimize financial gain at the expense of patient care and compliance with laws and regulations. This included authorizing and directing unqualified staff to provide medical services with insufficient physician oversight, billing for medical services that were not rendered, misrepresenting the billings of other physicians to whom he provided practice management services, and ordering medically unnecessary echocardiograms and Holter monitor studies.

Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of Dr. Tandon's practice.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of September 6, 2019. The Committee accepted an undertaking signed by Dr. Tandon, and required Dr. Tandon to attend at the College to be cautioned in person with respect to his professionalism, ethics and clinical care.

The terms of the accepted undertaking provide that the Respondent will not provide primary care in any location in Ontario, will not submit any claims for payment to OHIP, will comply with any College policy regarding the delegation of controlled acts, will obtain approval from the College through its change of scope process prior to practising any area of medicine other than primary care medicine, and, if he begins practising in any area of medicine other than primary care, he will undergo at least six months of clinical supervision with a supervisor approved by the College.

COMMITTEE'S ANALYSIS

- The Committee had concerns about Dr. Tandon's ethics, professionalism, and clinical care. Specifically, the Committee was concerned regarding his delegation, billing, conflict of interest in ordering tests he performed himself, misrepresenting services, and the management of his clinic schedule for financial gain. These concerns were raised in the College's investigation of this case, and had also had parallels in other concurrent investigations. Had Dr. Tandon not entered into an undertaking, the Committee would have referred this case to the Discipline Committee.

- In regards to the conflict of interest in his ordered tests, the Committee noted that in some cases, Dr. Tandon successfully established that some of the testing was appropriate. However, there were some cases in which the testing did not seem warranted. The Committee also noted that Dr. Tandon did not refute the concerns regarding his billing.
- In this case, Dr. Tandon expressed his intention to take necessary steps to restrict his practice pursuant to an undertaking. The College and Dr. Tandon agreed upon an undertaking that addresses the identified concerns. Accordingly, the Committee has accepted Dr. Tandon's undertaking, dated September 5, 2019.
- In addition to accepting Dr. Tandon's undertaking, the Committee has determined that the appropriate disposition is to require the Respondent to attend the College to be cautioned with respect to his professionalism, ethics and clinical care.

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

Dr. Naveen Tandon (CPSO #79762)

INTRODUCTION

This file pertained to the conduct of Dr. Naveen in relation to his cooperation with the College during another subsection 75(1)(a) investigation. Specifically, the issue was whether Dr. Tandon failed to cooperate with the investigation with respect to providing materials and information requested by the investigator and with respect to establishing a date for an interview by the College's medical assessor.

Subsequently, the Committee approved the Registrar's appointment of investigators to examine whether Dr. Tandon failed to cooperate with the College.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of September 6, 2019. The Committee accepted an undertaking signed by Dr. Tandon, and required Dr. Tandon to attend at the College to be cautioned in person with respect to his professionalism.

The terms of the accepted undertaking provide that the Respondent will not provide primary care in any location in Ontario, will not submit any claims for payment to OHIP, will comply with any College policy regarding the delegation of controlled acts, will obtain approval from the College through its change of scope process prior to practising any area of medicine other than primary care medicine, and, if he begins practising in any area of medicine other than primary care, he will undergo at least six months of clinical supervision with a supervisor approved by the College.

COMMITTEE'S ANALYSIS

- The Committee had concerns about Dr. Tandon's professionalism. Specifically, Dr. Tandon did not cooperate with the College's investigation into his practice despite the College proposing numerous times to meet and several attempts to obtain the relevant information and schedule an interview with him.
- In this case, Dr. Tandon expressed his intention to take necessary steps to restrict his practice pursuant to an undertaking. The College and Dr. Tandon agreed upon an undertaking that addresses the identified concerns. Accordingly, the Committee has accepted Dr. Tandon's undertaking, dated September 5, 2019.

- In addition to accepting Dr. Tandon's undertaking, the Committee determined that the appropriate disposition was to require the Respondent to attend the College to be cautioned with respect to his professionalism.

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

Dr. Naveen Tandon (CPSO #79762)

INTRODUCTION

In May 2014, the College received a letter of complaint from a patient of Dr. Tandon's. She expressed concerns about the care provided by Dr. Tandon and another physician at his clinic.

Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of Dr. Tandon's practice.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of September 6, 2019. The Committee accepted an undertaking signed by Dr. Tandon, and required Dr. Tandon to attend at the College to be cautioned in person with respect to his clinical care, ethics, and professionalism.

The terms of the accepted undertaking provide that the Respondent will not provide primary care in any location in Ontario, will not submit any claims for payment to OHIP, will comply with any College policy regarding the delegation of controlled acts, will obtain approval from the College through its change of scope process prior to practising any area of medicine other than primary care medicine, and, if he begins practising in any area of medicine other than primary care, he will undergo at least six months of clinical supervision with a supervisor approved by the College.

COMMITTEE'S ANALYSIS

As part of this investigation, the Registrar appointed an independent Assessor to review a number of Dr. Tandon's patient charts, interview Dr. Tandon, and submit a written report to the Committee.

- The Committee had concerns about Dr. Tandon's clinical care, ethics, and professionalism. In the case of this patient, the Assessor determined that Dr. Tandon did not meet the standard of care and presented a risk of harm to patients. His failure to meet the standard of care resulted in the patient's cancer being diagnosed after it became incurable. In that instance, Dr. Tandon did not properly examine the patient or investigate her pain. Subsequently, further complaints arose that indicated there were concerns with Dr. Tandon's delegation and other clinic issues.

- In her review of Dr. Tandon's medical records and analysis of their interview, the Assessor determined that Dr. Tandon did not meet the standard of practice in 24 out of 25 charts reviewed. She also opined that he displayed a lack of judgment in addition to a possible lack of skill and knowledge. Further, she determined that his clinical practice, behaviour, or conduct exposes or is likely to expose his patients to harm or injury. The Committee fully agreed with her findings.
- Overall, Dr. Tandon's care, ethics, and professionalism all raised concerns. Had he not signed an undertaking severely limiting his practice, the Committee would have referred this matter to the Discipline Committee.
- In this case, Dr. Tandon expressed his intention to take necessary steps to restrict his practice pursuant to an undertaking. The College and Dr. Tandon agreed upon an undertaking that addresses the identified concerns. Accordingly, the Committee accepted Dr. Tandon's undertaking, dated September 5, 2019.
- In addition to accepting Dr. Tandon's undertaking, the Committee determined that the appropriate disposition was to require the Respondent to attend the College to be cautioned with respect to his clinical care, ethics, and professionalism.