



**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



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Dr Dennis A Kendel - Registrar
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REGARDING:

Dr. Naveen Tandon
Postgraduate Medical Education
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University of Western Ontario
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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 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