

Akbar Khan

From: Akbar Khan <akbar.khan@alumni.utoronto.ca>
Sent: Tuesday, May 24, 2022 11:36 PM
To: Jessica Amey
Cc: Morgana Kellythorne; Brenda Forbes
Subject: Re: CPSO and Dr. Khan Tribunal File No. 20-003

Dear Jessica,

I have not been able to download whatever was being sent before due to technical issues. Was that the proposed CPSO statement of "facts"? If so, please send them using a different method that I can access, like as an attached PDF (I give permission to send it unencrypted for your convenience), or via the CPSO members portal.

Also, I am curious why no disclosure was made to me regarding my CPSO internal risk profile "score" which relates to doctors who have more than 7 CPSO complaints. Please disclose any and all internal flags/documents/records/communications in all formats that they exist in. If there is a flag in your computer system that puts me in a "high risk" category, a screen shot of that is sufficient. If it is a numerical score, I need to see that and all materials that are related to it, including the complaints recidivism study that prompted the scoring system and/or stemmed from it.

Thank you

Akbar

May 26, 2022

VIA EMAIL: akbar.khan@utoronto.ca

Dr. Akbar Khan
301-4576 Yonge Street
Toronto, ON M2N 6N4

Dear Dr. Khan

**RE: CPSO and Dr. Khan
Tribunal File No. 20-003**

I write in response to your email of May 24, 2022 in which you inquire why no disclose was made to you regarding your "CPSO internal risk profile 'score'". **The College does not have risk scores or a risk scoring system for physicians.** I trust this addresses your inquiry.

Yours truly,



Jessica Amey
JA/bf

c.c. Morgana Kellythorne

Akbar Khan

From: Akbar Khan <akbar.khan@alumni.utoronto.ca>
Sent: Thursday, May 26, 2022 11:58 PM
To: Brenda Forbes
Cc: Morgana Kellythorne; Jessica Amey
Subject: Re: CPSO and Dr. Khan - Tribunal File No. 20-003

Thank you for your response, but I have in my possession an internal CPSO document that confirms in 2018 the CPSO used the results of a "complaints recidivism study" to develop a risk profile score and target physicians with "7 or more complaints". Perhaps the risk profile "score" is called something else now. Regardless of what it is called, please provide disclosure of my status (i.e. my "full member data" as it is referred to in the internal CPSO documentation) and a copy of the complaints recidivism study. I have more than 7 complaints so I am entitled to this disclosure. I know CPSO has rolled out a risk stratification model because there is now an option for ADR which never existed before. How does CPSO decide if a complaint goes to ADR ("low risk" doctor) or goes to the registrar for section 75 investigation ("high risk" doctor)? There must be some internal policy/documents on this subject. I am asking because this is all very relevant to my discipline case.

Thanks in advance.

Akbar

May 30, 2022

VIA EMAIL: akbar.khan@utoronto.ca

Dr. Akbar Khan
301-4576 Yonge Street
Toronto, ON M2N 6N4

Dear Dr. Khan:

**RE: CPSO and Dr. Khan
Tribunal File No. 20-003**

I write in response to your email of May 26, 2022. I am aware of the document to which you are referring, which is contained in your reciprocal disclosure. I confirm my previous correspondence that the College does not have and has never had risk scores or a risk scoring system for physicians. Your physician profile is available in the College's disclosure at KHK000778.

Yours truly,



Jessica Amey
JA/bf

c.c. Morgana Kellythorne

Akbar Khan

From: Akbar Khan <akbar.khan@alumni.utoronto.ca>
Sent: Tuesday, June 7, 2022 1:16 AM
To: Brenda Forbes
Cc: Jessica Amey
Subject: Re: CPSO and Dr. Khan - Tribunal File No. 20-003

Dear Ms. Amey,

I do not understand your letter. You confirm receipt of the CPSO documents which clearly refer to the creation of a CPSO risk profile system in 2018 which is based on a "complaints recidivism study". Yet I have not received a copy of that study and you deny the existence of the risk scoring. How do you reconcile your position which is contrary to the official CPSO documents? Are you willing to provide me with a copy of the complaints recidivism study that was referenced in the CPSO documents from 2018? If no risk profile exists today, please provide official CPSO documentation that explains what changed after 2018. You are obligated to provide this information since it represents disclosure relevant to my claim of institutional bias against me.

Thank you.

Akbar

June 7, 2022

VIA EMAIL: akbar.khan@utoronto.ca

Dr. Akbar Khan
301-4576 Yonge Street
Toronto, ON M2N 6N4

Dear Dr. Khan:

**RE: CPSO and Dr. Khan
Tribunal File No. 20-003**

I write in response to your email of June 7, 2022. The document to which you refer (RECIP000036) is an Appendix to a Council Briefing Note dated May 2018. In Appendix B, there is a table of “Deliverables - 2018” related to various “Initiatives” (or program areas) at the College.

In the Table row identified as “6. Assessments (Physician Factors)” there is reference under the heading “Deliverables – 2018” to “Use complaints recidivism study results to: a) better understand physicians with 7 or more complaints, b) develop a ‘score’ (risk profile) that identifies physicians at higher risk of complaints”.

To be clear, “Assessments (Physician Factors)” is a program area of the College that administers the Quality Assurance Program as provided under s.80 of the Health Professions Procedural Code, and associated Regulations. The Quality Assurance Program is completely distinct from the Investigations branch of the College, the latter of which investigates reports and complaints. (You will note that the program area of “Investigations, Hearings and Monitorings”, at Table row 3, p. 5 of the document, does not contain any reference to developing a risk score.)

In any event, the reference contained in Table row “6. Assessments (Physician Factors)” refers to a future plan of the Quality Assurance Program in 2018, which subsequently changed. No risk score for physicians was ever implemented in the context of the Quality Assurance Program or elsewhere at the College.



**Jessica Amey
Legal Office**
Tel: 416-968-5325
Direct Fax: 416-967-2647
Email: jamey@cpsso.on.ca

I trust this addresses your inquiries.

Yours truly,

Jessica Amey
JA/bf

c.c. Morgana Kellythorne

Akbar Khan

From: Akbar Khan <akbar.khan@alumni.utoronto.ca>
Sent: Tuesday, June 7, 2022 11:17 PM
To: Brenda Forbes; Tribunal
Cc: Jessica Amey; Morgana Kellythorne
Subject: Re: CPSO and Dr. Khan - Tribunal File No. 20-003
Attachments: 20220707_Ltr_Dr_Khan_re_risk_rating_issue.pdf

Dear Ms. Amey,

After multiple requests you still have not responded to my request for a copy of the "complaint recidivism study" that CPSO reviewed in relation to the physician risk scoring system. Please disclose a complete unredacted copy of this study.

You may have noted that the corporate report from 2018 which refers to the risk scoring system states that **"Unless specified, all deliverables will be completed by the end of 2018"** which therefore includes the physician risk scoring system (it is listed under deliverables for 2018). Please provide official CPSO documentation to support your statement that no risk score (or similar system by any other name) was ever implemented. Surely it wasn't simply forgotten. If it was cancelled, there would have been clear reasons, and documentation to that effect.

Thank you.

Akbar

June 8, 2022

VIA EMAIL: akbar.khan@alumni.utoronto.ca
akbar.khan@utoronto.ca

Dr. Akbar Khan
301-4576 Yonge Street
Toronto, ON M2N 6N4

Dear Dr. Khan:

**RE: CPSO and Dr. Khan
Tribunal File No. 20-003**

I write in response to your email of June 7, 2022. As I indicated in my letter of June 7, 2022, the reference to a “risk profile” in the Appendix to the Council Briefing Note of May 2018 is to a program area, Quality Assurance, that is completely distinct from the Investigations branch of the College. The reference in the Appendix is **irrelevant to the proceedings** before the Discipline Tribunal, as is any complaints recidivism study referred to therein.

Yours truly,



Jessica Amey
JA/bf

c.c. Morgana Kellythorne

Akbar Khan

From: Akbar Khan <akbar.khan@alumni.utoronto.ca>
Sent: Wednesday, June 8, 2022 9:57 PM
To: Brenda Forbes; Jessica Amey
Cc: Morgana Kellythorne
Subject: Re: CPSO and Dr. Khan - Tribunal File No. 20-003

Dear Ms. Amey,

Thank you for your prompt response. I am sure you can appreciate how your unilateral determination of the non-relevance of the study in question carries no weight given that we are on opposing sides. If the study is as irrelevant or benign as you purport, providing a copy to me should not be an issue. Since you appear to have reviewed the study to determine its non-relevance, it would not be hard to provide me with a copy as per my multiple requests. Once again I request you to provide me with a copy of the unredacted study as well as official documentation to confirm that the risk scoring system (or whatever it was called) was not implemented. Your continued failure to disclose the above 2 pieces of information would lead one to believe that there is something serious to hide.

I look forward to receiving the materials.

Thanks

Akbar

Akbar Khan

From: Akbar Khan <akbar.khan@alumni.utoronto.ca>
Sent: Tuesday, June 14, 2022 10:18 PM
To: Jessica Amey; Morgana Kellythorne
Subject: physician risk score documents (or official documents explaining lack of implementation) and complaints recidivism study

Dear Ms. Amey,

This will be my final request for timely disclosure of this information. As you know, my motion about institutional bias of CPSO against me (and resulting criminal misconduct) will be heard at the upcoming hearing. This request pertains directly to (and possibly proves) my claim of systemic bias. You will no doubt understand that the existence of systemic bias would have profound implication regarding this case, and all prior CPSO actions against me at least from 2018 onward. This makes it even more important that I receive timely disclosure, regardless of your assessment of relevance. I can decide relevance and appropriate actions once I have seen the documents.

Refusal or failure to produce the documents in time will result in a negative inference being made against CPSO (a presumption of the existence of the very bias that I am alleging).

Thank you

Akbar

Akbar Khan

From: Jessica Amey <jamey@cpso.on.ca>
Sent: Wednesday, June 15, 2022 10:57 AM
To: Akbar Khan; Morgana Kellythorne
Cc: Brenda Forbes
Subject: RE: physician risk score documents (or official documents explaining lack of implementation) and complaints recidivism study
Attachments: Reasons_Motions_Khan-20-003_2022.06.13_Parties.pdf

Dr. Khan,

I trust that you received the decision of the Chair on your motion for disclosure, attached. Pursuant to that decision, and my prior correspondence, no further disclosure on this issue will be provided as it is not relevant to the hearing or your intended motion.

Jessica

Jessica Amey
Counsel | Legal Office
T: 416-968-5325

ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL

Citation: *College of Physicians and Surgeons of Ontario v. Khan*, 2022 ONPSDT 23

Date: June 13, 2022

Tribunal File No.: 20-003

BETWEEN:

College of Physicians and Surgeons of Ontario

- and -

Dr. Akbar Nauman Khan

MOTION REASONS

Heard: June 9, 2022, by videoconference

Panel:

Mr. David A. Wright (Tribunal Chair)

Appearances:

Ms. Morgana Kellythorne and Ms. Jessica Amey, for the College

Dr. Akbar Nauman Khan, self-represented

The Ontario Physicians and Surgeons Discipline Tribunal is the Discipline Committee established under the Health Professions Procedural Code.

Introduction

[1] Dr. Khan brings three motions: for me to recuse myself from this case, for the removal of Ms. Kellythorne and Ms. Amey as counsel for the College and for the disclosure of a document. He says that there is a reasonable apprehension that I am biased because I am listed on the College's web page under "Senior Leadership." He says the website suggests I have too close a relationship with the leadership team, there is the potential for improper communications and that there should be no relationship at all between the Chair and the College. He argues that Ms. Kellythorne and Ms. Amey committed prosecutorial misconduct in a previous case against him by putting forward false expert evidence. And he argues that although the College says the document he is requesting does not exist, the College should provide "documentation" that shows this. NO MOTION WAS FILED!

[2] I dismiss the motions. The Tribunal is the Discipline Committee under the Health Professions Procedural Code (Code), Schedule 1 to the *Regulated Health Professions Act*, SO 1991, c. 18 (see College General By-Law, s. 40b). That legislation makes the Tribunal part of the College and its members are appointed by and include members of the College's Council. Complete separation is neither possible under the legal framework, nor required by administrative law. The Tribunal is nevertheless independent of the College. There is nothing inappropriate about the Tribunal Chair having responsibility for operational issues within the College structure, as I do. Adjudicative independence is protected by multiple guarantees in my appointment agreement, and all members of the Tribunal are required to act independently when sitting on the Tribunal. The Tribunal's structure and relationship with the College are consistent with the statutory scheme and the independence required by Canadian administrative law.

[3] Dr. Khan's claims of prosecutorial misconduct based on calling false expert evidence are not well founded and inconsistent with the Tribunal's decision in the previous case. The panel accepted and relied on the expert's evidence, even though cross-examination demonstrated it had some errors. Dr. Khan is bound by those findings, which are inconsistent with the allegations the evidence was so tainted that using it was prosecutorial misconduct. There is no basis to order disclosure of the documents, which are not potentially relevant to this case.

Reasonable Apprehension of Tribunal Bias

[4] I was appointed as Chair of the Discipline Committee and Tribunal Director in late 2020, and the position became Tribunal Chair when the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) launched in September 2021. In this position, I lead both adjudication and Tribunal operations. In my adjudicative role, I sit as a decision maker and appoint panels, among other things. In my operational role, I manage the staff in the Tribunal Office and have responsibility for matters like budget, administrative processes, communications and information technology. I attend some Senior Management Team meetings where operational matters are discussed. There is no discussion of any complaints, investigation or discipline cases or policies for dealing with them while I am present.

[5] Under my appointment agreement:

- I am appointed by the College's Council for a fixed term of three years and cannot be removed except for just cause. I must be provided with written reasons and an opportunity to make submissions to Council if it is proposed that I be removed for cause.
- I report to the Registrar and Chief Executive Officer on operational or managerial issues and with respect to the Tribunal's goals, policies and processes.
- I "enjoy independence, and shall act independently and impartially, with respect to matters of adjudication, including the appointment of panels to hear particular cases before the [Tribunal] (which may include [me]); *provided that*, in the event that operational, managerial and/or policy issues overlap with adjudicative functions, [I] will, in addition to the Registrar & Chief Executive Officer, be able to consult with the Executive Committee to determine a resolution." The Registrar is to conduct a performance evaluation of my non-adjudicative functions.
- The agreement specifies that nothing in it is intended to prevent me from "making any decisions and expressing any opinions in the course of conducting proceedings and writing reasons as an adjudicator."

- [6] Under s. 38(4) of the Code, no one who has taken part in an investigation of the subject-matter of a discipline hearing can sit on a Tribunal panel. The panel's findings must be based exclusively on the evidence before it (s. 49). There must be at least three members of College Council (its Board of Directors) on each Tribunal panel, which can be three to five members. In other words, the legislation requires that panels consist of a majority of College Council members. The Code, like the common law of procedural fairness, provides that no panel member will communicate about the hearing with a party or their representative unless the other has the opportunity to be present.
- [7] Canadian administrative law does not require complete separation between the College and the Tribunal as Dr. Khan suggests. Many agencies have investigative, prosecutorial and adjudicative functions and this alone does not lead to a reasonable apprehension of bias: *2747-3174 Québec Inc. v. Québec (Régie des permis d'alcool)*, 1996 CanLII 153 (SCC) at para. 47; *Au v. College of Physicians and Surgeons of Ontario*, May 1, 2006 (unreported, Div. Ct.) at paras. 31-33. What is important for fairness is that the functions be kept separate. Moreover, the legislature is entitled to design the structure of an administrative agency as it wishes; there are no constitutional guarantees of administrative tribunal independence: *Ocean Port Hotel Ltd. v. British Columbia (General Manager, Liquor Control and Licensing Branch)*, 2001 SCC 52 at para. 24. Determining whether there is a reasonable apprehension of bias as a result of the structure of an agency requires considering both the statutory scheme and the nature and context of the decision: see *Law Society of Upper Canada v. Totera*, 2014 ONLSTA 45 (reversed on different grounds *Totera v. The Law Society of Upper Canada*, 2016 ONSC 1578) at paras. 12-13 and the cases it cites.
- [8] There is nothing wrong with an administrative agency being "subject to the general supervision of a member of the executive with respect to its management," so long as that control does not raise the possibility of that person influencing the decision-making process: *2747-3174 Québec Inc.* at paras. 69-70.
- [9] Applying these principles to these circumstances, the Tribunal is independent and there is no reasonable apprehension of bias as that concept is understood in Canadian administrative law. There is no overlap between investigative and prosecutorial functions and the Tribunal. Independence is protected through my

appointment and those of other Tribunal members for fixed terms, in my appointment agreement and in how the Tribunal operates. The agreement guarantees my security of tenure and protects my full adjudicative independence. And in practice, both the Tribunal and the College are conscious in every interaction of the need not to discuss any matters that are or may come before the Tribunal or related College processes or policies.

[10] Moreover, the legislation makes clear that those adjudicating discipline cases need not be completely separate from the College. In fact, it requires the central involvement of Council members. It establishes the Tribunal as an independent body within the College umbrella. Funding, staff support and infrastructure must come from the College under the current model. Under *Ocean Port*, the legislature is entitled to establish a model like this where one organization has overlapping functions.

[11] I am included as part of the “College Leadership” on its website because I lead an independent tribunal within the College’s umbrella. I have responsibility, as do other members of senior management, for a positive workplace, effective processes and to use the budget funded by Ontario physicians’ fees appropriately.

[12] The similar structure at the Law Society Tribunal, where I was Chair before being appointed to my current position, has been found by both that tribunal and the Divisional Court to be consistent with adjudicative independence: *Totera* and *Kopyto v. The Law Society of Upper Canada*, 2016 ONSC 7545 (Div. Ct.). As the Court said in *Kopyto* at para. 11:

The Legislature has directed the manner in which the Appeal Panel members will be selected through the *Law Society Act*, R.S.O. 1990, c. L.8, that is, they are selected by the Tribunal Chair. The *Law Society Act* also provides for the appointment of the Tribunal Chair. The independence of the Tribunal Chair with respect to adjudicative matters is expressly protected through the agreement by which he is appointed. There is simply no basis to credibly suggest that the appointment of the Chair of the Tribunal, or his selection of members of an appeal panel, do not enjoy the requisite degree of independence in accordance with the principles of natural justice.

[13] Dr. Khan argues that if I have contact with members of senior management, I may discuss his case with them. However, the law presumes impartiality and there must

be strong reasons to displace that presumption: *Yukon Francophone School Board, Education Area #23 v. Yukon (Attorney General)*, 2015 SCC 25 at para. 25. There is nothing other than Dr. Khan's speculation to suggest I have acted in a manner that compromises my impartiality and independence. The motion for recusal is dismissed.

Removal of College Counsel

[14] Dr. Khan argues that this proceeding should be stayed until College counsel are replaced. His reasoning is as follows:

- In the previous discipline proceeding in which it was found that he committed professional misconduct (*College of Physicians and Surgeons of Ontario v. Khan*, 2022 ONPSDT 5), the evidence of the College's expert witness, Dr. Tozer, was "tainted by multiple false statements" which he is said to have admitted at the hearing.
- There was unspecified evidence that proved this that was not disclosed by College counsel.
- Dr. Tozer refused to "correct" his report in response to Dr. Khan's criticisms.
- The College did not withdraw the evidence and argued against its exclusion. It did not enter other existing expert reports as evidence.
- Ms. Kellythorne and Ms. Amey were College counsel and were aware of the above.
- They therefore committed professional misconduct and, potentially, the criminal offence of obstruction of justice.

[15] Dr. Khan's arguments are, in essence, disagreement with the expert evidence, the College's position and the panel's decision in the previous case recharacterized as allegations of prosecutorial misconduct. Following cross-examination and argument by Dr. Khan's counsel, the previous panel gave Dr. Tozer's evidence "significant weight" (para. 65), found it to be "thoughtful, concise and clear" (para. 66) and "balanced and fair" (para. 67).

[16] At any hearing in our adversarial justice system, parties may take opposing positions on issues of fact and expert opinion. What one party thinks has been definitively proven may be seen very differently by the other side and it is for the panel to reach conclusions. In this case, the panel accepted the essence of Dr. Tozer's evidence. I have reviewed the highlighted portions of the transcripts and the other documents Dr. Khan filed. Dr. Khan's counsel very effectively cross-examined Dr. Tozer and he admitted some errors. Parts of a witness's evidence may be shown to be mistaken without all the evidence being tainted. Errors do not mean that the witness or the party's representative had any intention to deceive the Tribunal. There is no air of reality to Dr. Khan's assertion that Ms. Kellythorne or Ms. Amey acted unethically.

[17] Dr. Khan's position on this motion is directly contrary to the panel's findings in the previous case about the value of Dr. Tozer's evidence. Once a finding has been made on a balance of probabilities in one case, in most circumstances it is not open to the other party to question that finding in a different case, even using a different legal theory. That is an abuse of process: *Toronto (City) v. C.U.P.E. Local 79*, 2003 SCC 63. While Dr. Khan argues that the previous panel did not decide issues of prosecutorial misconduct or obstruction of justice, Dr. Khan's theory is incompatible with the previous panel's finding that Dr. Tozer's evidence was balanced, fair and entitled to significant weight.

[18] The motion that I remove College counsel is dismissed.

Request for Production

[19] An appendix to a briefing note to College Council in 2018 identified an initiative to use "complaints recidivism study results to: a) better understand physicians with 7 or more complaints, b) develop a 'score' (risk profile) that identifies physicians at higher risk of complaints." The program area of the College that administers the Quality Assurance Program was responsible for this initiative. Dr. Khan asks that I require the College to produce evidence of his score. He asks that if there is no such score, I order that the College provide evidence that no College initiative to develop risk scores was pursued.

[20] Ms. Amey has advised Dr. Khan that the College did not implement this initiative and never developed any risk scoring. Dr. Khan does not accept this statement; he

asks that I order the College to provide proof that no risk scoring was implemented. Yet there is nothing other than Dr. Khan's allegation that the College is hiding evidence about a risk score. Mere suspicion or speculation is not enough to support an order for disclosure of information merely because it might show bad faith by the College. Given there is no risk score about Dr. Khan, any documents about the initiative are not potentially relevant to the issues in this case. The request for production is dismissed.

MR. WRIGHT WAS ASKED TO REMIND AND DIRECT CPSO COUNSEL ABOUT THEIR DISCLOSURE OBLIGATIONS, NO MOTION WAS FILED!

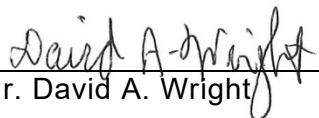
Last Minute Motions

- [21] The College referred these allegations to the Tribunal on December 9, 2020. Pre-hearing and case management conferences were held regularly starting in April 2021. On February 23, 2022, the hearing was scheduled to start on June 20, 2022.
- [22] On June 7, 2022, Dr. Khan unexpectedly filed the motion to remove College counsel. His email said that he had "realized that there has been very serious misconduct on the part of CPSO counsel in my prior discipline case." He stated that he was "willing to start the process again from the beginning" and asked that the case conference scheduled for June 9, 2022 be "deferred accordingly." The Tribunal advised the parties immediately that the motion would be heard on an expedited basis at the case management conference.
- [23] On June 8, 2022, the parties were copied on correspondence about the production issue, which had recently arisen. The Tribunal advised the parties that any disclosure requests would be heard at the case management conference. On the same day, Dr. Khan filed the motion that I recuse myself. He indicated that he "only discovered the information that led to the motion by chance this afternoon." Again, the Tribunal advised the parties the motion would be heard at the scheduled case conference on June 9, 2022.
- [24] A party cannot file last-minute motions and expect that a scheduled hearing will be delayed for them to be heard. Intended motions must be set out in the pre-hearing conference memorandum and pre-hearing motions must be brought well in advance of the hearing. I understand that new circumstances may arise. Parties are expected to prepare and identify their theories of the case well in advance and may not be permitted to bring pre-hearing motions that have not been raised in a timely way.

[25] I have no power to order costs on these motions now, as s. 53.1 of the Code only allows costs for a preliminary motion after a finding of misconduct or incompetence: *Dr. Jha v. College of Physicians and Surgeons of Ontario*, 2022 ONSC 769 at paras. 151-177 (Div. Ct.). In these circumstances, I find that it is appropriate for me, as the motion panel, to decide on the costs of these motions should a finding of misconduct be made. I therefore direct that if the College seeks costs of this motion, it shall serve and file its costs submissions no later than 14 days after any decision making a finding of misconduct or incompetence is released. Dr. Khan may serve and file his response no later than 28 days after a decision is released. I ask that in any submissions the parties address the question of whether this is an appropriate case to depart from Tariff A, in particular given the need for a rapid response by the College and scheduling and decision by the Tribunal.

Order

[26] The motions are dismissed.


Mr. David A. Wright

Akbar Khan

From: Akbar Khan <akbar.khan@alumni.utoronto.ca>
Sent: Wednesday, June 15, 2022 7:33 PM
To: Jessica Amey; Morgana Kellythorne
Cc: Brenda Forbes
Subject: Re: physician risk score documents (or official documents explaining lack of implementation) and complaints recidivism study

You are fully aware that I never filed a motion for Mr. Wright to adjudicate the matter about CPSO disclosure of the documents in question.

I only asked him to remind and direct you to meet your disclosure obligations. Whatever he wrote about the matter is in itself irrelevant since I never filed such a motion.

You are all playing games with my words and making excuses to avoid revealing the truth. This is totally unacceptable, but I appreciate that this is typical CPSO behavior.

Regardless, I will take your refusal as a negative inference that CPSO has something very serious to hide about this matter.

Thank you.

Akbar