

COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

IN THE MATTER OF
A HEARING UNDER THE *HEALTH PROFESSIONS ACT*,
RSA 2000, c. H-7

AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF DR. MAY MONES

**DECISION OF THE HEARING TRIBUNAL OF
THE COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA**

I. INTRODUCTION

The Hearing Tribunal held a hearing, virtually through Zoom, into the conduct of Dr. May Mones on December 8, 2021.

The members of the Hearing Tribunal were:

- Dr. Randall Sargent, Chair;
- Dr. Neelan Pillay, Physician member;
- Ms. Anita Warnick, Public member;
- Ms. June MacGregor, Public member.

Ms. Ayla Akgungor acted as independent legal counsel for the Hearing Tribunal.

In attendance at the hearing were:

- Mr. Craig Boyer, legal counsel for the Complaints Director of the College of Physicians & Surgeons of Alberta (the “College”);
- Dr. Dawn Hartfield, Complaints Director; and
- Dr. May Mones, Investigated Member.

II. PRELIMINARY MATTERS

There were no objections to the composition of the Hearing Tribunal or the jurisdiction of the Hearing Tribunal to proceed with a hearing nor were there any other matters of a preliminary nature.

III. ALLEGATIONS

The allegations against Dr. Mones were as follows:

1. You did fail to provide a substantive response to correspondence from the College of Physicians and Surgeons of Alberta (CPSA) starting with the April 6, 2020 letter and subsequent letters and emails requesting your response to the complaint against you by the Complaints Director that you provided professional services as a physician without having a valid practice permit.
2. During the period of February 14 to March 13, 2020, you provided professional services as a physician without having a valid practice permit.

IV. EXHIBITS

The following exhibits were submitted by the Complaints Director.

Exhibit 1 - Exhibit Book containing tabs 1 to 24:

1. Notice of hearing dated July 16, 2021;
2. Affidavit of Personal Service dated August 22, 2021;
3. November 4, 2019 CPSA email to Dr. M. Mones re: 2020 renewal;
4. December 10, 2019 CPSA email to Dr. M. Mones re: 2020 renewal;
5. January 6, 2020 registered letter from Dr. McLeod to Dr. Mones re: 2020 renewal;
6. January 10, 2020 confirmation of registered letter delivery;
7. February 18, 2020 CPSA email to Dr. Mones re: cancellation of practice permit and registration;
8. February 18, 2020 letter from Dr. McLeod to Dr. Mones re: cancellation;
9. March 11, 2020 CPSA email to Dr. Mones in reply to her voice message;
10. March 12, 2020 email from Dr. Caffaro, as Complaints Director, to Dr. Mones re: practice without a practice permit;
11. March 13, 2020 CPSA email exchange with Dr. Mones re: issuance of 2020 practice permit;
12. March 16, 2020 Section 56 memo by Dr. Caffaro re: practicing without a practice permit;
13. April 6, 2020 CPSA letter to Dr. Mones re: section 56 complaint;
14. May 6, 2020 email from Dr. Mones to K. Damron of CPSA re: extension of deadline to respond;
15. July 10, 2020 CPSA letter to Dr. Mones re: deadline for responding to complaint;
16. August 20, 2020 email from K. Damron to Dr. Mones re: deadline for responding to complaint;
17. September 29, 2020 email from K. Damron to Dr. Mones re: deadline for responding to complaint;
18. November 4, 2020 registered letter to Dr. Mones re: failure to respond to complaint and final deadline to respond;
19. December 11, 2020 email from Dr. Caffaro to Dr. Mones re: failure to respond to complaint with further final deadline for responding;
20. December 21, 2020 CPSA internal email re: no response from Dr. Mones;
21. August 31, 2021 C. Boyer email to Dr. Mones re: service of Notice to Attend and disclosure of investigation records;
22. September 1, 2021 letter from C. Boyer to Dr. Mones re: investigation records disclosure;
23. September 3, 2021 proof of delivery of September 1, 2021 letter to home address; and
24. September 3, 2021 proof of delivery of September 1, 2021 letter to office address.

The exhibits revealed the following information:

On November 4, 2019, Dr. Mones received an automated email from the CPSA advising her that the 2020 annual renewal was open. The email advised that the renewal process had to be completed by December 31, 2019. On December 10, 2019, Dr. Mones received a further

automated email from the CPSA noting that her annual renewal was not yet complete and reminding her to renew by December 31, 2019.

On January 6, 2020, Dr. Mones received correspondence from Dr. Scott McLeod, Registrar for the CPSA, which was marked as “Urgent” and noted that CPSA records showed that Dr. Mones had not completed her 2020 renewal. Dr. McLeod advised that to avoid cancellation of her practice permit and registration, Dr. Mones was required to complete her 2020 Renewal Information Form (“RIF”) and pay \$500 as a penalty for late renewal. Dr. Mones was advised that if the RIF and payment were not received by February 17, 2020, her practice permit and registration would be cancelled in accordance with section 43(1) of the *Health Professions Act* (“HPA”).

Dr. McLeod was clear that if Dr. Mones’ practice permit and registration were cancelled, she would not be able to participate in any aspect of medical practice including, but not limited to:

- Providing any direct or indirect patient care;
- Billing Alberta Health for any clinical services she provided with a cancelled practice permit; or
- Performing any medical administrative functions that require a valid practice permit in Alberta.

As Dr. Mones did not renew her practice permit by February 17, 2020, she received an email on February 18, 2020 from the CPSA advising that her 2020 practice permit and registration had been cancelled in accordance with section 43(1) of the *Health Professions Act* (“HPA”). The email reminded Dr. Mones that she could not participate in any aspect of medical practice in Alberta. Alberta Health and Alberta Health Services were notified of the cancellation of Dr. Mones’ practice permit and registration.

The February 18, 2020 email was followed up by formal correspondence to Dr. Mones from Dr. McLeod on the same date. The formal correspondence contained the same information as the February 18, 2020 email.

On March 11, 2020, Mr. Jeremy Murphy, Member Services Agent at the CPSA, emailed Dr. Mones to confirm that he had received her voice mail from the prior day (which was left after hours). Mr. Murphy confirmed that Dr. Mones’ practice permit was cancelled and advised Dr. Mones that she should call and speak with him as soon as possible to sort matters out. Mr. Murphy advised Dr. Mones that if she received his voice mail when she phoned that she should leave a number where and time when she could be reached.

On March 12, 2020, Dr. Michael Caffaro, Assistant Registrar and Complaints Director, emailed Dr. Mones to highlight concerns that she was continuing to practice medicine without a valid practice permit or registration. In particular, Dr. Mones attempted to prescribe Lisdexamfetamine to a child but the prescription was refused at the pharmacy when Dr. Mones’ inactive practice permit

was identified. Dr. Caffaro also noted concerns that Dr. Mones had been largely unresponsive to Mr. Murphy and that leaving a voice mail after hours with no call-back number was insufficient.

Dr. Caffaro emphasized that he expected immediate attention to this matter from Dr. Mones and noted that that day, March 12, 2020, was the last day that the registration system for 2020 could be accessed. Following March 12, 2020, the system would be closed.

On March 13, 2020, Dr. Mones confirmed that she had submitted her RIF. Her practice permit was then reinstated by the CPSA.

A complaint was then initiated by the Complaints Director pursuant to section 56 of the HPA to review the concern that Dr. Mones was practicing medicine without a valid practice permit between February 14 and March 13, 2020.

Dr. Mones was advised of the complaint by correspondence from the CPSA dated April 6, 2020. Dr. Mones was asked to forward her response to the complaint by May 4, 2020. However, Dr. Mones was also invited to let the CPSA know if she could not respond by that date.

Dr. Mones requested an extension of the deadline to late June and the CPSA confirmed that she could have until June 30, 2020 to respond to the complaint.

When no response was received by June 30, 2020, the CPSA wrote to Dr. Mones on July 10, 2020 to request that she respond by July 24, 2020. When no response was received by that date, a further follow up email was sent to Dr. Mones on August 20, 2020 asking when her response could be expected. Dr. Mones was also informed that she could contact the CPSA if she was having difficulty completing the response.

With no response yet received, the CPSA again reached out to Dr. Mones by email on September 29, 2020 and asked that she provide her response by October 13, 2020 or contact the CPSA by that date. No response was received by October 13, 2020.

On November 4, 2020, the CPSA again wrote to Dr. Mones, noting that despite requests for her response made on April 6, May 5, July 10, August 20 and September 29, 2020, she still had not provided a response to the complaint. Dr. Mones was instructed to provide her response by November 18, 2020. If no response was received, the file would be sent to the Complaints Director for review with the possibility of another complaint against Dr. Mones arising from her failure to respond to the CPSA. No response was received by November 18, 2020.

On December 11, 2020, Dr. Caffaro emailed Dr. Mones and reviewed all the attempts that had been made by the CPSA to seek her response to the complaint. Dr. Caffaro reminded Dr. Mones that she had a legislated obligation to cooperate with the CPSA and respond to the complaint. Dr. Caffaro provided Dr. Mones with a final deadline for response of December 18, 2020. Dr. Caffaro noted that a failure to respond would result in a further complaint against Dr. Mones for her failure to cooperate with the CPSA. No response was received by December 18, 2020.

As no response was received by Dr. Mones, a complaint was opened and the matter was referred to a hearing before this Hearing Tribunal.

V. ADMISSION OF UNPROFESSIONAL CONDUCT

At the outset of the hearing, Dr. Mones was asked to respond to the allegations. Dr. Mones agreed that she had engaged in the conduct set out in both allegations and that the conduct amounted to unprofessional conduct in accordance with HPA and CPSA standards.

VI. SUBMISSIONS

(a) Counsel for the Complaints Director

Mr. Boyer noted that in accordance with section 70 of the HPA, when a member makes an admission of unprofessional conduct, the role of the Hearing Tribunal is to determine whether there has been sufficient evidence presented to support the admissions such that the conduct is proven and amounts to unprofessional conduct.

Mr. Boyer further submitted that there is a duty on regulated members to cooperate with the regulator. This principle has been acknowledged by previous CPSA hearing tribunals and is also referred to in the case of *Artinian v. College of Physicians and Surgeons of Ontario*. Responding to correspondence from the regulator plainly falls within the duty to cooperate.

With respect to a practice permit, the HPA is clear that every regulated member needs a practice permit in order to provide professional services. Not having a practice permit means that you are not entitled to practice medicine. Submitting the RIF is a key part of the practice permit renewal process. Section 1(1)(pp)(iv) of the HPA specifically defines unprofessional conduct as “representing or holding out that a person was a regulated member and in good standing while the person’s registration or practice permit was suspended or cancelled”.

(b) Dr. Mones

Dr. Mones acknowledged that what had happened was clear. She wanted to point out, however, that while she did not complete her RIF, she did make her renewal payment on December 10, 2019 and indicated that this pointed to the fact that she had every intention to renew. This was a difficult time for Dr. Mones financially and she was very relieved that she had been able to come up with the renewal funds. However, she noted that she had no excuse for not completing the RIF.

She acknowledged that when she issued the prescription in February 2020, she was practicing without a license. However, she had no malicious intent in doing so. This was a very embarrassing circumstance for her.

In terms of the correspondence from the CPSA, Dr. Mones noted that she just could not bring herself to correspond and reply as she was sorting out the business side of her practice and what she was going to do moving forward. She had no malicious intent in not replying to the CPSA correspondence. Dr. Mones had a lot going on in her personal life at the time and could not bring herself to face the CPSA correspondence.

VII. FINDINGS AND REASONS

The Hearing Tribunal accepted Dr. Mones' admission and found that both allegations were proven and amounted to unprofessional conduct as defined in the HPA.

(a) Allegation 1

The evidence before the Hearing Tribunal demonstrates that the CPSA first reached out to Dr. Mones on April 6, 2020 advising her of a complaint that she had provided professional services without a valid practice permit. Dr. Mones was asked to respond to the complaint by May 4, 2020. Dr. Mones subsequently sought and was granted an extension to reply until June 30, 2020.

When no response was received, the CPSA followed up again asking for the response on each of July 10, August 20, September 29, November 4 and December 11, 2020. On each occasion, Dr. Mones was provided with a further extension to provide her response. It was also made clear to Dr. Mones in the correspondence that she could contact the CPSA if she was having trouble preparing her response. The December 11, 2020 correspondence also made clear that if Dr. Mones continued to be non-responsive, a second complaint would be commenced against her for "non-response".

There is no evidence that Dr. Mones did not receive the communications from the CPSA nor did Dr. Mones make any suggestion to this effect.

Based on the evidence set out above, the Hearing Tribunal is satisfied that Dr. Mones did fail to provide a substantive response to correspondence from the CPSA as set out in Allegation 1. The Hearing Tribunal is further satisfied that this conduct amounts to unprofessional conduct. There is a duty on regulated members to cooperate with their professional body. This duty is at the very core of the ability of professions to self-regulate. Regulatory bodies must be able to count on their members to engage with and respond to the regulatory functions and processes. Where members fail to do so, especially on multiple occasions as is the case here, this conduct must be considered unprofessional.

The Hearing Tribunal further notes that section 1(1)(pp)(vii)(B) of the HPA defines unprofessional conduct as the failure or refusal by a member to comply with a request of or co-operate with an investigator. While the complaint against Dr. Mones had not been referred to a formal investigation, obtaining a response from a physician to a complaint made against them is part of the initial investigation of the complaint and to this extent, Dr. Mones' conduct may also be considered to have breached this section of the HPA.

(b) Allegation 2

The evidence before the Hearing Tribunal is clear that Dr. Mones did not submit her RIF, an essential part of the practice permit renewal process, by the December 31, 2019 renewal deadline.

Dr. Mones initially received a reminder from the CPSA to complete her practice permit renewal on November 4, 2019 and a subsequent reminder was sent on December 10, 2019. When Dr. Mones did not renew her practice permit by the December 31, 2019 deadline, a further reminder to complete her practice permit renewal was sent to Dr. Mones on January 6, 2020. Dr. Mones was warned at that time that if her RIF and the late renewal penalty were not received by February 17, 2020, her practice permit and registration would be cancelled. As Dr. Mones did not renew her practice permit by this date, her practice permit and registration were cancelled.

Dr. Mones ultimately completed her RIF on March 12, 2020, the last day that registration for 2020 could be accessed. Her practice permit then became active as of that date.

The Hearing Tribunal was provided with a copy of a prescription signed by Dr. Mones and dated February 26, 2020. There is little doubt that prescribing medication is a professional service provided by a physician. Given that Dr. Mones did not have a valid practice permit between January 1 and March 11, 2020, it is clear that Dr. Mones' practice permit was not active when she prescribed medication on February 26, 2020.

Section 1(1)(pp)(iv) of the HPA specifically defines unprofessional conduct as "representing or holding out that a person was a regulated member and in good standing while the person's registration or practice permit was suspended or cancelled". Accordingly, Dr. Mones was in breach of the HPA when she held herself out as being able to prescribe medication without a valid practice permit. This amounts to unprofessional conduct.

VIII. SUBMISSIONS ON PENALTY

(a) Complaints Director

Mr. Boyer noted that the general principles related to sanction include deterrence as well as remediation or rehabilitation. When determining penalty, the Hearing Tribunal may also have regard to the factors set out in *Jaswal v. Newfoundland Medical Board*.

With respect to the failure to respond, a regulator cannot do its job if regulated members don't cooperate and do what they are supposed to do. The ability of a regulator to serve the public interest and to regulate the profession is defeated when a member doesn't cooperate with the regulator. Here, the fact that Dr. Mones did not submit her RIF and did not respond to correspondence from the CPSA defeated the ability of the CPSA to properly regulate the profession in relation to Dr. Mones.

Mr. Boyer proposed the following sanctions:

- (1) A reprimand;
- (2) A direction that Dr. Mones participate in the Physician Health Monitoring Program led by Dr. Jeremy Beach (the “Program”) with consent from Dr. Mones that the Program may advise the Complaints Director that Dr. Mones has engaged with the Program and that any health concerns identified through the Program are being addressed; and
- (3) Costs of the hearing and investigation.

The idea behind participation in the Program is to determine whether there are any underlying issues which may have affected Dr. Mones’ ability to complete the RIF or respond to the CPSA. Mr. Boyer noted that Dr. Mones’ conduct was not malicious. Rather, it was just a failure to deal with the matter – she buried her head, but the Complaints Director does not know all the factors in the background which led to this conduct.

The Hearing Tribunal has the authority to make this kind of order under section 82(1)(e) which permits the Hearing Tribunal to “require the investigated person to undertake counselling or a treatment program that in its opinion is appropriate.”

The Program is a completely confidential process and Dr. Mones’ health information would not be disclosed except to confirm to the Complaints Director that Dr. Mones is participating in the Program and that any concerns identified through the Program are being addressed.

In terms of costs of the investigation and hearing, Mr. Boyer noted that the preparation for the hearing and the hearing itself were quite streamlined and as a result, the costs of the investigation and hearing would be relatively modest compared to contested hearings. Mr. Boyer estimated costs at this point to be around \$4,500. This estimate did not include any of the costs related to the members of Hearing Tribunal or independent legal counsel.

With respect to the range of sanctions for similar conduct, Mr. Boyer referred to five other CPSA decisions. The case of Dr. Lasaleta involved a failure to respond to a CPSA request for medical records. Dr. Lasaleta was sanctioned with a one-month suspension and an order to pay full costs of the investigation and hearing. Dr. Lasaleta also had a previous finding of unprofessional conduct for failing to respond to communications from the CPSA.

Dr. Barr failed to respond to a complaint made against him by a patient. The Hearing Tribunal ordered a reprimand, 30-day suspension and full costs of the investigation and hearing. On appeal to Council, the suspension was held in abeyance and would be deemed served pending the completion of certain coursework by Dr. Barr.

Dr. Mowbrey failed to respond to multiple inquiries from CPSA (both emailed and mailed correspondence) about a complaint. The Hearing Tribunal ordered Dr. Mowbrey to complete a

fitness-to-practice assessment and directed him to respond to CPSA within 30 days about the original complaint or face a \$500 fine. He was also responsible for the full costs of the investigation and hearing (totaling \$29,599.45), payable within 60 days from the date on the decision.

In the case of Dr. Hayes, despite a deadline extension and seven subsequent requests from program staff, the Deputy Registrar and the Complaints Director, Dr. Hayes failed to provide the required information for his mandatory five year competence review through the Physician Achievement Review (“PAR”) Program. The Hearing Tribunal ordered Dr. Hayes to arrange for a "fitness to practice" assessment within 30 days of being served with the Hearing Tribunal's decision. Failing completion of a “fitness to practice” assessment, Dr. Hayes would be permanently suspended and ordered to pay the full costs of the investigation and hearing. Dr. Hayes was also ordered to complete all elements of the PAR at the discretion of the Complaints Director.

Between March and April 2018, Dr. Mausolf failed to respond to 10 separate communication attempts from the CPSA (emails, phone messages and registered letter). This was in violation of two terms of resolution that Dr. Mausolf entered into with the College in 2017, which required both her participation in and cooperation with the Individual Practice Review program, and her prompt reply to all correspondence from the College. The Hearing Tribunal ordered a reprimand; a practice permit suspension of seven (7) days; and full costs of the investigation and hearing totaling \$17,859.88.

Mr. Boyer submitted that the orders for penalty proposed by the Complaints Director provided a balance of deterrence and rehabilitation and were also consistent with previous decisions of CPSA hearing tribunals when dealing with failure to respond situations.

(b) Dr. Mones

Dr. Mones did not object to the orders for penalty being sought by the Complaints Director but sought clarification on the nature of the orders and their implementation. Dr. Mones noted that she was in the middle of a move to British Columbia and had pending job offers there subject to obtaining her license to practice from the College of Physicians and Surgeons of British Columbia.

Dr. Mones was prepared to participate in the Program and welcomed particularly the opportunity for further mentorship. She noted that she had been through a period of significant stress in her personal life.

In terms of the order for costs, Dr. Mones noted that she had been through some financial hardships over the last while and wanted some clarity on the order of magnitude of the costs. Mr. Boyer confirmed that the costs were currently in the range of \$4,500 but that figure did not include the costs of the members of the Hearing Tribunal or independent legal counsel. Mr. Boyer further advised that payment of the costs over time is also possible.

IX. REASONS FOR PENALTY

The Hearing Tribunal accepts that the orders sought by the Complaints Director are appropriate orders for penalty in this case.

The conduct in question in this case is serious in that it strikes at the very core of professional self-governance. As stated by Mr. Boyer, the ability of a regulator to serve the public interest and to regulate the profession is defeated when a member doesn't cooperate with the regulator. Dr. Mones' failure to cooperate with the CPSA is exacerbated here as well in that she ignored communications from the CPSA on a repeated basis throughout 2020, necessitating a formal complaint and unprofessional conduct hearing to ultimately get her attention.

Prescribing medication without a valid practice permit is likewise a very serious matter. Holding oneself out as a physician in good standing when the physician's practice permit is not valid engages significant concerns about public safety and public confidence in the profession. This issue similarly strikes at the core of the regulatory function. Both the public and the regulator must be able to count on regulated members to practice medicine only when they are in good standing with a valid practice permit. Regulated members who fail to abide by this key obligation put the integrity of the profession at risk.

While the conduct in question is serious in nature, the Hearing Tribunal accepts that the conduct occurred during a difficult time in Dr. Mones' personal life and at a time where she was dealing with financial hardship. The Hearing Tribunal also notes that throughout the hearing proceedings, Dr. Mones was contrite and forthright in accepting responsibility for her actions and in acknowledging that her conduct fell below the required standards. The Hearing Tribunal is prepared to accept Dr. Mones' acknowledgment of her unprofessional conduct and the personal difficulties she was facing at the time as mitigating factors when assessing orders for penalty.

The Hearing Tribunal has also considered the precedent cases put forward by the Complaints Director and is satisfied that the orders sought in this case fall within the range of penalties ordered in these similar cases. These cases reflect penalties that contain an element of deterrence (reprimands or suspensions) and an element of remediation (health monitoring or fitness to practice assessments).

While a one-month suspension was ordered in the case of Dr. Lasaleta, the Hearing Tribunal notes that Dr. Lasaleta had previous findings of unprofessional conduct with respect to the failure to cooperate. Dr. Mones has no prior findings of unprofessional conduct. Similarly, while a one-month suspension was ordered in the case of Dr. Barr, it was varied on appeal such that it was essentially replaced with coursework. A seven-day suspension was ordered for Dr. Mausolf but the Hearing Tribunal notes that Dr. Mausolf's failure to communicate with the CPSA was in breach of not just her general duty to cooperate with the regulator, but also a resolution agreement that she had entered into with the CPSA. No such aggravating factor is present in Dr. Mones' case.

Accordingly, the Hearing Tribunal is satisfied that a period of suspension is not warranted for Dr. Mones and that a reprimand will be sufficient to serve the principle of deterrence. A reprimand will serve to provide both general and specific deterrence in that it will send the message to both the profession and to Dr. Mones specifically that it is unacceptable to fail to cooperate with the CPSA and to provide professional services without an active practice permit.

An order for participation in the Physician Health Monitoring Program is remedial in nature and also serves the important function of public protection by ensuring that any underlying issues faced by Dr. Mones will be identified and addressed so that she can continue to practice in a healthy and safe manner. The Hearing Tribunal is of the view that the need for this order is underscored by Dr. Mones' own acknowledgment that she was undergoing personal difficulties at the time of the conduct in question.

Finally, the Hearing Tribunal accepts that an order for full costs of the investigation and hearing is appropriate in this case. In making this order, the Hearing Tribunal appreciates that Dr. Mones was going through a difficult period in her personal life at the time of the conduct in question and was experiencing financial hardship. However, the Hearing Tribunal notes that these formal proceedings could likely have been avoided had Dr. Mones simply picked up the phone, engaged with the CPSA and allowed the CPSA to assist her in meeting her professional obligations while navigating her personal difficulties. It is unfortunate that these matters had to go this far.

Further, the Hearing Tribunal is satisfied that the costs of the investigation and hearing are not inordinate and any financial impacts to Dr. Mones as a result of the costs order can be mitigated by entering into a payment plan with the Complaints Director.

X. ORDERS

The Hearing Tribunal makes the following orders for penalty:

1. Dr. Mones shall receive a reprimand with these written reasons for decision of the Hearing Tribunal serving as the reprimand;
2. Dr. Mones shall participate in the CPSA's Physician Health Monitoring Program:
 - (a) The Program (through Dr. Jeremy Beach or his designate) shall be permitted to report the following limited information to the Complaints Director regarding Dr. Mones:
 - (i) Whether and when Dr. Mones commences participation in the Program; and
 - (ii) Whether any concerns identified through the Program are being addressed by Dr. Mones.

3. Dr. Mones shall be responsible for the full costs of the investigation and hearing of this matter and such costs shall be paid in accordance with the terms of any payment schedule agreed to in writing by the Complaints Director.

Signed on behalf of the Hearing Tribunal by the Chair:



Dr. Randall Sargent

Dated this 2nd day of February, 2022.