

CITATION: College of Physicians and Surgeons of Ontario v. Ghalamghash, 2025 ONSC 6507
COURT FILE NO.: CV-25-740755
DATE: 20251121

ONTARIO

SUPERIOR COURT OF JUSTICE

BETWEEN:

COLLEGE OF PHYSICIANS AND
SURGEONS OF ONTARIO

Applicant

– and –

REZA GHALAMGHASH

Respondent

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) *Emily Graham*, for the Applicant
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) *Yonatan Lipetz*, for the Respondent
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) **HEARD:** November 19, 2025

LEIPER J.

**APPLICATION UNDER Section 87 of the Health Professions Procedural Code, being
Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18**

REASONS FOR DECISION

Introduction

[1] The Applicant, College of Physicians and Surgeons of Ontario (the “College”) has brought an application for an interim, interlocutory and permanent order directing the respondent, Reza Ghalamghash, to comply with sections 27, 30 and 33 of the *Regulated Health Professions Act*, 1991, S.O. 1991, c.18 (“*RHPA*”), and sections 4 and 9 of the *Medicine Act*, 1991, S.O. 1991, c. 30 (“*Medicine Act*”), and in particular:

(a) to permanently refrain from:

- (i) using the title “doctor” and any variation or abbreviation thereof, including “Dr.”, in the course of providing or offering to provide, in Ontario, health care to individuals;
 - (ii) holding himself out as a person qualified to practice in Ontario as a physician, surgeon or in a specialty of medicine such as dermatology, including through the use of the titles “surgeon” and “dermatologist”, and through the use of any designations associated with the practice of medicine;
 - (iii) performing or offering to perform any controlled act, including but not limited to administering a substance by injection and performing a procedure below the dermis; or
 - (iv) treating or advising a person with respect to his or her health in circumstances in which it is reasonably foreseeable that serious bodily harm may result from the treatment or advice or from an omission from the treatment or advice; and
- (b) to immediately remove, and to permanently refrain from displaying or permitting to be displayed on any website, social media account, certificate, diploma, email address, advertisement, brochure, business card, receipt, letterhead, or other document connected to or associated with the provision of any health care:
- (i) all references to the titles “doctor”, “Dr.”, “surgeon” and “dermatologist”, as applied to the Respondent;
 - (ii) all references to the Respondent indicating that he is a doctor, physician, surgeon, or dermatologist;
 - (iii) all references that the Respondent performs, or is permitted to perform, any controlled act, including but not limited to administering a substance by injection and performing a procedure below the dermis; and
 - (iv) any other references, claims or assertions which fail to comply with the *RHPA* and the *Medicine Act*.

[2] The College submits that these orders are required because although the respondent holds a Ph.D. in Animal Physiology, he is not a medical doctor, and is not licenced to practice medicine

in Ontario. Despite this, the respondent used the restricted professional titles “doctor”, “surgeon” and “dermatologist” while providing and offering to provide health care services, he performed unauthorised controlled acts in contravention of a delegation agreement and improperly held himself out to the public as a person who is qualified to practice medicine in Ontario.

[3] The respondent acknowledges that he is willing to act in compliance with the *RHPA* and the *Medicine Act* and will take steps to ensure he is not using titles that are not permitted. However, to the extent that the College seeks an order which would permanently prohibit him from providing controlled acts in which he has been trained, under permissible delegation, he seeks to have this application dismissed.

[4] For the reasons that follow, I make the compliance orders sought by the College, without prejudice to the respondent’s ability to seek a variation to the order in appropriate circumstances.

Statutory Framework

[5] The *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (“*RHPA*”) and the *Medicine Act, 1991*, S.O. 1991, c. 30 (the “*Medicine Act*”), govern the practice of medicine in Ontario. A primary objective of the *RHPA* and the *Medicine Act* is the protection of the public.

[6] The *RHPA* and *Medicine Act* prohibit individuals who are not members of a regulated health profession, like medicine (“non-members”), from:

- a. performing specified controlled acts, such as cosmetic injections and thread lift procedures, unless appropriately delegated to them by a member;
- b. using the title “doctor” or any variation or abbreviation thereof in the course of providing or offering to provide health care to individuals in Ontario, and from using the titles “physician” and “surgeon” any variation or abbreviation thereof;
- c. from holding themselves out as persons qualified to practice in Ontario as a physician, surgeon, or in a specialty of medicine, such as dermatology; and
- d. treating or advising a person with respect to their health in circumstances in which it is reasonably foreseeable that serious bodily harm may result.

[7] A person is registered by the College as a “member”. Medical doctors, physicians, surgeons and dermatologist are subject to the governance of the College.

[8] The College maintains standards for the profession in Ontario and ensures the protection of the public by enforcing these standards. Any person who does not hold a certificate of registration issued by the CPSO is not a “member” within the meaning of the *RHPA*, the Code, and the *Medicine Act*.

[9] Subsection 27 of the *RHPA* prohibits non-members from performing specified controlled acts, unless their performance has been appropriately delegated to them by a member. The *RHPA* lists fourteen controlled acts, two of which are relevant to this application: performing a procedure on tissue below the dermis (thread lifts), and administering a substance by injection (Botox, mesotherapy, and platelet-rich plasma (“PRP”).

[10] Both the *Medicine Act* and the *RHPA* protect certain titles (physician, surgeon, dermatologist and doctor or Dr.) from use by anyone other than members when providing or offering health care in Ontario. “Health care” includes the controlled acts listed in the *RHPA*.

[11] Section 9(3) of the *Medicine Act* prohibits non-members from holding themselves out as physicians or as a specialty of medicine, for example as a dermatologist.

[12] Under s. 30(1) of the *RHPA*, where it is reasonably foreseeable that serious bodily harm may result from treatment to a person with respect to their health, only members treating or advising within the scope of practice of their profession are permitted to provide the treatment or advice, unless the treatment has been appropriately delegated to the non-member by a member.

[13] The courts have recognized that they may an order pursuant to s. 87 of the *RHPA* which directs a person to comply with the Code, is in effect a statutory injunction. When such an order is sought, in a case such as this, the Court must ask whether there has been a continued breach of the statute by the person against whom the injunction is sought and whether the statute permits the Court to make an order against that person. The College is not required to prove irreparable harm if the order is not made and the court has the discretion to refuse to make the order if it would be of questionable utility or be inequitable: *College of Physicians and Surgeons of Ontario v. Canon*, 2018 ONSC 4815 at paras. 38 and 39.

[14] Where a public authority applies to the court to enforce legislation, and a clear breach of the legislation is established, the court will only refuse an injunction to restrain the continued breach in exceptional circumstances. The respondent bears the onus to show exceptional circumstances: *College of Physicians and Surgeons of Ontario v. Canon* at para. 43.

Background Facts

[15] The respondent was previously a physiotherapist in Iran. He holds a Ph.D. in Animal Physiology from a university in Azerbaijan. He is the owner and manager of Premium Clinic Inc. in Markham. He is the founder and director of Premium Doctors, a clinic in Toronto and the owner of brands trademarked as “Dr. Slim” and “Dr. Foot”.

[16] The respondent has completed courses in injectable aesthetic treatments and has obtained certificates of completion from the Canadian Aesthetics Congress.

[17] The respondent is not a member of the College. In 2023, he agreed to a delegation arrangement with a member, Dr. Jimmy Poon.

[18] The delegation arrangement was set out in writing and was amended twice. The evidence from the delegating physician, Dr. Poon was that the version of the agreement under which the controlled activities took place provided that:

- a. Mr. Ghalamghash could perform certain specified controlled acts, namely: Botox injections, PRP injections and mesotherapy injections, subject to Dr. Poon's "absolute discretion";
- b. Did not include thread lifts, because Dr. Poon was not trained in the latest thread lift procedures; and
- c. The delegation agreement only permitted Mr. Ghalamghash to perform the named controlled acts if he otherwise met criteria for delegation, including as set out in the directives prepared by Dr. Poon, such as initiating a consult with Dr. Poon and obtaining a direct order from Dr. Poon before performing each controlled act. This was usually done by way of video conference with Dr. Poon.

[19] The College has adduced evidence that the respondent failed to abide by the delegation agreement, including by providing thread lifts in January and February of 2024, and completing 24 injections of Botox, mesotherapy and PRP between April and June of 2024.

[20] In addition, the respondent offered to perform a thread lift procedure on a College investigator who posed as potential clients in late 2023 and in 2024. Contrary to his written agreement with Dr. Poon, the respondent told one investigator that he could personally perform the thread lift procedure at Premium Clinic, and that Dr. Poon's involvement was optional.

[21] In 2023 and 2024, on the websites and social media accounts for his clinics and brands, the respondent, Mr. Ghalamghash:

- a. referred to himself "Dr. Reza Ghalamghash", "a distinguished practitioner shaping the future of holistic healthcare, in connection with offering services such as body shaping, skin rejuvenation, and weight loss at his clinic in Markham, including injections of carbon dioxide under the skin and cognitive behavioural therapy [drslim.ca];
- b. referred to himself as "Dr. Reza", "Dr. Reza Ghalamghash", and "a qualified healthcare like Dr Reza" who has a "cosmetic procedure practise" and "opinions and methods of diagnosis and treatment", and who is "working hard to provide the most effective care in the region" in offering treatments including thread lifts, rhinoplasty, and cosmetic injections to "patients" [premiumclinic.ca, Premium Clinic Facebook];

- c. referred to himself “Dr. Reza Ghalamghash” in describing his business, Premium Doctors, as a “[p]reventive and treating health clinic in Toronto, Canada” that offers “[a] different approach to health and pain management to well-being and happiness” and in posting an Instagram post featuring a stethoscope that indicated “In medicine, family history loads the gun, but lifestyle pulls trigger” [Premium Doctors Instagram];
- d. referred to himself as “Dr. Reza” in performing Botox injections, accompanied by hashtags such as #happypatient [Premium Clinic Facebook, Premium Clinic Instagram];
- e. referred to himself as a “surgeon” [premiumclinic.ca];
- f. referred to himself as a “qualified dermatologist [premiumclinic.ca]; and
- g. depicted himself performing cosmetic injections and thread lift procedures, including while dressed in medical attire (i.e. white lab coat, blue surgical scrubs), accompanied by hashtags such as #aestheticmedicine and #cosmeticmedicine [Premium Clinic Facebook, Premium Clinic Instagram].

[22] On June 25, 2024, Dr. Poon sent a letter the respondent terminating their delegation agreement due to Dr. Poon’s concerns. Dr. Poon had attended at the clinic on June 18, 2024, and discovered that the respondent had been providing controlled treatments without having obtained a directive from him in advance as provided by their agreement.

[23] After being notified of the College’s concerns in August 2024, and despite removing some of the impugned content from his online materials, Mr. Ghalamghash continued to refer to himself as “Dr. Reza” and as “Dr. Reza Ghalamghash” in operating his “preventive and treating health clinic”, in offering to provide thread lifts and cosmetic injections , and in performing Botox injections [Premium Doctors Instagram; premiumclinic.ca, Premium Clinic Instagram]; and depicting himself performing cosmetic injections and thread lift procedures, including while dressed in medical attire (i.e. white lab coat, blue surgical scrubs), accompanied by hashtags such as #aestheticmedicine and #cosmeticmedicine [Premium Clinic Instagram].

[24] The procedures involved in this application can inflict serious bodily harm. According to the affidavit from the Colleges medical advisor, excessive doses of Botox may produce unintended neuromuscular paralysis with symptoms such as eyelid drooping, double vision, swallowing and speech disorders, generalized weakness or respiratory failure. Botox can also be harmful if injected in or near certain anatomical structures, and serious adverse events including fatal outcomes have been reported in patients who had received Botox injected directly into the head and neck regions. Botox injections should be avoided or used with extreme caution in patients with muscle disorders and during pregnancy.

[25] In the case of thread lifts, improper technique can lead to irregularity, puckering, infection, granuloma, and inadvertent penetration of the oral cavity.

[26] In his affidavit filed in response, the respondent describes himself as an ethical individual. He affirms that he will ensure that his staff do not refer to him in the clinic as a “doctor” and to cease referring to himself this way.

The Issues on the Application

[27] The issues to be determined on this application are:

- a. Should the application be converted to an action?
- b. Should an order for compliance under s. 87 be made?
- c. If an order for compliance should be made under s. 87, what should the order include?

[28] I address each of the issues in turn.

Analysis

Should the application be converted to an action?

[29] The respondent submits that there are issues of credibility which can only be determined in an action. The respondent states that there is a factual dispute as between himself and Dr. Poon as to whether the respondent carried out controlled acts in violation of the delegation agreement. The respondent also submits that there is a credibility issue concerning Dr. Poon’s direction to him to cease using the title “Doctor” or other restricted titles, because Dr. Poon did not keep records of those interactions.

[30] I disagree. The record is replete with video and social media posts establishing that the respondent used the prohibited titles. He acknowledged the issue and made changes to some of his practices (although not all) once Dr. Poon brought this to his attention. There is no credibility issue requiring an action to address the use of restricted titles.

[31] Second, on the issue of whether the respondent carried out prohibited acts in violation of the delegation agreement, Dr. Poon swore affidavit evidence to that effect, and the investigator’s attendances confirmed that the respondent offered to provide controlled acts that were not delegated to him, that is, the thread lifts. The Respondent’s affidavit did not provide evidence about the scope of the agreement. That evidence was tendered through his administrative assistant, Ms. Yu who also admitted that she did not have details about the agreement or the amendments to their agreement. It was not until the Respondent was cross-examined that he asserted that Dr. Poon verbally relaxed the delegation agreement to omit the requirement of pre-approval before the

injections were given. This assertion was not put to Dr. Poon and was not consistent with any of the evidence as to how the parties conducted themselves under the agreement. Finally, the respondent's evidence was vague as to when such a verbal agreement was made, responding "maybe for the first time that we started to call him", "[m]aybe in the first or second month", but also that he did not remember when it occurred. I find that this is not plausible evidence that creates a live controversy.

[32] There is a significant documentary record on this application which enables findings of fact to be made. The affidavits attach the versions of the delegation agreement which show thread lifts removed from the amended version. The balance of the evidence is from images, postings and videos that are not challenged as to authenticity. The College investigation reports are recorded and are similarly not challenged.

[33] I find that the frailties in the respondent's affidavit evidence, the cross-examinations of the witnesses and other supporting material in support of the College's position means that there are no material facts in serious dispute, such that an action is required: *Chilian v. Augdome Corp.* (1991), 1991 CanLII 7335 (ON CA), 2 O.R. (3d) 696 (C.A.). Indeed, as counsel acknowledged at the outset, the Respondent would consent to an order requiring compliance with the legislation. The principal issue in dispute is in the form of the order and the court's jurisdiction to permanently prohibit his ability to perform controlled acts under supervision as contemplated by s. 27(1)(b) of the *RHPA*.

[34] I decline to order that this application be converted to an action.

Should an order for compliance be made?

[35] I find that the College has tendered a comprehensive, credible body of evidence that supports making an order under s. 87 of the *RHPA*. The controlled acts which the respondent was carrying out required the oversight put in place by Dr. Poon. When the respondent failed to do so, Dr. Poon terminated the relationship. These acts have a risk of bodily harm if they are done improperly. The respondent was not a member of the college. He is not a doctor. He is not a dermatologist. Yet, he repeatedly marketed himself using titles and imagery that falsely suggested he was a medical doctor.

[36] Dr. Poon and the College brought the matter of his titles to the respondent's attention, and he failed to fully correct these false public statements. He continued to hold himself out as a physician using various titles suggesting this was the case. He attempted to justify his actions, first by claiming that because he had a doctorate in another discipline, this was simply confusion about using the title "doctor." This is not persuasive because he was marketing health services and not presenting himself as a doctor in an academic setting.

[37] The respondent also took the position during cross-examination that the on-line presentation of his credentials was due to a web designer's error. This is problematic evidence either because it reveals a complete lack of oversight as to how his image and titles are displayed,

or because it is simply not accurate. The College attempted to verify this claim by seeking and obtaining the Respondent's undertaking to produce his files relating to the premiumclinic.ca website, the Premium Clinic Toronto Instagram account, or the @premiumdoctors Instagram account. He has failed to do so. I find that it is more likely than not that his failure to produce the relevant files means that their content does not support his claim that the web designer was responsible for the improper use of his titles on these platforms.

[38] The College has shown that through the respondent's conduct, particularly his online content, he was conveying to the reasonable person that he was qualified to practise in Ontario as a physician, surgeon, or dermatologist. As such, he contravened s. 9(3) of the *Medicine Act*.

[39] The respondent has not raised exceptional circumstances as to why such an order should not be made. His response to the allegations has been to minimize his conduct and to blame others. He had an opportunity at first instance to take corrective action, both in strictly complying with how he was marketing himself at the clinic, but also in responding appropriately to Dr. Poon's concerns in writing. Instead, he took positions on this application which were unsupportable. This weakens any confidence that he has and will accept the necessary limitations on his occupational activities which require delegation, that is, oversight by a member.

[40] I will make an order for compliance pursuant to s. 87 of the *RHPA*. This finding leads to the third and final issue, being the scope of the order, which I consider next.

If an order for compliance should be made under s. 87, what form should the order take?

[41] The Respondent takes issue with an order that would permanently prohibit him from performing the controlled acts in which he has been trained, because s. 27(1)(b) of the *RHPA* allows these acts to be done by non-members in circumstances of delegation. Thus the logic of the position is that an order for compliance should still permit him to offer these services under delegation. The relevant provisions provide:

27 (1) No person shall perform a controlled act set out in subsection (2) in the course of providing health care services to an individual unless,

- (a) the person is a member authorized by a health profession Act to perform the controlled act; or
- (b) the performance of the controlled act has been delegated to the person by a member described in clause (a). 1991, c. 18, s. 27 (1); 1998, c. 18, Sched. G, s. 6.

[42] The section under which the court may exercise its authority to order compliance is section 87 of the Code, Schedule 2 to the *RHPA* which reads:

Court orders

The College may apply to the Superior Court of Justice for an order directing a person to comply with a provision of the health profession Act, this Code, the *Regulated Health Professions Act, 1991*, the regulations under those Acts or the by-laws made under clause 94 (1) (1.2), (1.3) (s), (t), (t.1), (t.2), (v), (w) or (y). 1991, c. 18, Sched. 2, s. 87; 1998, c. 18, Sched. G, s. 20; 2000, c. 42, Sched., s. 38; 2001, c. 8, s. 224; 2006, c. 19, Sched. C, s. 1 (1).

[43] There is ample prior authority for orders made in the form sought by the College in this case, although the facts in each are somewhat different and the argument made by the respondent in the case at bar was not considered: *College of Dental Hygienists (Ontario) v. Tota* 2008 CarswellOnt 899, [2008] O.J. No. 694, 164 A.C.W.S. (3d) 171; *College of Opticians (Ontario) v. City Optical Inc.* 2009 CarswellOnt 3044, [2009] O.J. No. 2200, 177 A.C.W.S. (3d) 518; *College of Physicians and Surgeons of Ontario v. Canon* 2018 CarswellOnt 13599, 2018 ONSC 4815, 295 A.C.W.S. (3d) 651.

[44] A purposive approach to s. 87 compliance orders is in keeping with the public protection mandate of this legislation. While the College has many tools to oversee compliance by its members (and by extension, delegates), the court must consider the evidence of risk to the public and the response taken by a given delegatee to applications of this nature. For example, in the *Canon* decision, Perell, J., found that the respondent filed no material and did not take part in the application. There were no exceptional circumstances and the compliance order was made.

[45] In the *Tota* decision, which involved a dental hygienist performing scaling without oversight, the respondent was not aware of the requirements and agreed to the form of the order requiring compliance.

[46] In the case at bar, the respondent has breached the *RHPA* and the *Medicine Act* by holding himself out as a doctor and in performing controlled acts outside of the delegation agreement he formed with Dr. Poon. His responses to the College and evidence on this application do not raise exceptional circumstances. Rather, they raise questions about his willingness to abide fully and adequately within the regulatory framework put in place as a matter of public protection, within an independent clinical setting.

[47] The College seeks a permanent order of prohibition to ensure compliance. Counsel for the respondent submits that this goes beyond what is required by s. 87. The respondent does not object to a compliance order, but he submits that removing his ability to perform controlled acts under a delegation agreement is unduly restrictive. Counsel for the College submits that it is necessary on the record in this case to do so, because of the respondent's proven inability to comply under a delegation agreement.

[48] I accept that the College has established a failed delegation arrangement and that the Respondent's compliance must be ensured. It is reasonable to prohibit him at this time from providing these services under a delegation arrangement such as he had with Dr. Poon.

[49] However, I have also considered evidence of the respondent's credentials and ability to perform the procedures, as well as the regulatory provisions which permit delegation. I would make one adjustment to the order sought by the College, is to allow the respondent the ability to seek to vary the order, on notice to the College. It may be that in the future, a more strictly controlled employment arrangement would be satisfactory to the College and/or the court and would meet the public interest and the regulatory framework envisioned by s. 27 of the *RHPA* as well as being fair to the respondent who has taken ongoing education and certification in the procedures that are regulated under the legislation.

[50] I conclude that the order should be made as sought by the College for these reasons, with an added clause preserving the ability of the Respondent to seek a variation on notice to the College.

Conclusion

[51] The Application is granted. I heard brief submissions as to costs, at the close of argument from counsel. I award costs in favour of the College on a partial indemnity basis in the amount of 35,000.

Leiper, J.

Leiper J.

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REASONS FOR JUDGMENT

Leiper J.

Released: November 21, 2025