

SUMMARY

DR. STEPHEN ANDREW BRAKE (CPSO# 32929)

1. Disposition

On January 18, 2018, the Inquiries, Complaints and Reports Committee (the Committee) ordered general practitioner Dr. Brake to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Brake to:

- Practice under the guidance of a Clinical Supervisor acceptable to the College for six (6) months, for a minimum of 11 visits, at moderate- and then low-level supervision, including a half-day's observation at each level of supervision, chart reviews, and reports to the College from the Clinical Supervisor
- Engage in self-directed learning to include reviewing, preparing written summaries and discussing with the Clinical Supervisor the following:
 - CPSO Policy Statement #7-16, Prescribing Drugs, and in particular the Narcotics and Controlled Drugs section of the policy
 - Clinical guidelines:
 - Diabetes Canada 2016 Interim Update-Pharmacologic Management of Type 2 Diabetes
 - Ontario Immunization Schedule (Adult only)
 - Canadian Cardiovascular Society Framingham Risk Calculator
 - APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder
 - Hypertension Canada Prevention and Treatment Guidelines
 - Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult
 - 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain
 - CPSO Policy Statement #4-12, Medical Records
 - CMPA Electronic Records Handbook

- Ontario MD Peer Leader Program
 - Flow sheet resources:
 - Diabetes Patient Care Flow Sheet
 - Screening Guidelines for Cervical, Breast and Colon cancer as contained in Cancer Care Ontario's Screen for Life
 - CPSO Policy Statement #1-11, Test Results Management
 - Family Medicine section of Choosing Wisely Canada.
- Undergo a reassessment of his practice by an assessor selected by the College approximately six (6) months following completion of the education program.

2. Introduction

The College received information raising concerns about Dr. Brake's lack of documentation in charting, his failure to arrange appropriate follow-up for patients, and his disjointed care plans for inpatients at the hospital which required clarification from nurses. Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of Dr. Brake's practice.

3. Committee Process

As part of this investigation, the Registrar appointed a Medical Inspector to review a number of Dr. Brake's patient charts, interview Dr. Brake, and submit a written report.

A Family Practice Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the investigation. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee was troubled by the Medical Inspector's report, noting that it identified wide-ranging shortcomings with Dr. Brake's practice, including the potential for risk of harm to patients. In particular, the Medical Inspector noted that:

- Dr. Brake failed to meet the standard of practice in most of the medical charts reviewed.
- In many cases, Dr. Brake's documentation was scant or non-existent, yet Dr. Brake billed OHIP despite not charting these patient encounters.
- There were problems with Dr. Brake's prescribing for inpatients and patients with chronic diseases.
- Dr. Brake was unaware of most primary care guidelines and was unable to use an electronic medical record system appropriately.
- Dr. Brake was unprepared for his discussion with the Medical Inspector.

The Committee considered Dr. Brake's response to the Medical Inspector's report. Dr. Brake acknowledged that certain areas of his practice were sub-standard, including record-keeping, EMR knowledge, and test results management. He stated he has taken significant steps to address these issues. Dr. Brake contended that the Medical Inspector did not identify issues with his clinical skills and knowledge. He stated he will ensure his clinical knowledge remains current by attending continuing medical education events in future.

Notwithstanding Dr. Brake's response, the Committee remained concerned about his practice for the reasons outlined above. Given the Committee's belief that broad-based remediation would be an appropriate and reasonable way to address the concerning deficiencies in Dr. Brake's practice, it ordered the SCERP set out above.