

SUMMARY

Dr. Przemyslaw Bekasiak (CPSO# 57566)

1. Disposition

On January 25, 2017, the Inquiries, Complaints and Reports Committee (the Committee) ordered general practitioner Dr. Bekasiak to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Bekasiak to undertake education to ensure his practice, documentation and practice management meet the standard of a competent general practitioner in the Province of Ontario, as outlined in an Individualized Education Plan, including:

- Clinical Supervision for a period of 12 months (weekly for four weeks, with each visit to include a full day of observation as well as a review of 10 patient charts; then every two weeks for 8 weeks, with each visit to include a ½ day of observation as well as a review of 10 patient charts; then no less than monthly for nine months, with review a minimum of 15 - 20 charts to assess for the quality of documentation and care).
- Courses/programs, including a Medical Record-Keeping course, a Safe Opioid Prescribing Course, Pri-Med Canada Continuing Medical Education (CME) program or equivalent, and a recognized educational tracking program.
- Self-study and/or discussion with Supervisor regarding College Policies and other materials, including Policy Statement #7-16, *Prescribing Drugs*; Policy Statement # 1-11, *Test Results Management*; Policy Statement #6-12, *Mandatory and Permissive Reporting*; Policy Statement #4-12, *Medical Records*; the CMA Driver's Guide; Reporting Drivers with Dementia: A Guide for Physicians; Screening Guidelines for Cervical, Breast and Colon cancer as contained in Cancer Care Ontario's Screen for Life; Hypertension Canada Prevention and Treatment Guidelines; Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult; Canadian Diabetes Association Pharmacologic Management of Type 2 Diabetes: November 2016 Interim Update; Rourke Baby Record; Greig Health Record; Canadian Network for Mood and Anxiety Treatments (CANMAT)

2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder: Section 6. Special Populations: Youth, Women, and the Elderly; American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults; Canadian Guideline for Safe and Effective Use of Opioids for Non-Cancer Pain; Use of NOAC in Non-Valvular Atrial Fibrillation; Diagnosis and Management of Osteoporosis; Diabetes Patient Care Flow Sheet; Patient Health Questionnaire (PHQ-9); Ontario Antenatal Records 1 & 2.

- Reassessment approximately 3 months following the completion of the education outlined above.

2. Introduction

During the investigation of a public complaint about Dr. Bekasiak's care of a patient in a walk-in clinic, the Committee obtained an Independent Opinion (IO). The IO provider was of the view that Dr. Bekasiak's care of the patient did not meet the standard of practice; that his care of the patient displayed consistent lack of knowledge, skill and judgement; and that the clinical care which Dr. Bekasiak provided to the patient could have exposed him to harm.

In December 2015, the Committee approved the Registrar's appointment of investigators under section 75(1)(a) of the Code to examine Dr. Bekasiak's practice. Under this appointment, the Committee retained a medical inspector (MI) to review a number of Dr. Bekasiak's patient charts, and interview Dr. Bekasiak. After a review of 25 of Dr. Bekasiak's patient charts and an interview with Dr. Bekasiak, the MI concluded that Dr. Bekasiak's care of patients did not meet the standard of practice, that he lacked knowledge of guidelines and standard of practice, that his record-keeping was deficient and that the lack of knowledge and comprehensiveness of care put his patients at risk.

Dr. Bekasiak responded that since receiving the MI report, he had taken a number of steps to improve his practice. He provided specific responses to aspects of the MI's analysis of the individual patient charts.

3. Committee Process

A Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. 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

As a result of the investigation in this matter, the Committee had concerns about the deficiencies in Dr. Bekasiak's clinical practice, which it believed are widespread and pose a risk to patients, and about his practice management and documentation. The practice areas the Committee had concerns about included: management of hypertension, hyperlipidemia, diabetes, normal childhood development and mood disorders; use of benzodiazepines in the elderly; use of opioids for non-cancer pain; investigation and treatment of patients with urinary tract symptoms, low back pain, insomnia, breast pain, rectal bleeding or heart murmurs; pharmacology related to patients requiring anticoagulation; indications for bone mineral density screening; understanding of a physician's responsibility to report patients who are unfit to drive; use of routine preventative screening strategies such as mammograms, Pap smears or faecal occult blood testing; avoidance of polypharmacy in patients; timely review and patient notification of abnormal or unexpected findings; and initial and/or periodic laboratory investigations for patients treated with diuretics, antipsychotics or warfarin.

While Dr. Bekasiak outlined steps he had taken to improve his practice since reviewing the MI report, the Committee remained of the view that his practice has numerous concerning deficiencies which could put patients at risk. In light of the seriousness of these concerns, the Committee needed to be assured that Dr. Bekasiak would undertake sufficient training and education to ensure that he could make the necessary improvements to protect patient safety. The SCERP was designed to ensure that Dr. Bekasiak could make positive, permanent changes. A reassessment will follow, approximately three months after completion of the education set out in the SCERP.