SUMMARY

Dr. David John Hancock (CPSO# 22993)

1. Disposition

On September 23, 2015, the Inquiries, Complaints and Reports Committee ("the Committee") ordered general practitioner Dr. Hancock to complete a specified continuing education and remediation program ("SCERP"). The SCERP requires Dr. Hancock to engage in focused educational sessions with a clinical supervisor acceptable to the College in the topics of thorough assessment (specifically completeness of history and physical examinations), documentation, and adequacy of communication; and undergo a reassessment approximately 6 months following completion of the clinical supervision.

In addition, the Committee required Dr. Hancock to attend the College to be cautioned with respect to inadequate assessment, documentation and communication.

2. Introduction

The College received a complaint from Patient B's mother indicating that Dr. Hancock failed to appropriately assess her son prior to referring him to the Crisis Team, and behaved in an unprofessional manner during an emergency department visit. According to the complainant, while she was waiting in the emergency department for her son to be treated, Dr, Hancock remarked "Not this guy again", tore her son's file from the clipboard, passed it to the nurse and said, "Give this to Crisis", without coming to see or assess her son.

Dr. Hancock informed the College that physicians working in emergency department rely on the assistance of other health professionals to assist in triaging patients. According to Dr. Hancock, the usual process is for the nurse to report her initial assessment to the on duty physician, advise of the patient's condition, and receive further instructions. Dr. Hancock did not recall receiving any information from the nurse informing him of any physical complaint or of any history that would indicate he needed to physically examine the patient.

Dr. Hancock informed the College that he had not previously met or treated the patient but was aware that patient had previously attended the emergency department. According to Dr.

Hancock, he does not specifically recall making the comments attributed to him by the complainant but accepts he may have said something to the effect of "He's here again" at some point during the initial stage of the patient's visit. Dr. Hancock maintains that this did not influence his decision not to assess the patient.

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, as well as College policies and relevant legislation.

4. Committee's Analysis

The Committee noted that, despite being the most responsible physician for Patient B during his emergency department visit, Dr. Hancock failed to perform any form of assessment on Patient B.

The Committee was of the view that Dr. Hancock had a professional obligation to personally attend and examine the patient in order to properly assess Patient B prior to the involvement of the Crisis Team. It was insufficient for him to review the notes made by other healthcare professionals (no matter how detailed or helpful) to excuse himself from any form of direct involvement and/or assessment with the patient.

The Committee was also of the view that Dr. Hancock's record keeping was deficient, in that he failed to adequately document Patient B's emergency department attendance.

The Committee expressed the view that Dr. Hancock demonstrated poor communication skills and a lack of professionalism by making the comment in question, which Patient B's family member understandably interpreted as being negative or discriminatory in nature; and commented that it would have expected Dr. Hancock to have demonstrated more care and sensitivity in his choice of words, given his history of previous similar communications complaints.

In addition, the Committee also considered the fact that it received a concurrent complaint against Dr. Hancock from another patient raising similar concerns with respect to inadequate assessment, documentation, and communication.

The Committee's concerns in this case were heightened by the fact that Dr. Hancock has a significant history of complaints with the College, and has been cautioned in the past about his inadequate diagnosis, treatment and documentation; and his assessment of/communication with a patient. He has also been found by the College's Discipline Committee to have failed to maintain proper records and the standard of practice of the profession.

In addition to the SCERP, the Committee required Dr. Hancock to attend at the College to be cautioned in person with respect to his inadequate assessment, documentation and communication in this case.