

## SUMMARY

### DR. REZA KAZEMI (CPSO# 58133)

#### 1. Disposition

On August 9, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required Dr. Kazemi (Family Medicine) to appear before a panel of the Committee to be cautioned with respect to professional behaviour, medical record-keeping, managing chronic disease in the elderly, proper pharmacological choices for elderly patients, and making dietary changes with patients.

The Committee also ordered Dr. Kazemi to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Kazemi to:

- Practice under the guidance of a Clinical Supervisor acceptable to the College for six months.
- Undergo a reassessment of his practice by an assessor selected by the College approximately six months following completion of the SCERP.
- Successfully complete one-to-one instruction in communications and professionalism, which the College will facilitate.
- Undertake self-directed learning, including reviewing the Diabetes Canada Guidelines with the Clinical Supervisor and reviewing the College’s *Practice Guide* and submitting a written summary of same to the College.

#### 2. Introduction

The College received information from a long-term care facility where Dr. Kazemi provided care to patients, raising concerns about Dr. Kazemi’s care (including management of diabetes, pain, and palliative/end of life care, medication reconciliation, and rapid reduction of polypharmacy) and conduct (including his lack of consideration of suggestions and opinions of allied health

professionals), and subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of Dr. Kazemi's practice.

### **3. Committee Process**

As part of this investigation, the Registrar appointed a Medical Inspector ("MI") to review a number of Dr. Kazemi's patient charts, interview Dr. Kazemi, and submit a written report to the Committee.

A General Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to 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.cpsso.on.ca](http://www.cpsso.on.ca), under the heading "Policies & Publications."

### **4. Committee's Analysis**

The MI concluded that Dr. Kazemi's practice did not meet the standard of practice, displayed a lack of knowledge and skill, and in 8 of 24 charts reviewed exposed patients to a risk of harm. The MI found Dr. Kazemi's documentation to be sub-standard, but noted it had improved after Dr. Kazemi took a medical record-keeping course. The MI was concerned that Dr. Kazemi did not read his colleagues' inter-disciplinary notes at the long-term care facility and found Dr. Kazemi's relationship with those colleagues troubling as evidenced by entries in many of the charts reviewed. The MI set out examples of poor clinical care by Dr. Kazemi, particularly around diabetes management and fluid restriction for patients experiencing swelling, pain control and end of life care, knowledge around pharmacotherapy and ensuring patient consent.

Dr. Kazemi responded that he has made many changes to his practice since the MI's review, including to his documentation. He took issue with some of the comments that were attributed to him by colleagues.

The Committee considered Dr. Kazemi's response, including a report from an expert retained by Dr. Kazemi's counsel, who found his care met the standard, an addendum report from the MI, and Dr. Kazemi's further response. The Committee indicated that the opinion submitted by Dr. Kazemi's counsel did not alleviate its concerns arising from the investigation, which included concerns about Dr. Kazemi's record-keeping, various aspects of his clinical management of elderly patients, and his communications with colleagues.

For all these reasons, the Committee reached the two-fold disposition set out above.