

SUMMARY

DR. MICHAEL BARRY BRITTON-FOSTER (CPSO #50201)

1. Disposition

On June 15, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered Dr. Britton-Foster, a general practitioner, to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Britton-Foster to:

- provide a written summary of the following College policies
 - #4-12, *Medical Records*, and
 - #1-11, *Test Results Management*.
- engage in educational sessions with a clinical supervisor focused on:
 - appropriate physical examination when there are neurological symptoms, particularly with a possible diagnosis of multiple sclerosis;
 - appropriate management of depression/depressive symptoms;
 - medical record-keeping, including organization, history, physical examination, and record of review of test results; and
 - appropriate and effective use of the electronic medical record (EMR) to track and take action on test results.
- undergo a reassessment of his practice approximately six months following completion of the education plan.

2. Introduction

A patient complained to the College about Dr. Britton-Foster’s care and management in that Dr. Britton-Foster failed to adequately assess, investigate, refer, diagnose and treat her for C5/C6 herniation in 2012 and for MS from 2014 to 2016. In addition, the patient expressed concern that

Dr. Britton-Foster delayed for over a year to review critical MRI reports, resulting in a delay in her MS diagnosis, ignored her requests for a neurology referral, failed to conduct a proper history and physical examination, and spoke to her in a condescending manner.

Dr. Britton-Foster responded that he did not examine the patient's neck in August 2012 in his clinic, as the patient had presented three days earlier to the emergency room (ER) where she had undergone an appropriate examination and an x-ray of the cervical spine. The ER physician had diagnosed the patient with a soft tissue neck injury.

Dr. Britton-Foster noted that the patient came to his clinic in May 2014 as she was concerned about the possibility she had MS. An MRI scan on June 1, 2014, showed demyelination suggestive of possible MS. The report suggested that the patient undergo a repeat scan in three to six months. Dr. Britton-Foster reported that the patient failed to attend a follow-up appointment in July 2014.

The patient returned to the clinic in October 2015 when a locum physician was covering Dr. Britton-Foster's practice. The locum physician reviewed the June 2014 MRI report and ordered a repeat MRI of the patient's head and cervical spine. The MRI head showed some demyelination-type changes and the MRI cervical spine showed C5/C6 disc protrusion.

Dr. Britton-Foster indicated that he intended to refer the patient to a neurologist in November 2014 and wrote himself a reminder to this effect on a sticky note that he attached to the medical record. He acknowledged that the referral was delayed until February 2016, due in part to the sticky note having been lost.

With regard to the patient's concern about his communication, Dr. Britton-Foster noted that he can be abrupt when he is pressed for time or fatigued. He apologized if the patient found his manner to be dismissive or condescending.

In addition, Dr. Britton-Foster reported that the patient came to him in August 2012 reporting that she felt unable to continue working due to workplace stress. She informed him she had been diagnosed with depression and treated with bupropion but that she wanted to try a different medication. He provided her with a prescription and noted that she subsequently reported improvement in her mood.

3. Committee Process

The 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

The Committee found it concerning that Dr. Britton-Foster failed to act on the patient's first MRI scan in June 2014 which showed demyelination that was very suggestive of MS. In the Committee's view, Dr. Britton-Foster should have scheduled a follow-up MRI scan as recommended in the report and referred the patient immediately to a neurologist, but it was not until the locum reviewed the report in October 2015 that the patient was scheduled for a repeat MRI of the head and cervical spine.

Dr. Britton-Foster indicated he had no explanation for his failure to order the suggested repeat MRI. The Committee had to question whether he actually reviewed the June 2014 MRI report when it came into the office.

The Committee noted that the patient requested on a number of occasions that Dr. Britton-Foster refer her to a neurologist, but her requests were not reflected in the record. The Committee considered it entirely inappropriate that Dr. Britton-Foster's reminder system for referrals consisted of sticky notes that could so easily go missing.

Upon review of the medical record, the Committee could find little evidence that Dr. Britton-Foster performed physical examinations with regard to the patient's neurological symptoms. We could find no history other than that the patient expressed concern she might have MS. There was no documentation to indicate that Dr. Britton-Foster asked her questions about her suspicions. This was surprising to the Committee, as it would be expected that a physician would ask a patient suspected of having MS about neurological symptoms and events and would document this information in the medical record.

The Committee could find no documentation in the medical record to indicate that Dr. Britton-Foster reviewed the patient's reported diagnosis of depression when she asked for a change to her medication in August 2012. The note indicates that he prescribed treatment but there is no mention that he did any psychological testing or engaged the patient in a discussion about her depressive symptoms so that he might ask her some key questions.

The Committee found Dr. Britton-Foster's EMR to be inadequate and difficult to navigate. The medical record did little to convey the patient's story, and was set out in a way that made it difficult to spot trends in, for example, blood work. Furthermore, the EMR did not appear to have a reliable system for flagging outstanding referral requests.

The Committee was of the view that Dr. Britton-Foster's care of the patient was inadequate and potentially harmful, and decided that the SCERP described above was warranted.