

SUMMARY

DR. BRADLEY TERRENCE BOBBY (CPSO #78358)

1. Disposition

On September 11, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required Dr. Bobby (General Practice) to appear before a panel of the Committee to be cautioned with respect to his unsafe opioid prescribing and failure to adhere to guidelines despite previous attempts at remediation. The Committee also accepted Dr. Bobby’s signed undertaking.

2. Introduction

The College received information from the Narcotics Monitoring System (“NMS”) that raised concerns about Dr. Bobby’s narcotics prescribing. Subsequently the Committee approved the Registrar’s appointment of investigators to conduct a review of Dr. Bobby’s practice.

3. Committee Process

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

A Panel of the Committee constituted to consider cases that include narcotics prescribing issues, 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.cpsa.on.ca, under the heading “Policies & Publications.”

4. Committee's Analysis

The Committee considered the initial report of the Medical Inspector, who concluded that Dr. Bobby failed to meet the standard of practice in 17 out of 19 charts and exposed patients to risk of harm or injury in 13 out of 19 cases. The Medical Inspector indicated that Dr. Bobby regularly prescribed large quantities of opiate medications with multiple refills and open "as needed" prescriptions, which shows a lack of judgement in regard to managing opiate prescriptions, and prescribed opiates to many patients with high risk behaviour and/or known substance abuse or dependence, thus exposing these patients to an increased risk of death from overdose and the public to increased risk of diversion of medication.

In his response to the Medical Inspector's report, Dr. Bobby described changes to his narcotics prescribing practice and education he has taken and plans to take to improve his narcotics prescribing.

As a result of this investigation, the Committee had concerns about Dr. Bobby's ongoing opioid prescribing practice. The Committee noted that its concerns would be satisfied, in part, if an undertaking could be obtained from Dr. Bobby to address the issues in question. Such an undertaking was obtained; it is posted on the public register and remains there while it is in effect. The Committee is satisfied that the terms of the undertaking (which include supervision, professional education and reassessment) are important measures to ensure that Dr. Bobby's ongoing and future narcotics prescribing is safe and effective for patients.

However, the Committee found the Medical Inspector's findings particularly concerning in light of the fact that in 2012 the Committee directed Dr. Bobby to complete a specified continuing education or remediation program ("SCERP") in regard to his narcotics prescribing. The SCERP required Dr. Bobby to practice under a preceptorship for one year, successfully complete education in opioid prescribing, and undergo reassessment.

The Committee acknowledged that Dr. Bobby has taken important steps to improve his practice but was concerned by the indication in the Medical Inspector's report that Dr. Bobby continued to prescribe opioids in an improper manner after receiving guidance from a preceptor and participating in a safe opioid prescribing course. Therefore, in addition to accepting Dr. Bobby's undertaking, the Committee determined that it was also appropriate to require him to appear before a panel of the Committee to be cautioned, so the Committee may impress upon him its concerns with his chronic pain management and provide direction to him about steps the Committee believes he must take in order to avoid future difficulties.