

## SUMMARY

### DR. RICHARD DAVID THOMAS (CPSO #32107)

#### 1. Disposition

On May 12, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered family physician Dr. Thomas to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Thomas to:

- attend the Medical Record-Keeping Course through the University of Toronto;
- participate in one-on-one instruction in communications;
- review College policies #4-12, *Medical Records*; #4-07, *Physician Behaviour in the Professional Environment*; and #3-08, *Ending the Physician-Patient Relationship*;
- review clinical practice guidelines relating to:
  - assessing for risk of suicide in depression
  - identifying risks associated with cardiovascular disease and oral contraception
  - management of chronic non-malignant pain
  - the diagnosis of diabetes mellitus
  - management of hypertension
  - management of low back pain
  - management of interstitial cystitis
  - screening for cervical cancer;
- review and complete the Canadian Medical Protective Association handbook and modules on record keeping;
- engage in educational sessions with a clinical supervisor focused on the quality of his care and documentation; and
- undergo a reassessment of his practice approximately 12 months following completion of the education plan.

## 2. Introduction

A patient complained to the College about the care and conduct of Dr. Thomas. She expressed concern that Dr. Thomas failed to treat her illnesses (urinary frequency and leakage, and pelvic, back, leg and foot pain) appropriately in 2008 and failed to take her blood pressure. She indicated Dr. Thomas was intimidating, dismissive and unwilling to listen to her concerns. She also expressed concern about lengthy waits for appointments, having to give confidential information to a secretary while other patients were present in the waiting room, and about receiving inaccurate, misleading and discriminatory medical records (in that the patient was concerned the records labelled her as a drug-seeker). The patient complained that Dr. Thomas inappropriately discharged her from his practice and was interfering with her ability to obtain a new physician.

Dr. Thomas indicated to the College that he treated the patient's lower back pain appropriately in 2008 and was aware of her chronic bladder and urinary tract issues. He stated that the record shows he did take the patient's blood pressure.

Dr. Thomas indicated that it is office policy to keep appointment slots available for urgent cases. He denied that he was unwilling to listen to the patient's concerns and maintained that confidentiality is a priority in his office. He indicated that the patient's records were accurate except for a few minor errors that resulted from the switch to an electronic medical record. He acknowledged that he did not send the patient a letter conveying his decision to terminate her from the practice but denied that he was interfering in the patient's efforts to access a new family physician.

## 3. Committee Process

As part of this investigation, the Committee retained an Independent Opinion provider ("IO provider") who specializes in family practice. The IO provider reviewed the entire written investigative record and submitted a written report to the Committee.

A Family Practice 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](http://www.cpso.on.ca), under the heading "Policies & Publications."

#### 4. Committee's Analysis

The IO report noted the following:

- Dr. Thomas's handwritten notes from July 1998 to July 2007 were exceptionally brief and rarely included a documented physical examination or diagnosis.
- Similarly, there was a lack of documented physical examinations in the electronic medical record from February 2008 to May 2011, when Dr. Thomas terminated the patient from his practice.
- Dr. Thomas's management plan for the patient's interstitial cystitis was inadequate.
- There was only one recorded blood pressure in the medical record in over 11 years.

On the basis of the IO provider's report, the Committee had concerns regarding Dr. Thomas's practice, and specifically his documentation and his management of the patient's illnesses. The Committee decided to require Dr. Thomas to complete the SCERP to address the above-noted issues.

The Committee could find no evidence in the medical record to support the patient's claim that Dr. Thomas was intimidating, dismissive and sarcastic in his manner toward her. The Committee noted, however, that Dr. Thomas's history at the College includes other complaints of unprofessional communication for which he has received a reminder and advice. On this basis, the Committee decided that Dr. Thomas would benefit from coaching in appropriate communication.

In addition, the Committee decided to advise Dr. Thomas with regard to ending the physician-patient relationship in accordance with College policy and ensuring patient confidentiality in the office.

The Committee was of the view that there was no evidence that Dr. Thomas provided the patient with inaccurate medical records or was interfering with the patient's efforts to find a new physician, and therefore took no action on these areas of concern. The Committee did not see any evidence to support the patient's concern that the records inappropriately labelled her as a drug-seeker and took no action on this aspect of the complaint.