

SUMMARY

DR. JOHN PAUL NOLAN (CPSO# 26787)

1. Disposition

On August 10, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required Dr. Nolan (Internal Medicine) to appear before a panel of the Committee to be cautioned with respect to inaccuracies in arrhythmia diagnosis and poor clinical management of outpatient arrhythmias; and medical record-keeping.

In addition, the Committee ordered Dr. Nolan to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Nolan to:

- attend and successfully complete courses in medical record-keeping;
- engage in self-directed learning, including reviewing and producing a written report on the College policies on *Medical Records* (#4-12) and *Consent to Treatment* (#3-15);
- practice under the guidance of a Clinical Supervisor acceptable to the College for six months, with a focus on: diagnosis and outpatient management of tachy-arrhythmias; apixaban (anticoagulant) dosing; and medical record-keeping; and
- undergo a reassessment of his practice by an assessor selected by the College approximately six months following completion of the education program.

2. Introduction

The College received a complaint about care Dr. Nolan provided in his outpatient internal medicine practice and subsequently, the Committee approved the Registrar’s appointment of investigators to conduct a broad review of Dr. Nolan’s practice.

As part of this investigation, the Registrar appointed a Medical Inspector (“MI”) to review a number of Dr. Nolan’s patient charts, interview Dr. Nolan, and submit a written report.

3. Committee Process

An Internal Medicine Panel of the Committee, 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.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee found that the MI's review revealed certain concerning deficiencies in Dr. Nolan's practice. The clinical issues included the inaccurate diagnosis of arrhythmia. The MI also noted issues related to medical record-keeping.

The MI opined that three of 25 charts showed that Dr. Nolan's care did not meet the standard of practice, each for different reasons, including a lack of knowledge and judgement (regarding a high risk stress test, and post-bypass arrhythmia) and inattention to detail (in medication dosing), and a lack of skill (in interpreting exercise stress tests). The MI opined that there was a potential risk of harm in the three cases. The MI also noted concerns about medical record-keeping.

In his response to the MI's report, Dr. Nolan maintained that he made the appropriate clinical decision with respect to the first case the MI noted as concerning. He said that he disagreed with the MI's description of the patient's stress test as "high risk" in the second case, and he explained his rationale for treatment, noting that his approach to this patient (whom he treated many years ago) would probably be different today. He acknowledged an apixaban dosing error in the third case, but said he quickly corrected the oversight; he explained the nature of the consultation notes he wrote for this patient.

The Committee considered Dr. Nolan's information, but accepted the MI's conclusions and had significant concerns with respect to Dr. Nolan's care and medical record-keeping. The Committee was concerned about Dr. Nolan's overall insight into the management of cardiac issues in the elderly.

The Committee concluded that the appropriate disposition was two-fold, in that Dr. Nolan would benefit from direction in person about the issues raised, and he would benefit from remediation and monitoring, both for his record-keeping and care.