

SUMMARY

DR. MARK STEPHEN DOIDGE (CPSO #50445)

1. Disposition

On July 11, 2018, the Inquiries, Complaints and Reports Committee (the Committee) ordered Dr. Doidge, a general practitioner practising in travel medicine, to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Doidge to:

- Review specified policies and documents and prepare a written summary of each of the documents
- Practice under the guidance of a Clinical Supervisor acceptable to the College for six months
- Undergo a reassessment of his practice.

2. Introduction

The College received information raising concerns about Dr. Doidge's practice in travel medicine and, subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of Dr. Doidge's practice.

3. Committee Process

A 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

College investigators attended two of Dr. Doidge's clinic locations and interviewed members of staff, including international medical graduates (IMGs). The College also sent letters to 25 randomly selected patients requesting that they contact the College to provide information. Patients who had attended the clinics between June and July 2017 provided, among other things, a physical description of the staff member or physician who had assessed and/or treated them.

The Committee found that the clinics were staffed by IMG delegates who completed a focused history of patients related to vaccinations, general health, and area of travel. IMGs made treatment decisions based on Health Canada and Centre for Disease Control guidelines. One of the IMG delegates was also a licensed registered practical nurse. Dr. Doidge acknowledged that he does not establish a physician-patient relationship in many cases.

The College's *Delegation of Controlled Acts* policy sets out the following:

In most situations where a physician delegates the performance of controlled acts, he or she should have current knowledge of a patient's clinical status. Therefore, delegation must only occur in the context of an existing physician-patient relationship, unless patient safety and best interests dictate otherwise.

The Committee concluded that Dr. Doidge was not in compliance with the College's delegation policy, particularly with regard to assessment, consultation and decision-making. There is scope for delegation in travel medicine but there must first be assessment by the physician. Dr. Doidge was delegating the entire process of travel medicine and the IMGs in his offices were operating independently, contrary to the best interests of patients.

There is some scope for departure from the *Delegation of Controlled Acts* policy. There are exceptions when a delegate is permitted to provide care without a prior physician-patient relationship, including public health initiatives such as vaccinations programs. In the Committee's view, the patient care Dr. Doidge's delegates were providing does not fit within

this exception. Public health programs usually involve registered nurses administering standard vaccinations such as flu shots. This is significantly different from travel medicine which is individualized medicine for which consultation and treatment recommendations are required.

The Committee's concern about delegation in this matter (involving as it did the lack of a physician-patient relationship and the lack of individual assessment in a context that requires individualized medicine) was compounded by the indication that clinic patients might have been confused about the credentials of the individuals who provided care to them. Dr. Doidge indicated that the delegates' name tags and the prescription forms identified them as IMGs (and that the term was spelled out in full). The term IMG, however, has little meaning to the average patient and does not clarify whether the individual is licensed to practise medicine in Ontario.

In light of the Committee's concerns about Dr. Doidge's travel medicine practice, the Committee was of the view that the SCERP described above was warranted.