

SUMMARY

DR. SUZANNE MARIE BEAUCHEMIN (CPSO #55439)

1. Disposition

On December 14, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required family physician Dr. Beauchemin to appear before a panel of the Committee to be cautioned with respect to prompt completion of forms.

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

- Attend and successfully complete the next available session of the University of Toronto’s Medical Record-Keeping Course
- Review and prepare a written summary of the following programs and resources:
 - CMPA e-learning programs
 - Documentation: Charting Medical Records eLearning Module (CMPA)
 - Documentation II: Principles of Medical Record Keeping eLearning Module (CMPA)
 - The College’s *Medical Records* policy
 - The College’s *Third Party Reports* policy
 - The Practice Guide: Medical Professionalism and College Policies
 - CanMEDS – Family Medicine: Professional Role
- Engage in focused educational sessions, in person, with a clinical supervisor for a period of four months
- Undergo a reassessment with an independent assessor approximately six months after the completion of the remediation program.

2. Introduction

A patient complained to the College that Dr. Beauchemin failed to complete disability forms as requested and missed several deadlines from the insurance company.

Dr. Beauchemin responded that she completed a Service Canada form for the patient at the patient's request in July 2016, but she could not recall the patient asking her to fill out any long-term disability forms in the time period from July to November 2016.

Dr. Beauchemin confirmed that the patient asked her to send a narrative of her care to the patient's new family physician to support the patient's appeal to her insurance company. According to Dr. Beauchemin, however, the patient made this request only over the telephone and never submitted a written request for this narrative or provided a formal request from the insurance company.

Dr. Beauchemin indicated that she was in e-mail communication with the patient and asked the patient to provide her with additional information, such as consultation letters from the endocrinologist that Dr. Beauchemin had not received. Dr. Beauchemin indicated she felt she was in a difficult position and was uneasy about sending in the narrative report without complete information. Ultimately, Dr. Beauchemin did send the narrative of her care to the patient's new physician, as requested.

3. Committee Process

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, under the heading "Policies & Publications."

4. Committee's Analysis

Though it was Dr. Beauchemin's position that she could not recall the patient asking her to complete disability forms in July 2016, there is a nursing note in the chart dated July 7, 2016, that indicates the purpose of the patient's visit was to have disability forms completed.

In regard to the patient's second request, for a narrative report of Dr. Beauchemin's care, Dr. Beauchemin gave a number of reasons for the four-month delay before she provided the report to the patient's new family physician. In the Committee's view, rather than waiting to send the report until after the patient had lodged a complaint with the College, Dr. Beauchemin should have completed the narrative within the 60 days set out in the College's *Third Party Reports* policy using the information she had in her records. She could have asked to meet with the patient if necessary to obtain additional information and then submitted the report acknowledging the information she did not have.

Dr. Beauchemin described the patient as complex. On this basis, the Committee questioned why Dr. Beauchemin had not already requested copies of the endocrinology reports that were lacking at the time she indicated she was trying to complete the narrative report. This information was important for Dr. Beauchemin to have so that she could effectively test the patient, prescribe to her, and taper her steroid dose.

The patient's new family physician provided information to the College that indicated she formally requested transfer of the patient's medical record in December 2016 and received a partial chart in January 2017. According to the patient's new family physician, the patient continued to contact Dr. Beauchemin's office to request the missing portions of her medical record.

Dr. Beauchemin has a history with the College of failing to complete forms or transfer records in a timely manner. The Committee has issued more than one verbal caution to Dr. Beauchemin on the issue of providing records in a timely manner, as required by the College's *Medical*

Records policy, which sets out that transfer should take place in a timely fashion in order to facilitate continuity of care.

In addition to the Committee's concern with Dr. Beauchemin's failure to complete forms and transfer records in a timely manner, the Committee notes that Dr. Beauchemin's documentation in this case was illegible and not set out in the SOAP (subjective, objective, assessment, plan) format. Her records lack a CPP (a cumulative patient profile, which Dr. Beauchemin indicated was not present because she saw the patient only as a walk-in patient) and a drug list, and it is impossible to follow the course of care or understand her line of thought. The record indicates that Dr. Beauchemin often billed OHIP psychotherapy codes and, as required, noted the time she spent with the patient. There is, however, little documentation in the record of her discussions with the patient, including the issues the patient raised and her suggestions to the patient.

In the Committee's view, it was inappropriate for Dr. Beauchemin to assert that the patient was never a patient of her family practice and that she saw her only on a walk-in basis. The patient's account of events indicates that she saw Dr. Beauchemin for scheduled appointments and that the patient's previous clinic interacted with her as a patient of Dr. Beauchemin's practice. It appeared to the Committee that Dr. Beauchemin provided ongoing, comprehensive care to the patient. If Dr. Beauchemin and the patient had differing views on how the patient fit into the practice, it would have been helpful if Dr. Beauchemin had clarified her role in the patient's care.

In light of the above, the Committee decided that the two-fold disposition, verbal caution and SCERP, was warranted.