SUMMARY

DR. ROBERT WAKEFORD PALMER (CPSO# 54168)

1. Disposition

On April 15, 2016, the Inquiries, Complaints and Reports Committee ("the Committee") ordered general surgeon Dr. Palmer to complete a specified continuing education and remediation program ("SCERP"). The SCERP requires Dr. Palmer to:

- Engage in self-directed learning, through a review of the College's policy on *Test Results Management* (#1-11) and specific clinical practice guidelines and quality indicator standards for GI (gastro-intestinal) endoscopy, and complete a written report on the documents including reference to how they apply to his practice.
- Maintain a Quality Assurance log of all procedures.
- Engage in focused educational sessions, in person, with a clinical supervisor acceptable to the College, in the following topics:
    - indications for endoscopy and biopsy standards;
    - technical skills for colonoscopy;
    - recognition of unanticipated findings and appropriate management; and
    - follow-up of tests (biopsy results).
- Undergo a reassessment, with an assessor selected by the College, approximately six months following completion of the educational program above.

2. Introduction

The College received notice about a patient who experienced a perforation during a colonoscopy that Dr. Palmer performed at an independent health facility (IHF). Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of Dr. Palmer's practice.

As part of this investigation, the Registrar appointed a Medical Inspector to review a number of Dr. Palmer's patient charts, interview Dr. Palmer, directly observe Dr. Palmer performing three colonoscopies, and submit a written report.

Dr. Palmer supplied information about his training in colonoscopy, the number of colonoscopies he has performed, and his perforation rate, which he contends is in keeping with rates reported in the medical literature. In response to the Medical Inspector's report, Dr. Palmer commented that the figures the Medical Inspector considered in assessing him did not include the procedures he completed in 2015 and 2016, or the procedures he completed before 2012. He submitted that his perforation rate ought to be assessed based on the total number of procedures he has performed, and not only those from 2012 to 2014.

3. Committee Process

A Surgical 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 while the Medical Inspector had a positive overall opinion of Dr. Palmer's practice (though noting some minor deficiencies), the Committee was nonetheless concerned that Dr. Palmer has gaps in knowledge and skill. The Committee highlighted certain issues that troubled it as it considered the information in this investigation, including that:

- Dr. Palmer should ensure there is a method for following abnormal results within a reasonable timeframe.

- Dr. Palmer should ensure he is familiar with Ontario regulations and, specifically, those relevant to IHFs, such as completing Tier 1 and 2 "Adverse Event" report forms.

- Dr. Palmer should endeavour to gain experience and employ techniques to manage more difficult colonoscopies successfully in order to achieve cecal intubation rates of at least 95% with perforation rates no more than 0.03% for diagnostic colonoscopy [considered Ontario standards].

- Dr. Palmer should take care to recognize and maintain a low threshold for investigating possible complications. (Among other things, the Committee observed that Dr. Palmer's notation regarding a surgeon's comment on an operative report suggested a lack of insight.)

The Committee felt strongly there is room for improvement in Dr. Palmer's technique. The Committee carefully considered how to encourage and ensure this, in keeping with the College's responsibility to protect the public and ensure the best patient care possible. The Committee also noted that at the time it considered the information in this investigation, it also considered three public complaints regarding Dr. Palmer that involved perforations. The Committee emphasized that the priority is making sure Dr. Palmer is technically competent to perform colonoscopy procedures, so the College (and importantly the public) has the reassurance that his skill level is where it should be.

To that end, the Committee decided that a specified continuing education and remediation program was appropriate in this case.