

## SUMMARY

### DR. MARK STEPHEN DOIDGE (CPSO #50445)

#### 1. Disposition

On July 11, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required Dr. Doidge, a general practitioner practising in travel medicine, to appear before a panel of the Committee to be cautioned with respect to his failure to comply with the *Delegation of Controlled Acts* policy and to appropriately identify international medical graduates (IMGs) in his office and ensure patients understand the qualifications of the individual providing treatment.

#### 2. Introduction

A patient attended Dr. Doidge's clinic with his wife and child for travel vaccinations. They received care from an IMG. Dr. Doidge did not provide care to the patient or his family.

The patient complained to the College that Dr. Doidge permitted an IMG delegate to prescribe the Twinrix and tetanus vaccinations and an antibiotic for traveller's diarrhea to the patient and his family without supervision, and that he did not obtain the patient's informed consent for an IMG to provide treatment or prescribe an antibiotic, or identify his staff as IMGs working under his supervision.

#### 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.cpsso.on.ca](http://www.cpsso.on.ca), under the heading "Policies & Publications."

#### 4. Committee's Analysis

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.*

Upon review of the investigative file, the Committee was concerned 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.

The IMG delegate in this case did more than provide travel vaccinations to the patient and his family. He also prescribed antibiotics and anti-diarrheal medication.

It appeared to the Committee that Dr. Doidge was relying on an expanded scope of the IMG to assess patients and recommend treatment. This was not a delegated act occurring within the context of a physician-patient relationship. There was no physician-patient relationship in this case, as Dr. Doidge was not on site at the time of the care in question and did not interact with the patient or his family at any time. This was contrary to the best interests of the patient and his family.

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. The patient care the IMG provided to the patient's family did 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 patient provided his consent for himself and his family to be treated by “any of the following people: Canadian or International Medical Graduate or a Registered Nurse and/or Registered Practical Nurse.” However, the IMG did not identify himself to the patient and his family so it would have been impossible for the patient to know the IMG’s credentials. If patients are unaware of the identity and credentials of the individual providing care, they cannot provide informed consent.

Even if the IMG is wearing a name tag that identifies him or her as an IMG (with the term spelled out in full), there is the potential to mislead patients. The term IMG has little meaning to the average patient. It does not clarify whether the individual has a certificate of membership with the College and may not help patients to understand the credentials of the individual providing care to them.

In light of 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) as well as the concern that Dr. Doidge did not ensure that his delegates appropriately identified themselves or that patients understood the qualifications of the individuals providing care, the Committee decided to require Dr. Doidge to attend at the College for a verbal caution as described above.