

## 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 two children for travel vaccinations. They received care from an IMG who is also a registered practical nurse. Dr. Doidge did not provide care to the patient or his children.

The patient complained to the College that Dr. Doidge was practising travel and tropical medicine, which was outside of his scope of practice, and was not onsite to provide consultation. The patient also expressed concern that Dr. Doidge was permitting IMGs not registered with the College to consult, diagnose and prescribe vaccines and antibiotics under a medical directive, and was misrepresenting the qualifications of his travel consultant staff by using the title of MD in the approved medical directive prescription. The patient also expressed concern that Dr. Doidge had not disclosed to the public that the travel consultants, identified as MDs on the medical directive prescription, were not members of the College.

The patient had additional concerns about Dr. Doidge's consultation fees and the fact that he collects OHIP information for uninsured medical services and charges an additional \$15 for services provided on weekends.

### 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 was satisfied that Dr. Doidge is practising within his scope of practice and is appropriately charging consultation fees for non-OHIP covered services that staff provide at the clinic. The Committee considered it reasonable that Dr. Doidge charges a premium for these services on weekends and that his office collects OHIP information from patients who present for travel medication. The Committee took no action on these areas of concern.

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 children. 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 children at any time. This was contrary to the best interests of the patient and his children.

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 children 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.

Dr. Doidge acknowledged that the prescription form the patient received identified the IMG who provided care to him and his children as an MD. Dr. Doidge indicated that he erred in allowing the IMG, who does not have a certificate of membership with the College, to identify himself as a physician and that he had amended the prescription form.

The Committee did not accept Dr. Doidge's explanation that it was a simple error to allow the IMG to identify himself as a physician. The Committee was of the view that Dr. Doidge should have known that the title of doctor is a protected title and that misuse of the title is misleading to patients and may be fraudulent.

The patient provided his consent for himself and his children 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 was not wearing a name tag when he interacted with the patient and his children 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.

Though Dr. Doidge indicated he had amended name tags and the prescription forms in the clinic to ensure that his delegates were clearly identified as IMGs (with the term spelled out in full), 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.