

## SUMMARY

### DR. STEVEN ALLEN LAX (CPSO# 51130)

#### 1. Disposition

On March 23, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered family physician Dr. Lax to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Lax to:

- provide a written summary of College policies #4-12, *Medical Records*, and #1-11, *Test Results Management*; and review the Osteoporosis Guidelines, the Canadian Thoracic Society’s COPD Guidelines, and the 2009 Canadian Dyslipidemia Guidelines;
- engage in educational sessions with a clinical supervisor focused on management of chronic conditions, patient-centred encounters, preventive health maintenance, and test result management; and
- undergo a reassessment of his practice approximately six months following his completion of the education plan.

#### 2. Introduction

The College received an anonymous complaint from a patient about Dr. Lax’s walk-in practice. The patient was concerned that patients are made to line up in the hallway while waiting to see the physician and then to discuss the reason for their visit in the presence of other patients; and that Dr. Lax rushes through patient encounters and leaves the clinic unexpectedly. The College’s investigator spoke with the office manager, who advised that Dr. Lax had no set office hours, and that Dr. Lax provides prescription renewals for regular patients at the counter or in the hallway. The Committee approved the Registrar’s appointment of investigators to conduct a broad review of Dr. Lax’s practice.

#### 3. Committee Process

As part of this investigation, the Registrar appointed a Medical Inspector (MI) to review a number of Dr. Lax’s patient charts, interview Dr. Lax, and submit a written report.

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 Committee had significant concerns regarding Dr. Lax's practice, on the basis of the MI's report, which identified a lack of knowledge, skill, and judgement, and a possible risk of harm, in many of the charts reviewed. The MI noted specific concerns in regard to:

- Medical record-keeping
- Prescribing
- Follow through on recommendations for follow-up care or monitoring
- Follow-up of abnormal test results
- The lack of a system to flag when age-specific preventive tests were due.

The Committee also noted that the investigation identified issues with poor office organization and lack of patient confidentiality in the office.

While Dr. Lax disagreed with the MI's opinion regarding the quality of the care he provided to patients (and he provided several letters of reference and a report from another physician opining on his care), he did acknowledge the deficiencies in his records and indicated that he was committed to improving his documentation. He provided proof to the College that he had attended the medical record-keeping course. The MI reviewed Dr. Lax's response and the report of the physician that Dr. Lax retained to opine on his care, and reported that his opinion regarding the deficiencies in Dr. Lax's practice remained unchanged.

The Committee was of the view that, in addition to the steps already taken by Dr. Lax to improve his record-keeping, a SCERP was necessary to address the significant concerns with Dr. Lax's practice that were identified in this investigation. The education sessions with the clinical supervisor required by the SCERP would address the issues raised by the anonymous patient regarding poor organization and lack of patient confidentiality in Dr. Lax's office.