SUMMARY

DR. DAVID JAMES HILL (CPSO# 27853)

1. Disposition

On September 6, 2017, the Inquiries, Complaints and Reports Committee ("the Committee") ordered general practitioner Dr. Hill to appear before a panel of the Committee to be cautioned in person with respect to his management of diabetes, inadequate medical records, failure to follow the College's policy with respect to closing his office practice, and repeated lack of co-operation with the investigation; and to complete a specified continuing education and remediation program ("SCERP"). The SCERP requires Dr. Hill to:

- attend and complete the University of Toronto Medical Record-Keeping Course, attend the Hypertension Canada Primary Care Day, and attend educational seminars on diabetes and geriatric medicine;
- review and summarize the College's policy on *Medical Records,* as well as practice guidelines on diabetes, hypertension and geriatric medicine;
- practice under a Clinical Supervisor for a period of six months; and
- undergo a reassessment of his practice following completion of the education program.

2. Introduction

The College received a complaint from the family member of one of Dr. Hill's patients, raising concerns that Dr. Hill failed to provide appropriate care in the management of the patient from approximately 1999 to 2015, in that Dr. Hill failed to provide proper overall care and treatment and inappropriately prescribed medication refills without proper assessment.

Dr. Hill responded that he and numerous other physicians fully investigated and treated the patient's many significant medical conditions, that the patient was on a variety of medications and that her blood sugar levels often fluctuated. He advised that the patient stopped receiving medication refills under his name in January 2015, when he retired from active practice. When asked to provide details regarding his patient records, the steps he took when closing his

previous office practice, and his current medical practice, Dr. Hill advised that he no longer has an office practice and only performs house calls and nursing home visits under supervision. He further advised that his landlord has not permitted him access to his former office premises since May 2015. He indicated that patients are able to make written requests for records, but that he has not received any such requests recently.

The College retained an Independent Opinion (IO) provider to review Dr. Hill's management of the patient's care in this case, who opined that the care Dr. Hill provided fell below the standard of practice of the profession, that Dr. Hill's care displayed a lack of skill (moderate), knowledge (moderate) and judgement (significant), and that Dr. Hill's clinical practice and behaviour exposes his other patients to harm or injury.

3. Committee Process

A General 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

The Committee was concerned with the care that Dr. Hill provided in this case, and noted that, according to the IO provider, many of Dr. Hill's diagnoses were inconsistent with the charting, and the care did not follow current standards on numerous issues. The Committee noted that although Dr. Hill saw the patient regularly until September 2014, the last consultation note on record from the patient's endocrinologist was from 2012, and all other specialist consultations were before 2008. The last laboratory work found in the chart was from August 2013, and the only glucometer readings were noted on a sheet submitted over a two-month period in 2014. Based on the above, the Committee questioned Dr. Hill's claim that he followed the patient and

referred her appropriately. In the Committee's view, Dr. Hill fell below the standard in his lack of monitoring and follow-up of a patient with diabetes, hypertension, renal insufficiency and anemia. The Committee was also concerned that Dr. Hill did not appear to have insight into his shortcomings in this case.

The Committee found Dr. Hill's notes to be brief and unhelpful, with notations such as "no change", "ditto", etc., and did not contain vital information (i.e. evidence of following blood sugar levels). As such, they did not comply with the College's policy on *Medical Records.*

The Committee was troubled by Dr. Hill's prescriptions for the patient's diabetes medication, and noted the prescriptions were automatic renewals with no changes in dosages (i.e. no attempt to titrate the drugs to optimize blood sugars).

In considering this complaint, the Committee noted that Dr. Hill has an extensive and troubling history with the College, including concerns regarding his lack of professionalism and unethical behaviour (including a Discipline Committee finding that he had falsified records), governability and clinical competence. The Committee further noted that in the present case, Dr. Hill did not respond to the IO provider's concerns regarding his care, and failed to provide a complete original patient chart, despite nine requests from the College over a six month period. Dr. Hill's failure to cooperate with the College's investigation raised concerns that he may be ungovernable and that he continues to display a pattern of unprofessional behaviour.

Also concerning to the Committee was the fact that the IO provider identified concerns with those portions of the medical record that Dr. Hill did provide (i.e. clipping of the edge of the pages such that the full dates were not visible, obscured dates on many consultant reports, diagnoses that "come and go" and are not substantiated by specialists/test results/treatment). In addition, the Committee noted that Dr. Hill's notes were unusually uniform in style and format of handwriting.

Lastly, the Committee found that Dr. Hill did not comply with College policy with respect to the closing of his office practice, and did not make appropriate arrangements for either the retention or transfer of patient record, as required by the College's policy on *Practice Management Considerations for Physicians Who Cease to Practice, Take an Extended Leave of Absence or Close Their Practice Due to Relocation*. Although Dr. Hill stated that he was able to receive requests for medical records, the Committee noted that the challenges he cited with his landlord suggest that it was not possible for him to address these requests appropriately. Furthermore, the Committee was of the view that given the manner in which Dr. Hill closed his office practice, he effectively abandoned his patients and left them without a family physician and without means of accessing their medical records, laboratory results or prescriptions.