

Indexed as: Redekopp, A.W. (Re)

**THE DISCIPLINE COMMITTEE OF THE COLLEGE
OF PHYSICIANS AND SURGEONS OF ONTARIO**

IN THE MATTER OF a Hearing directed
by the Inquiries, Complaints and Reports Committee of
the College of Physicians and Surgeons of Ontario
pursuant to Section 26(1) of the **Health Professions Procedural Code**
being Schedule 2 of the *Regulated Health Professions Act, 1991*,
S.O. 1991, c. 18, as amended.

B E T W E E N:

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

- and -

DR. ALAN WAYNE REDEKOPP

PANEL MEMBERS:

DR. E. STANTON (CHAIR)
D. DOHERTY
DR. F. SLIWIN
S. BERI
DR. S. BODLEY

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| Hearing Date: | November 21, 2011 |
| Decision Date: | November 21, 2011 |
| Release of Written Reasons: | December 19, 2011 |

DECISION AND REASONS FOR DECISION

The Discipline Committee (the “Committee”) of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on November 21, 2011. At the conclusion of the hearing, the Committee stated its finding that the member committed an act of professional misconduct and delivered its penalty and costs order with written reasons to follow.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. Alan Wayne Redekopp committed an act of professional misconduct:

1. under paragraph 1(1)2 of O. Reg. 856/93 made under the *Medicine Act*, 1991, in that he has failed to maintain the standard of practice of the profession.

The Notice of Hearing also alleged that Dr. Redekopp is incompetent as defined by subsection 52(1) of the Health Professions Procedural Code (“the Code”) being Schedule 2 of the *Regulated Health Professions Act*, 1991, S.O. 1991, c. 18.

RESPONSE TO THE ALLEGATIONS

Dr. Redekopp admitted the allegation of professional misconduct in the Notice of Hearing that he failed to maintain the standard of practice of the profession. Counsel for the College withdrew the allegation of incompetence.

FACTS AND EVIDENCE

The following Agreed Statement of Facts was filed as an exhibit and presented to the Committee:

1. Dr. Redekopp is a general practitioner with a practice in Brockville, Ontario. He received his certificate of registration authorizing independent practice from the

College in 1983. He is presently in solo practice in the community with approximately 2700 patients.

2. As a result of information received by the College from the Brockville Police regarding two deaths in Brockville (one of a patient of Dr. Redekopp and one of a non-patient; the non-patient's death occurred of an overdose in the house of the patient), the College commenced an investigation under s. 75(1)(a) of the Health Professions Procedural Code (the "Code").

3. The College took a sample of 22 patient charts from Dr. Redekopp's office, with a focus on charts including narcotics prescribing. The chart of the deceased patient referred to in paragraph 2 was included. Dr. Redekopp advises that his pain management practice comprised about 4 percent of his practice; his entire practice included about 2,500 patients.

4. The College obtained an expert report, which concluded as follows:

On even a cursory review of Dr. Redekopp's charts, it is obvious to me that his record keeping and documentation consistently fail to meet the standard of practice. In virtually all of the charts reviewed here, there were multiple examples of unintelligible notation, deficient recording of drugs prescribed, and notes in non-chronological order. ... More serious concerns arise, however, which relate to the actual conduct of Dr. Redekopp's prescribing practices.

With regard to the prescription of opioids, benzodiazepine and psychostimulants, it appears to me that Dr. Redekopp exhibits a lack of knowledge, skill and judgment. This was evident both in the charts reviewed and in Dr. Redekopp's responses during our interview. In nine of the 23 patient charts reviewed (patients #3, 5, 6, 7, 8, 9, 11 and 12) there were examples of bizarre combinations of drugs – two or more varieties of benzodiazepines or short acting opioids – whose therapeutic benefits are questionable and the combined side-effects of which might potentially cause complications. This problem is compounded by inadequate recording of doses and quantities. The same is true for the problem of excessive amounts prescribed, as occurs with patients #1, 9, 12 and 21 especially; the paucity of documentation raises the possibility that this practice is much more widespread. Combined with Dr. Redekopp's consistent inability or unwillingness to recognize and act on red flags (patients #1, 6, 9, 12, 15, 18, 21 and 22), these problems are a potential source of harm. The

fact that he did indeed issue a prescription to patient #14 ..., on meeting her for the first and only time, further suggests that he has a somewhat cavalier attitude to prescribing opioid narcotics.

During our brief meeting, Dr. Redekopp appeared to be a compassionate physician motivated by a desire to serve the needs of a large and undoubtedly demanding patient population, and did not appear to disregard the welfare of his patients....

The standard of practice for family physicians prescribing opioids for chronic pain requires meticulous maintenance of medication logs, use of urine drug screening, faxing of prescriptions directly to pharmacies and the acknowledgement and confrontation of aberrant patient behaviour. The fact that Dr. Redekopp had neither instituted nor even apparently contemplated such changes to his practice following the death of a patient is troubling. I believe that if he continues to prescribe opioids and other narcotics in the manner attested to by the charts that I have reviewed, he is likely to expose his patients to harm or injury.

5. Dr. Redekopp has not prescribed any narcotics or controlled substances, since prohibited by the College from doing so on November 11, 2010.

6. Dr. Redekopp completed the College prescribing course in 2011. A copy of the certificate demonstrating his completion of that course is attached at Tab A [to the Agreed Statement of Facts].

7. The remainder of Dr. Redekopp's practice is currently being assessed by the College.

PART II - ADMISSION

8. Dr. Redekopp admits the facts specified in paragraphs 1 to 7 above and admits that he failed to maintain the standard of practice of a physician of the profession in the manner set out above.

FINDING

The Committee accepted as true all of the facts set out in the Agreed Statement of Facts. Having regard to these facts, the Committee accepted Dr. Redekopp's admission and found that he committed an act of professional misconduct, in that he has failed to maintain the standard of practice of the profession.

PENALTY AND REASONS FOR PENALTY

Counsel for the College and counsel for the member made a joint submission as to an appropriate penalty and costs order, which proposed that Dr. Redekopp be prohibited from prescribing any narcotic or controlled substances, with the exception of testosterone, and that Dr. Redekopp shall post a clearly visible sign in his waiting room advising patients of this restriction. The joint submission on penalty also proposed that Dr. Redekopp be required to cooperate with unannounced inspections of his practice; that he be required to participate and successfully complete the College Medical Record Keeping course; and that he be reprimanded with the fact of the reprimand recorded on the register. It was further jointly submitted that Dr. Redekopp pay costs to the College for a one-day hearing at the tariff rate.

The Committee accepted and gave strong consideration and weight to the expert evidence forming part of the Agreed Statement of Facts, which concluded that Dr. Redekopp's record keeping and documentation failed to maintain the standard of practice. Further, the expert evidence was that there were serious concerns regarding Dr. Redekopp's prescriptions of narcotics and controlled substances, which demonstrated a lack of skill, knowledge and judgment and a failure to maintain the standard of practice for family physicians prescribing opioids. There was concern with regard to combinations of drugs and excessive quantities prescribed. Following the death of his patient, Dr. Redekopp did not make any changes to his practice with respect to prescribing narcotics and controlled substances. The expert evidence indicated that Dr. Redekopp is "likely to expose his patients to harm or injury if he continues to prescribe opioids and other narcotics in this

manner.” Accordingly, the Committee was of the view that any penalty to be handed down must seek to protect the public and minimize this risk.

Mitigating factors in this case include the fact that Dr. Redekopp acknowledges the concerns of the expert and admits that he failed to maintain the standard of practice in his record-keeping and narcotic prescribing. Dr. Redekopp’s admission has saved the College the expense of a contested hearing. Furthermore, Dr. Redekopp has successfully completed the College Prescribing Course and has no previous history with the Discipline Committee.

In considering the proposed penalty, the Committee is cognizant of the relevant penalty principles. Dr. Redekopp will be prohibited from prescribing any narcotic or controlled substances, with the exception of testosterone, and the remainder of his practice will be under assessment to ensure that there are no other problem areas. This will serve to protect the public. Dr. Redekopp will post a sign in his office advising that he is restricted from prescribing narcotics and controlled substances and he will allow unannounced inspections by the College. This will further protect the public and will instill public confidence in the College’s ability to self-regulate. The College courses on prescribing and record keeping will provide rehabilitation for Dr. Redekopp. The public reprimand will provide both specific and general deterrence.

The Committee reviewed the cases provided by counsel for the College and agrees with the submission of both parties that the proposed penalty is in line with penalties imposed in similar cases. As well, the Committee is mindful that a joint submission on penalty should not be rejected unless it is contrary to the public interest and would bring the administration of justice into disrepute.

The proposed penalty meets the requirements of public protection, maintaining public confidence in the College and rehabilitation of the member, and provides specific and general deterrence.

The Committee is of the view that the proposed cost award of \$3,650 is reasonable and appropriate and compensates the College for the costs of a one-day hearing at the tariff rate.

ORDER

Therefore, the Committee ordered and directed that:

1. the Registrar place the following terms, conditions and limitations on Dr. Redekopp's certificate of registration:
 - a. Dr. Redekopp is prohibited from prescribing:
 - (i) Narcotic Drugs (from the Narcotic Control Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19);
 - (ii) Narcotic Preparations (from the Narcotic Control Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19);
 - (iii) Controlled Drugs (from Schedule G of the Regulations under the *Food and Drugs Act*, S.C., 1985, c. F-27), with the exception of testosterone; or
 - (iv) Benzodiazepines/Other Targeted Substances (from the Benzodiazepines and Other Targeted Substances Regulations made under the *Controlled Drugs and Substances Act*, S.C., 1996, c. 19)

(A summary of the above-named drugs [from Appendix I to the Compendium of Pharmaceuticals and Specialties] is attached [to the Order] as Schedule "A"; and the current regulatory lists are attached [to the Order] as Schedule "B").
 - b. Dr. Redekopp shall post a clearly visible sign in his waiting room in the form set out at Schedule "C" [to the Order]. For further clarity, this sign shall state as follows: "Dr. Redekopp has relinquished his prescribing

privileges with respect to Narcotic Drugs, Narcotic Preparations and Controlled Drugs other than testosterone”.

- c. Dr. Redekopp shall cooperate with unannounced inspections of his practice and such other steps as the College may take for the purpose of monitoring and enforcing his compliance with the terms of the Order.
 - d. Dr. Redekopp shall, at his own expense, participate in and successfully complete the following College course:
 - (i) Medical Record-Keeping for Physicians.
- 2. Dr. Redekopp appear before it to be reprimanded.
 - 3. Dr. Redekopp pay costs to the College in the amount of \$3,650 within thirty (30) days from the date of this Order.
 - 4. the results of this proceeding be included in the register.

At the conclusion of the hearing, Dr. Redekopp waived his right to an appeal under subsection 70(1) of the Code and the Committee administered the public reprimand.