

SUMMARY

DR. PATRICK ALFRED HARBISON TANSEY (CPSO# 78758)

1. Disposition

On January 8, 2020, the Inquiries, Complaints and Reports Committee (the Committee) ordered orthopaedic surgeon Dr. Tansey to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Tansey to:

- Attend and complete the next available session of the following courses:
 - Medical Record-Keeping Course, through the University of Toronto;
 - Documentation: Charting Medical Records eLearning Module, through the Canadian Medical Protective Association (CMPA); and
 - Documentation II: Principles of Medical Record Keeping eLearning Module, through the CMPA.
- Review the College's policy, *Medical Records*, with reference to current standards of practice (where applicable), how it is applicable to his situation, as well as how he has made, or plans to make, changes to his practice.
- Undergo a reassessment of his practice by an assessor selected by the College approximately six months after his completion of the remediation.

The Committee also advised Dr. Tansey to make best efforts to meet the timelines for the treatment of shoulder injuries with neurological complications, as laid out in the expert opinion report.

2. Introduction

The patient first saw Dr. Tansey after she fell at work. He provided care for the patient for approximately two months. After leaving his care, she saw another physician, who diagnosed an additional muscle tear and referred her for complex reconstructive surgery.

The patient complained to the College that Dr. Tansey failed to provide adequate care for her dislocated shoulder. Specifically, she complained that Dr. Tansey failed to properly diagnose an injury in her right shoulder, which caused her to require more complicated, extensive surgery to repair the damage.

Dr. Tansey responded that he did not specifically recollect the patient, and that he relied on his records for details of her care. He acknowledged that his medical records could use improvement.

Dr. Tansey explained his course of treatment for the patient's shoulder, which included a rest period in a sling for three weeks followed by rehabilitation. He did document that the patient had neurological issues in her hand, including weakness at the anterior interosseous nerve, and that he told her this usually resolves on its own. The medical record also indicated that he recommended on multiple occasions that the patient continue with physiotherapy.

He did not refer the patient for surgery, and viewed surgery as an option when there is a failure using conservative treatment. He maintained that his management of the patient's injury was appropriate, and that his treatment did not cause the patient to have more complex surgery. He apologized that the patient perceived him as rude.

3. Committee Process

A Surgical 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 found that large portions of Dr. Tansey's notes were illegible, but appreciated his insight in this regard. Further, while Dr. Tansey did note that there were symptoms of peripheral nerve involvement related to the patient's dislocation, he did not document a neurological examination. He should have documented his findings more appropriately, which led the Committee to determine he required further education regarding his medical record keeping to ensure he complied with the College's policy *Medical Records*.

Dr. Tansey submitted an expert opinion report opining on his care in this case. While the opinion provider concluded that Dr. Tansey was "following generally accepted guidelines for the treatment of an acute shoulder dislocation over the time of his involvement," in the Committee's view, aspects of Dr. Tansey's care were inconsistent with the standards set out in the opinion report.

In particular, Dr. Tansey's notes indicate that there was no general functional improvement by 10 weeks after the injury. From early to late April, there was no increased range of motion in the shoulder, and external rotation declined from 30 degrees to 10 degrees. The opinion report stated, in part, that "Should symptoms persist or worsen over the first 6 to 8 weeks, further investigation with either ultrasound and/or MRI to evaluate for more significant soft tissue injury, such as capsulolabral injuries and rotator cuff tears, would be appropriate."

The Committee believed that, given this lack of significant functional improvement at this time, Dr. Tansey should have ordered further imaging rather than advising the Complainant to return in six weeks. As such, the Committee advised Dr. Tansey to make best efforts to meet the timelines for the treatment of shoulder injuries with neurological complications, as laid out in the expert opinion report.

This summary was amended following an appeal heard by the Health Professions Appeal and Review Board (“HPARB”), a decision by HPARB dated May 28, 2019, and the Committee’s consideration of the matter on October 11, 2019, December 13, 2019, and January 8, 2020.