

## SUMMARY

### Dr. John Bennett (CPSO# 54732)

#### 1. Dispositions

On June 7, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered diagnostic radiologist Dr. Bennett to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Bennett to:

- complete the American College of Radiology (CAR) course – Breast Imaging Boot Camp;
- review and provide written summaries of the Canadian Association of Radiologists (CAR) *Practice Guideline on Breast Imaging and Intervention*, the College’s policy on *Medical Records*, and the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons October 2009 Guide to Enhancing Referrals and Consultations between Physicians;
- meet with a Clinical Supervisor acceptable to the College 8 times over 6 months (at which time the Supervisor will review a minimum of 20 cases of breast imaging to assess for the quality of documentation and reporting; and
- undergo reassessments of his practice by an assessor selected by the College approximately three and nine months following completion of the education program

#### 2. Introduction

The College obtained a complaint from a patient raising concerns about the care she received from Dr. Bennett in relation to a breast ultrasound he interpreted. The patient was diagnosed with stage III breast cancer two months later, and was concerned that Dr. Bennett did not diagnose the malignancy when he reported her ultrasound.

In October 2015, the Committee approved the Registrar’s appointment of investigators under section 75(1)(a) of the Health Professions Procedural Code to examine Dr. Bennett’s practice. Under this appointment, the Committee retained a medical inspector (MI) to review a number of

Dr. Bennett's patient charts, and interview Dr. Bennett. The MI concluded that Dr. Bennett's current practice habits fall below the standard of practice in the current field of Breast Imaging, and that he shows a lack of knowledge and familiarity with the published guidelines in the appropriate imaging evaluation of diseases of the breast and with respect to the recommended use of diagnostic mammography, particularly in young women. The MI also found that Dr. Bennett demonstrated a lack of skill in the form of diagnostic reports in that they routinely did not include the clinical indication for the imaging study, comparison to prior studies, and any potential limitations to the study, which are a critical means to convey significant information to the referring physician; and a persistent lack of judgment and diligence. The MI concluded that Dr. Bennett's current practice habits may potentially expose patients to harm, in the form of a delayed cancer diagnosis.

Dr. Bennett accepted the MI's assessment without reservation, and noted that he had taken steps to improve his practice, which he outlined.

### 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](http://www.cpso.on.ca), under the heading "Policies & Publications."

### 4. Committee's Analysis

The Committee's investigation raised concerns regarding Dr. Bennett's interpretation and reporting of breast images.

The MI's review revealed concerns in several important aspects of Dr. Bennett's breast practice, including his knowledge regarding/implementation of current guidelines, his image interpretation, the adequacy of his reporting (including his failure to include the clinical indications for the study and a comparison to prior imaging), and his follow up in his breast

practice. These deficiencies place patients at risk, in terms of the delayed diagnosis of malignant conditions.

The Committee noted with some concern that Dr. Bennett was the subject of a prior complaint regarding the adequacy of his reporting, and that the Committee provided advice in that instance regarding the importance of ensuring that his reports are sufficiently detailed.

In light of all of the above, the Committee felt that it was appropriate to require Dr. Bennett to engage in a remediation program, as set out above.