

SUMMARY

DR. ROBERT BARRY MILLER (CPSO# 30297)

1. Disposition

On January 13, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required general practitioner Dr. Miller to appear before a panel of the Committee to be cautioned with respect to his communications and his record-keeping. The Committee also ordered Dr. Miller to complete a specified continuing education and remediation program (“SCERP”) focused on his communications and record-keeping. The SCERP requires Dr. Miller to:

- Undergo one-on-one instruction in communications
- Pursue self-directed learning about professional behaviour
- Engage in focused education sessions with a College-approved clinical supervisor for three months, with a focus on record-keeping, followed by reassessment by a College-approved assessor six months after the completion of the SCERP.

2. Introduction

The patient complained to the College about Dr. Miller’s conduct during office visits, as well as the infection control practices in his office. The patient stated that Dr. Miller became angry and demonstrated a lack of compassion when he had difficulty performing an endoscopy procedure during their third, and final, office visit. The patient described the encounter as painful and upsetting.

Dr. Miller acknowledged that he had difficulty performing an endoscopy procedure during the patient’s last visit, and that he became “frustrated”. He apologized if he was “short” with the patient, and expressed regret that his frustration led to the patient having a negative perception of the visit. He commented that he may need to work on improving this aspect of his practice.

Dr. Miller explained why he did not use local anesthetic for the procedure, and he explained his practice for sanitizing endoscopes. He noted that his infection control practices were reviewed by

the College in relation to a previous complaint, and that he follows the methods that were outlined and approved by the College.

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 investigation, as well as College policies and relevant legislation.

4. Committee's Analysis

The Committee noted that Dr. Miller's communication with patients has been the subject of previous complaints to the College, and that the Committee has expressed its expectations about communications to Dr. Miller in the past.

In terms of providing a local anesthetic during the endoscopy procedure, the Committee accepted Dr. Miller's rationale for choosing to do so only in certain circumstances. However, the Committee did state its expectation that a physician will offer local anesthetic as an option when a patient is experiencing discomfort or is unable to tolerate a procedure.

The Committee reviewed a copy of a report from an assessor selected by the College who reviewed Dr. Miller's practice in February 2015 (in relation to a previous complaint considered by the Committee). The assessor concluded that Dr. Miller's infection control practices (including the disinfection of nasal endoscopes) meet the standard of practice for the profession. The Committee was therefore satisfied that Dr. Miller's current practices in this area are acceptable.

The Committee noted concerns regarding both the legibility and content of Dr. Miller's records, as well as the timeliness of his reporting to the patient's referring physician.

The Committee noted that it had previously advised Dr. Miller about the quality of his medical records, and that it was concerned to see continuing issues regarding this aspect of his practice.