

## **SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee (the Committee)**

(Information is available about the complaints process [here](#) and about the Committee [here](#))

### **Dr. Rajendra Beharry (CPSO #33482) (the Respondent)**

#### **INTRODUCTION**

The College received information raising concerns about the Respondent's practice. Specifically, concerns were raised that the Respondent's family member, Ms. X, (who is not licensed to practise medicine in Ontario) was providing medical services at the Respondent's clinic (the Clinic). The College also received a call from a patient raising concerns about cleanliness in the Clinic. Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a review of the matter.

#### **COMMITTEE'S DECISION**

A Family Practice Panel of the Committee considered this matter at its meeting of June 18, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to improper delegation in a manner that is potentially misleading to the public, and regarding medical record-keeping. The Respondent also provided an undertaking to the College which included the Respondent's compliance with all requirements of the College's *Delegation of Controlled Acts* policy, restrictions to his practice, signage regarding Ms. X's role at the Clinic, and a reassessment of the Respondent's practice by an assessor selected by the College.

#### **COMMITTEE'S ANALYSIS**

The Respondent acknowledged that Ms. X's role was not adequately communicated to some patients and clinic staff, and that certain patients unfortunately mistook her for a physician licensed to practise medicine in Ontario. The Committee noted that this suggested that certain patients who consented to see Ms. X did so without knowing that she was not a licensed physician in Ontario.

When a College investigator met with Ms. X while posing as a new patient, Ms. X indicated in various ways (such as the designation on her laboratory coat) that she was a licensed physician in Ontario, and she took a history, postulated diagnoses, and suggested both treatments and referrals, prior to having the Respondent speak with the investigator.

The Respondent advised that he and Ms. X shared the same login credentials for the electronic medical record (EMR) system, and that medical students who work in the Clinic also share the same login credentials. The Committee noted that this is

problematic. The College's policy on *Medical Records Documentation* states that documentation in the record must be "identifiable, containing a signature or audit trail that identifies the author".

The Respondent advised that he had made changes in the Clinic and had familiarized himself with the *Delegation of Controlled Acts* policy, and that he will ensure that he follows the policy in the future. This would include ensuring an existing physician-patient relationship, ensuring the patient consents to the delegate performing the acts, having clearly defined and written medical directives, and ensuring that the delegate performs the controlled acts properly and safely through proper supervision and monitoring of the acts.

Given the issues regarding Ms. X's role at the Clinic and the Respondent's delegation practices and medical record-keeping that were raised in the investigation, an undertaking was obtained, as set out above, and the Committee decided to require the Respondent to attend at the College to be cautioned in person.

As for concerns regarding the Respondent's infection control and prevention practices at the Clinic, the Committee took no action.