

**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. Kenneth Werezak Adams (CPSO #52136)
(the Respondent)**

INTRODUCTION

The College received information from an insurance company raising concerns about the Respondent's prescribing of orthotics and compression stockings. Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of the Respondent's practice.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of August 16, 2022. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to his prescribing, his delegation, and his medical records.

COMMITTEE'S ANALYSIS

As part of this investigation, the Registrar appointed an independent Assessor to review a number of the Respondent's patient charts, interview the Respondent, and submit a written report to the Committee. The Assessor concluded that the Respondent did not meet the standard of practice of the profession in all 20 of the charts reviewed, and that he demonstrated a lack of knowledge, skill and judgement. Specifically, the Assessor noted that the Respondent prescribed orthotics and compression stockings over a 3-year period without meeting the patients and allowed his assistant to assess patients on his behalf without proper completion of consent forms. The Assessor was of the opinion that the Respondent was not competent to perform such acts himself, did not adequately supervise his assistant (to whom he delegated the acts), and made prescriptions with insufficient clinical information. The Assessor also noted concerns regarding the Respondent's management of clinical records and expressed concerns about a potential conflict of interest. However, the Assessor was of the opinion that the Respondent's clinical practice, behaviour and conduct in these matters did not expose the patients to harm or injury.

The Respondent denied the allegations by the insurer that prompted the investigation. He advised that he had completed a number of education and remediation activities relating to record-keeping and ethics and that he had resigned from the practice of medicine, effective June 2022. The Respondent acknowledged that some of the reviewed charts were missing consent forms or had incomplete consent forms, and that

he did not routinely check the files to make sure properly completed consents were present. The Respondent stated that he believed delegating assessments to his assistant was in the patients' best interests as it provided a convenient service to allow patients to expedite the process of obtaining their orthotics/compression stockings without waiting to see him or their family physician or attending for multiple visits. He acknowledged and accepted the Assessor's comments on record-keeping and the documentation of clinical indication for the prescriptions. The Respondent advised that upon reflection, he appreciated the Assessor's view that being paid per prescription raised the prospect of a conflict of interest, as it might have the effect of incentivizing a physician to issue prescriptions, perhaps even if they were not warranted. The Respondent maintained that he did not operate in that manner, however, and never acted with any improper motivation or intent, and he did not believe he was in a conflict situation.

The Committee advised the Respondent that it would be prepared to accept an undertaking from him in resolution of this matter, in which he agreed to resign and to never reapply to practice medicine in any jurisdiction. Although the Respondent resigned, he declined to enter into the proposed undertaking with the College.

The Committee had information before it from the insurer about a large number of prescriptions that were signed by the Respondent, and a comprehensive report from the Assessor which outlined serious clinical deficiencies and a lack of skill, judgment and knowledge on the part of the Respondent. In particular, there was information raising significant issues regarding the Respondent's delegation to his assistant, his medical records (including his management of records, as well as the adequacy of the records, including not having properly completed consents and insufficient clinical information for the prescriptions provided), and his overall prescribing in these circumstances.

The Committee noted that the Respondent had a long and concerning history with the College, including two recent Discipline findings, several undertakings and cautions (both written and in person). The Committee was concerned that despite these interventions and extensive engagement with the College, the Respondent had persistent and ongoing issues in his medical practice. If the Respondent had not resigned, the Committee would have considered a referral to the Discipline Tribunal in this matter. In light of the Respondent's resignation, the Committee decided not to make a referral, but it was of the opinion that a caution was warranted in these circumstances, as set out above.