

SUMMARY

Dr. John Hyunsik Shin (CPSO# 63718)

1. Disposition

On February 10, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered Dr. Shin, an ophthalmologist to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Shin to:

- Successfully complete a course which includes instruction on low-tension glaucoma
- Engage in focused educational sessions for a period of three months with a clinical supervisor with a focus on the assessment and management of low-tension glaucoma
- Undergo a reassessment, consisting of a chart review and an interview with Dr. Shin

2. Introduction

In December, 2010, the College received a complaint about Dr. Shin’s practice, including his practice of laser iridotomy and subsequently, in January 2011, the Committee approved the Registrar’s appointment of investigators to conduct a broad review of Dr. Shin’s practice. As part of this investigation, the Registrar appointed a Medical Inspector (“MI”) to review a number of Dr. Shin’s patient charts, and submit a written report.

In July 2012, the Committee considered the completed investigation and disposed of the matter, part of which disposition included a SCERP, requiring a reassessment of Dr. Shin’s practice. In October 2014, the assessor provided his reassessment report.

In July 2015, the Committee considered this matter, and again approved a Registrar’s appointment of investigators to conduct a review of Dr. Shin’s practice.

The assessor, in his report, concluded that there had been a dramatic improvement in Dr. Shin’s practice, but that he required further education in his diagnosis of low-tension glaucoma.

Dr. Shin responded that he has now reviewed the literature regarding the diagnosis of normal-tension glaucoma (NTG) and that he will implement a change in his practice. Dr. Shin also

indicated that he is prepared to enroll in the Glaucoma Section Review at the Wills Eye Review Course, which is a five-day comprehensive and intensive review of ophthalmology, and includes corneal diseases, glaucoma, and other topics taught by world renowned faculty.

3. Committee Process

The Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint, as well as College policies and relevant legislation.

4. Committee's Analysis

In the Committee's view, the assessor identified three concerning cases:

- 1) Patient A was using Duotrav following laser iridotomies, and when the patient returned with normal intraocular pressures and normal visual fields Dr. Shin continued the medication. Had there been visual field deficits consistent with low-tension glaucoma, it would be appropriate to continue this therapy long term; but, this was not the case
- 2) Dr. Shin made a diagnosis of presumed low-tension glaucoma without any definitive evidence or a clear diagnostic impression. In such cases, it would be appropriate to verify gonioscopy, and use ancillary testing, such as retinal nerve fiber layer thickness analysis by optical coherence tomography ("OCT") in order to help confirm this diagnosis.
- 3) Dr. Shin made another presumptive diagnosis of low-tension glaucoma in a patient having sustained an eye injury after a car accident, which was more likely to be related to a traumatic optic neuropathy, or a functional visual loss. A crucial piece of information in this case that Dr. Shin did not seek was this patient's corneal thickness reading.

The Committee felt that these cases were concerning; however, were of the view that Dr. Shin's deficiency in diagnosing and treating low-tension glaucoma could be addressed through remediation, given that Dr. Shin demonstrated considerable insight into this deficiency.

However, in the Committee's view, the educational plan, that Dr. Shin proposes, namely a five day intensive review of ophthalmology, was insufficient to address its concerns in this regard. The course which Dr. Shin proposes is a general course in ophthalmology, with only one component which addresses glaucoma, which is not sufficiently comprehensive, in the

Committee's view, to ensure it will assist Dr. Shin in improving his practice in this specific area.
Dr. Shin requires more extensive remediation, as well as clinical oversight and instruction.

In light of this, the Committee requires Dr. Shin to complete the SCERP outlined above.