

**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. Robert Forget (CPSO # 23424)
(the Respondent)**

INTRODUCTION

The Complainant attended an appointment with the Respondent with concerns about knee pain. During this visit the Respondent provided a cortisone injection into the Complainant's toe, which she maintains occurred without her consent and with no warning. The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct.

COMPLAINANT'S CONCERNS

The Complainant is concerned that when she went to see the Respondent for a consultation for her knee pain, he:

- **was rude in his behaviour;**
- **injected cortisone into her toe without her consent, and without cleaning the area prior to the injection; and**
- **charged her \$60 for the injection.**

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of June 12, 2019. The Committee accepted an undertaking from the Respondent (which included a period of clinical supervision, education and a reassessment) and required the Respondent to attend at the College to be cautioned in person with respect to his overuse of steroid injections, lack of communication, his informed consent process, and inappropriate billing.

COMMITTEE'S ANALYSIS

The Respondent stated that he discussed the cortisone injection with the Complainant and she expressly stated that she wished to proceed with the injection. However, the Complainant denied that she was ever specifically asked if she wanted the injection, and advised that she never had a chance to discuss the subject with the Respondent.

The Respondent denied making any gender or racial remarks during the appointment, as described by the Complainant, but noted that in 2016 the Committee directed him to complete a specified continuing education or remediation program in another matter which included

individualized coaching in communication. He noted that he was also asked by the Committee previously to take a more reasonable approach to charges for non-OHIP services, including charges for cortisone injections, and he is currently in the process of reviewing his practice in this regard which he is confident will lead to a more appropriate cost for his patients.

The Assessor who reviewed the Respondent's care in this case opined that it did not meet the standard of practice in several areas, including in his documentation, which failed to reflect a thorough history or examination of the Complainant and showed no indication of a review/consideration of imaging or other investigations, or any consideration of the possible clinical importance or possible explanations for the Complainant's chief complaint of knee pain.

The Committee stated that it was not in a position to know exactly what transpired during the visit in issue. However, it was clear that the Complainant strongly believed that she was not adequately informed or given sufficient opportunity to provide consent for the treatment provided. At the very least this demonstrated a significant failure in communication. The Committee's concern was heightened by the fact that it also had before it two concurrent matters which also included issues about poor documentation, informed consent, the use of steroid injections, billings, and professional communications; and the Respondent had a lengthy history with the College with interventions in the past for similar issues.

As a result of its investigation, the Committee had concerns about the Respondent's practice, including his use of injections, his record-keeping (including his documentation of the consent to treatment discussions), his billings, and his communication with the Complainant.

The Committee noted that the Respondent expressed his intention to take necessary steps to improve his practice, pursuant to an undertaking (a binding promise between the College and a physician which is posted on the public register and remains there while it is in effect, in which the physician agrees to do (or not do) certain things in order to address the Committee's concerns and to protect the public interest). The College and the Respondent agreed upon an undertaking that addressed the identified concerns, dated April 29, 2019.

In addition to accepting the Respondent's undertaking, the Committee determined that a caution, as set out above, was warranted.