

## **SUMMARY**

### **DR. ROBERT FORGET (CPSO# 23424)**

#### **1. Disposition**

On February 2, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required orthopaedic surgeon Dr. Forget to appear before a panel of the Committee to be cautioned with respect to using objective language in written reports.

Further, the Committee ordered Dr. Forget to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Forget to complete individualized coaching in communication, and to provide the College with a written report about the coaching.

In addition, the Committee advised Dr. Forget on taking a reasonable approach to charges for non-OHIP (uninsured) services.

#### **2. Introduction**

The patient was a bus driver. She was referred to Dr. Forget some months after sustaining a workplace shoulder injury, which impacted her ability to work, and attended him several times for assessment and treatment. She requested that Dr. Forget complete forms related to her Workplace Safety and Insurance Board (WSIB) claim. Dr. Forget sent the WSIB documentation including a copy of his consultation note of December 4, 2014, in which he described the patient as a “danger to the public.”

The patient complained to the College that Dr. Forget did not give her adequate time to pay for uninsured services; did not properly complete a Functional Assessment Form (FAF) for the WSIB; ordered x-rays for areas of her body that she did not authorize; and said he would terminate his care of her if she rescheduled an appointment (which would have allowed her to have the funds available to pay for the uninsured service).

Dr. Forget described his office’s approach to advising patients of fees for uninsured services, and to collecting those fees. He acknowledged that in his documentation, he had made a poor word choice (“danger to the public”) and had failed to provide sufficient information.

#### **3. Committee Process**

As part of this investigation, the Committee retained an Independent Opinion provider (“IO provider”) who specializes in orthopaedic surgery. The IO provider reviewed the entire written investigative record and submitted a written report to the Committee.

A Panel of 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

The Committee had no concerns about Dr. Forget’s clinical care of the patient.

The IO provider was of the view that Dr. Forget’s approach to completing the documentation in this case “in all probability, has exposed the [patient] to financial risk and possible harm. It has also unnecessarily restricted her ability to return to work.” The Committee agreed, noting its concerns about Dr. Forget’s use of objective, clear, relevant language in a third party report. The Committee imposed a caution in person and a SCERP to improve Dr. Forget’s approach to completing documentation, including the use of objective language, as set out in Policy # 2-12, *Third Party Reports*.

The Committee noted some confusion with respect to when patients were obliged to pay Dr. Forget for uninsured services. For example, his documentation set out a 30-day pay period, while his and his staff’s verbal instructions on this point were that payment was due on the day of service. The Committee questioned the amount of Dr. Forget’s fee for cortisone which, in the Committee’s experience, seemed high. The Committee advised Dr. Forget about taking a reasonable approach to charges for non-OHIP (uninsured) services. Dr. Forget should take a reasoned approach to arriving at a fee, and should ensure that the terms (for example, immediate payment vs. 30 days for payment) are clearly and consistently stated in his office’s oral and written communications, including invoices.