

**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. Dolly Teresa Nahri (CPSO #65603)
General Practice
(the Respondent)

INTRODUCTION

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct. The Respondent was the family doctor for the Complainant and two other patients (Patients A and B).

The Complainant was concerned that the Respondent relocated without arranging for another physician or providing their medical records. The Complainant also expressed concerns about the Respondent's care and administrative conduct including the Respondent's prescribing and OHIP billing.

COMMITTEE'S DECISION

The Committee considered this matter at its meeting of March 16, 2026. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to her responsibility to provide timely and fulsome responses to the College and to provide complete medical records when requested by the College, as well as her duty to comply with the *Availability and Coverage* policy, including ensuring that she make appropriate coverage arrangements when taking a leave of absence and appropriately notify patients of leaves of absence.

COMMITTEE'S ANALYSIS

Failure to provide a timely and fulsome response to the College and provide complete records as requested

The Committee was concerned that despite multiple requests, the Respondent failed to provide a timely and thorough response to College requests. Even though many extensions were provided, about 16 months after the initial complaint, the Respondent still failed to provide complete medical records for the Complainant and Patients A and B.

The Respondent as a member of the College has a duty to cooperate with an investigation and disclose information relevant to it, as well as to respond appropriately or within a reasonable time to a written inquiry from the College. Given the Respondent's failure to provide the complete medical records or explain why the records provided did not match the OHIP billing, the Committee was unable to fully address the Complainant's concerns about the Respondent's care and conduct or evaluate the OHIP billing.

The Committee also noted that the Respondent has a concerning history of similar College complaints and/or investigations. This includes where concerns were identified with the Respondent's OHIP billing, medical recordkeeping and governability. Notably, there is a November 2014 Discipline finding with respect to the Respondent's delegation practices and supervision, as well as a breach of an interim undertaking put in place to protect patients. Then, in April 2020, after an investigation, the Respondent signed an undertaking that included professional education in safer opioid prescribing, medical record-keeping, and appropriate billing practices. It is difficult to know without having the relevant medical records whether these concerning patterns have continued.

Re: failed to ensure that appropriate coverage arrangements when taking a leave of absence and to appropriately notify patients of leaves of absence

When a physician takes a temporary leave of absence, which includes vacations and leaves of absence (e.g., parental leave, educational leave), as well as unplanned absences due to, for example, illness or family emergencies, the physician has an obligation to ensure coverage of their practice. This requirement is detailed in the College policy, *Availability and Coverage*:

In the Committee's view, the Respondent failed to notify patients of her leave of absence in a timely manner and provide appropriate coverage of her practice. The Respondent indicated that she notified patients of her leave of absence and referred them to three specific physicians. However, in her response, the notification email the Respondent appears to have sent to her patients is dated two months after the Respondent indicated that she took a leave of absence and the coverage provided was not coverage but instead advice to patients to attend to be seen as walk-in patients. In the Committee's view, this was insufficient coverage of her family practice for a planned leave of absence for a sabbatical.

Given all that is set out above, the Committee was satisfied that a caution was required where the Committee would impress upon the Respondent her obligations to the

College to respond to College requests in a timely manner, and to her patients when taking a leave of absence.