

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Christopher Stephen Doyle, this is notice that the Discipline Committee ordered that there shall be a ban on the publication of the name or identity and any information that would disclose the name or identity of the patients whose names are disclosed at the hearing or in the Agreed Statement of Facts or other documents filed at the hearing, under subsection 45(3) of the Health Professions Procedural Code (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

Every person who contravenes an order made under ... section 45 or 47... is guilty of an offence and on conviction is liable,

(a) in the case of an individual to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence; or

(b) in the case of a corporation to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.

Indexed as: Doyle (Re)

**THE DISCIPLINE COMMITTEE OF THE COLLEGE
OF PHYSICIANS AND SURGEONS OF ONTARIO**

IN THE MATTER OF a Hearing directed
by the Executive Committee of
the College of Physicians and Surgeons of Ontario
pursuant Section 36(1) of the **Health Professions Procedural Code**
being Schedule 2 of the *Regulated Health Professions Act, 1991*,
S.O. 1991, c. 18, as amended.

B E T W E E N:

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

- and -

DR. CHRISTOPHER STEPHEN DOYLE

PANEL MEMBERS:

DR. J. WATTS (Chair)
DR. E. ATTIA (Ph.D.)
DR. C. CLAPPERTON
G. DEVLIN
DR. E. STANTON

Hearing Date:	September 29, 2009
Decision Release Date:	September 29, 2009
Release of Written Reasons:	November 9, 2009

PUBLICATION BAN

DECISION AND REASONS FOR DECISION

The Discipline Committee of the College of Physicians and Surgeons of Ontario (the “Committee”) heard this matter at Toronto on September 29, 2009. At the conclusion of the hearing, the Committee stated its finding that the member committed an act of professional misconduct and delivered its penalty order with written reasons to follow.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. Doyle committed acts of professional misconduct:

1. under paragraph 1(1)33 of O.Reg. 856/93, in that he has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional; and
2. under clause 51(1)(b.1) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c.18 (the “Code”) in that he engaged in the sexual abuse of a patient.

RESPONSE TO THE ALLEGATIONS

Dr. Doyle admitted the first allegation in the Notice of Hearing, that he has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. Counsel for the College withdrew the second allegation in the Notice of Hearing.

FACTS AND EVIDENCE

The following Agreed Statement of Facts was filed as an exhibit and presented to the Committee:

1. Christopher Stephen Doyle is a psychiatrist practising in Mississauga, Ontario.

2. In April 2005, Patient A attended for an initial psychiatric consultation with Dr. Doyle. Six months prior to this consultation Patient A had attended a treatment facility where she had been diagnosed with a [number of psychiatric disorders and dependencies].
3. Dr. Doyle provided psychotherapy to Patient A on or about 45 occasions, between April 2005 and July 2006. Boundary issues and impulse control were two of the main focuses of the sessions.
4. Patient A had been working [...] in a position that Dr. Doyle recommended her for. Dr. Doyle also worked with this program [...].
5. Dr. Doyle issued prescriptions to Patient A [...]. The last prescription issued by Dr. Doyle was in August 2006. This prescription included six repeats.
6. It was also on [the same date in August 2006 that] Dr. Doyle wrote a closing letter included in [Patient A's] file indicating that the therapeutic relationship had ended at the end of July 2006 due to an inability to maintain a strict doctor/patient relationship.
7. Dr. Doyle and Patient A went on their first date and kissed in late summer 2006. There had never been any physical contact prior to that date, and, in particular, while Patient A was seeing Dr. Doyle for clinical sessions.
8. After the date, a romantic relationship then developed. The relationship involved dates, kissing and oral sex. In addition, Dr. Doyle and Patient A had sexual intercourse at Dr. Doyle's home and at a motel in late summer and in the fall of 2006.
9. The Peel Regional Police were involved with Patient A, Dr. Doyle and Dr. Doyle's wife, on two occasions. On both occasions Dr. Doyle's wife contacted the police due to her desire for Patient A to stop all contact with Dr. Doyle.
10. Dr. Doyle acknowledges that he made serious errors during the last few months of his treatment with Patient A in not successfully maintaining boundaries and that his

conduct during the summer and fall of [2006] constitute an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonorable, or unprofessional, contrary to paragraph 1(1)33 of Ontario Regulation 856/93 made under the *Medicine Act*, 1991.

FINDING

The Committee accepted as true all of the facts set out in the Agreed Statement of Facts. Having regard to these facts, the Committee accepted Dr. Doyle's admission and found that he committed an act of professional misconduct, in that he has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

PENALTY AND REASONS FOR PENALTY

Counsel for the College and counsel for the member made a joint submission as to an appropriate penalty and costs. They also provided the Committee with two psychiatric reports about Dr. Doyle, both dated September 16, 2009, from Dr. X and Dr. Y. The Committee reviewed these reports in coming to its decision on penalty.

The Committee is aware that it should not reject a joint submission unless it is contrary to the public interest and would bring the administration of justice into disrepute. With this in mind, the Committee reviewed the proposed penalty in light of the circumstances of this case and the considerations that generally apply to decisions on penalty.

The aggravating factors in this case include the following:

- The failure of Dr. Doyle, a psychiatrist, to maintain appropriate boundaries, is a serious matter.
- The patient had been engaged in frequent psychotherapy for a long period, [approximately] 45 sessions over 15 months.
- The patient had several diagnoses and was vulnerable.

- Dr. Doyle not only failed to maintain proper boundaries within his practice, but also at the [workplace] where he [worked with his patient].
- There was little time between the termination of the doctor/patient relationship and the beginning of the romantic relationship.
- Physical contact began soon after the termination of the doctor/patient relationship.

There are some mitigating factors and they include:

- Dr. Doyle has had no previous findings made against him.
- Dr. Doyle has admitted his conduct, obviating the need for the patient to testify.
- Dr. Doyle has shown remorse.
- Dr. Doyle has shown insight into his actions.
- Dr. Doyle continues in personal psychotherapy that he began soon after he engaged in his inappropriate behaviour.
- Dr. Doyle has been in contact with the Physician Health Programme
- Dr. Doyle has agreed to post money to finance further therapy for the patient.

In addition to considering the aggravating and mitigating factors, the Committee reviewed the case law with regard to conduct of this type. It concluded that the proposed order in the joint submission is within the range of prior penalties for behaviour that has been found to be disgraceful, dishonourable and unprofessional. It also concluded that the proposed penalty will serve to deter members in general, and Dr. Doyle specifically, from similar conduct. It will also serve to protect the public against any risk that he may pose in future.

The Committee agrees that Dr. Doyle's behaviour is reprehensible. As a psychiatrist, he knew of the need to maintain boundaries in his relationships with patients who were

vulnerable. However, the Committee also observed that Dr. Doyle has been rigorous in addressing his transgressions. Given the way in which he has taken responsibility for his conduct, and the other mitigating factors described above, the Committee is hopeful that after his suspension, Dr. Doyle will return to serving the community through his practice with enhanced regard to issues related to boundaries with patients.

Taking all of these factors into account, the Committee concluded that the penalty proposed in the joint submission was appropriate for Dr. Doyle.

There was one element of the proposed penalty with which Dr. Doyle's counsel expressed a concern, that being the wording of the term, condition and limitation to be imposed on Dr. Doyle's certificate of registration concerning his participation in the Physician Health Program (PHP). The wording in the proposed penalty order was that Dr. Doyle "shall remain" in the PHP. Counsel for Dr. Doyle proposed that this be varied to provide that Dr. Doyle be required to follow whatever recommendations the PHP made concerning his continued participation in the Program. The Committee was satisfied that the wording in the proposed penalty order was appropriate.

ORDER

Therefore, the Committee ordered and directed that:

1. The Registrar suspend Dr. Doyle's certificate of registration for a period of twelve (12) months, to commence within twelve (12) weeks of the date of the Order.
2. Six (6) months of the suspension is to be suspended if Dr. Doyle successfully completes, at his own expense, the College's Medical Ethics and Informed Consent Course, the College's Boundaries Course and the College's Record Keeping Course, and provides proof thereof to the College.
3. The Registrar impose as a term, condition and limitation on Dr. Doyle's certificate of registration that he shall post security for funding for therapy and

counseling for Patient “A” referred to in the Notice of Hearing in the amount of \$10,000.

4. The Registrar impose the following terms, conditions and limitations on Dr. Doyle’s certificate of registration:

- (i) Dr. Doyle shall remain in the Physician Health Program (“PHP”), and abide by the terms of his monitoring contract with the PHP.
- (ii) Dr. Doyle shall continue in therapy with Dr. X; or in the event Dr. X can no longer continue in this role, another psychotherapist acceptable to the College.
- (iii) Dr. Doyle is restricted from performing long term psychotherapy for clients.

Practice Monitoring

- (iv) With the exception of short-term assessments and consultations, Dr. Doyle shall not provide ongoing psychiatric care to female patients, except in the presence of a practice monitor (“Practice Monitor”) who is a regulated health professional acceptable to the College.
- (v) The Practice Monitor must remain in the examination or consulting room or hospital ward room at all times during all ongoing psychiatric care provided to any female patients by Dr. Doyle.
- (vi) Each Practice Monitor is required to maintain a log of all female patient encounters, and that Log shall provide the name of the female patient, and the purpose and date of the appointment (“Log”). The Practice Monitor will sign and date the corresponding entry on the female patient’s medical record. Copies of the Logs must be submitted to the College on a monthly basis. There may be separate Logs for each of the outpatient clinics where female patients are seen, and for female patients seen on the ward.
- (vii) Dr. Doyle shall provide his irrevocable consent to the College to make appropriate enquiries of the Ontario Health Insurance Plan and/or any

person or institution that may have relevant information, in order for the College to monitor his compliance with the terms of this Order.

Clinical Supervision

- (viii) Dr. Doyle shall practise under a clinical supervisor who is acceptable to the College (“Clinical Supervisor”), and whom shall be provided with relevant information from the College respecting Dr. Doyle. Such supervision shall consist, at minimum, of monthly meetings with the Clinical Supervisor; a review at each meeting of a minimum of 15 charts (or more if deemed appropriate by the Clinical Supervisor); a discussion at each meeting regarding any issues or concerns arising from the chart review; and other measures deemed appropriate by the Clinical Supervisor, such as recommendations for continuing medical education; direct observation of patient care; and interviews with staff, colleagues and/or Practice Monitors. The Clinical Supervisor shall be responsible for providing quarterly reports to the College. The Clinical Supervisor shall confirm in his reports to the College that no long-term psychotherapy is being conducted by Dr. Doyle.

Variation of order

- (ix) Dr. Doyle may apply to the Discipline Committee after one year of his return to practice, to seek a variation of terms (iv) to (viii).
5. Dr. Doyle appear before the panel to be reprimanded.
 6. Dr. Doyle pay to the College costs in the amount of \$10,000, within 60 days of the date of the Order.
 7. The results of this proceeding be included in the register.

At the conclusion of the hearing, Dr. Doyle waived his right to an appeal under subsection 70(1) of the Code and the Committee administered the public reprimand.

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Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

Every person who contravenes an order made under ... section 45 or 47... is guilty of an offence and on conviction is liable,

- (a) in the case of an individual to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence; or
- (b) in the case of a corporation to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence.

Indexed as: Doyle, C.S. (Re)

**DISCIPLINE COMMITTEE OF
THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

DR. R. MACKENZIE (CHAIR))	Hearing date:
S. BERI)	Friday, December 2 nd , 2011
DR. F. SLIWIN)	
S. DAVIS)	Decision and Release of Written
DR. M. DAVIE)	Reasons Date: January 16, 2012

B E T W E E N:

DR. CHRISTOPHER STEPHEN DOYLE

(Moving Party)

- and -

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

(Responding Party)

ORDER AND REASONS FOR ORDER

(On a Motion to Vary the Order of the Discipline Committee of September 2009)

INTRODUCTION

On December 2, 2011, the Discipline Committee (the “Committee”) heard a motion brought by Dr. Doyle for an order seeking to vary the Order of the Discipline Committee made on September 29, 2009 (the “2009 Order”). At the conclusion of the hearing, the Committee requested copies of the reports that were before the original panel and reserved its decision.

THE MOTION

The member’s Notice of Motion sought an order to vary the 2009 Order as follows:

(a) eliminating paragraphs 5 (i), (iv), (v), (vi), and (vii) of the 2009 Order, thereby removing the requirement for Dr. Doyle to remain in the Physician Health Program (PHP), to have a practice monitor present while he is providing ongoing psychiatric care to female patients, as well as the associated requirements of keeping a log and monitoring of OHIP billing; and

(b) varying paragraph 5 (ii) and (viii) of the 2009 Order, so as to reduce the frequency of meetings with the clinical supervisor to every three months with quarterly reports to the College, and to discontinue psychotherapy with his treating psychiatrist when that psychiatrist believes it is no longer necessary.

BACKGROUND

On September 29, 2009, the Discipline Committee found Dr. Doyle to have committed an act of professional misconduct, in that he engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

The following Agreed Statement of Facts was filed at the 2009 hearing and accepted by the Committee hearing the 2009 matter:

1. Christopher Stephen Doyle is a psychiatrist practising in Mississauga, Ontario.
2. In April 2005, Patient A attended for an initial psychiatric consultation with Dr. Doyle. Six months prior to the consultation, Patient A had attended a treatment facility where she had been diagnosed with a [number of psychiatric disorders and dependencies].
3. Dr. Doyle provided psychotherapy to Patient A on or about 45 occasions between April 2006 and July 2006. Boundary issues and impulse control were the two main focuses of the sessions.
4. Patient A had been working [...] in a position that Dr. Doyle recommended her for. Dr. Doyle was also working with this program [...].
5. Dr. Doyle issued prescriptions to Patient A [...]. The last prescription issued by Dr. Doyle was in August 2006. This prescription had six repeats.

6. It was also on [this same date in August 2006] that Dr. Doyle wrote a closing letter, included in [Patient A's] file, indicating that the therapeutic relationship had ended at the end of July 2006 due to an inability to maintain a strict doctor/patient relationship.
7. Dr. Doyle and Patient A went on their first date and kissed in late summer 2006. There had never been any physical contact prior to that date and, in particular, while Patient A was seeing Dr. Doyle for clinical sessions.
8. After the date, a romantic relationship then developed. The relationship involved dates, kissing and oral sex. In addition, Dr. Doyle and Patient A had sexual intercourse at Dr. Doyle's home and at a motel in late summer and in the fall of 2006.
9. The Peel Regional Police were involved with Patient A, Dr. Doyle and Dr. Doyle's wife, on two occasions. On both occasions, Dr. Doyle's wife contacted the police due to her desire for Patient A to stop all contact with Dr. Doyle.
10. Dr. Doyle acknowledges that he made serious errors during the last few months of his treatment with Patient A in not successfully maintaining boundaries, and that his conduct during the summer and fall of [2006] constituted an act or omissions relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, contrary to paragraph 1(1) 33 of Ontario Regulation 856/93 made under the *Medicine Act* 1991.

At the 2009 hearing, Dr. Doyle's counsel and College counsel made a joint submission on penalty, and on September 29, 2009 the Discipline Committee accepted that joint submission and made the requested 2009 Order. Terms, conditions and limitations were placed on Dr. Doyle's certificate of registration. Dr. Doyle was to remain in the PHP; remain in therapy with Dr. X; be restricted from performing long-term psychotherapy; and have a practice monitor present whenever he saw female patients, except for short-term assessments and consultations. The practice monitors were required to maintain a log and the College was permitted to monitor Dr. Doyle's OHIP billings to ensure compliance. Dr. Doyle was also required to practise under clinical supervision, with monthly meetings and quarterly reports to the College.

The 2009 Order in paragraph 5 (ix) provided that Dr. Doyle could apply to the Discipline Committee one year following his return to practice to seek a variation of certain terms of the

2009 Order, namely paragraph 5 (iv) to (viii) of the 2009 Order. The 2009 Order further provided that six months of the twelve month suspension would be suspended if Dr. Doyle successfully completed the Medical Ethics and Informed Consent course, the Boundaries course and the College's Record Keeping course. Dr. Doyle completed these courses, after which six months of his suspension were suspended and he was able to return to practice on or about June 23, 2010. As of the time of the hearing to vary the 2009 Order, Dr. Doyle has been back in practice for approximately 17 months.

EVIDENCE

In order to support his motion for a variation to the 2009 Order, Dr. Doyle tendered the following evidence:

- (a) The psychiatric report prepared by Dr. X recounting his assessment of Dr. Doyle in September 2006, and his continued weekly psychotherapy up to the time of the Discipline Hearing, as well as a report by Dr. Y in August 2009, which was an independent assessment prior to the 2009 Discipline Hearing;
- (b) A letter from Dr. X dated September 25, 2011, which states that Dr. Doyle's weekly psychotherapy continues, that Dr. Doyle has made excellent progress and that there is little risk of future boundary violations;
- (c) When the matter came to the Discipline Committee in September 2009, Dr. Doyle was already under clinical supervision at the request of the hospital where he worked, Credit Valley Hospital. A letter from the former chief of psychiatry at Credit Valley Hospital, Dr. Z, was filed with the Committee, and confirms that Dr. W had been supervising Dr. Doyle's practice from January 2007 to December 2009 and that no clinical issues had occurred during that time;
- (d) The Physician Health Program (PHP) has come to a successful completion and the PHP's Associate Director, Dr. V, indicates in an August 16, 2011 letter filed with the Committee that there is no further indication for continued monitoring now that Dr. Doyle's contract is complete; and

(e) Dr. Doyle's current supervisors are Dr. Q of the Cambridge Community Mental Health Clinic and Dr. R of the Centre for Addition and Mental Health. Both submitted letters related to their respective monthly meetings with Dr. Doyle and quarterly reporting. Both Drs. Q and R indicated that Dr. Doyle is providing psychiatric care in a safe manner without boundary violations.

Dr. Doyle has further indicated through his counsel that he does not seek to be permitted to perform long-term psychotherapy and no variation is currently sought to the 2009 Order in this regard.

College counsel informed the Committee that the College consents to the variations sought by Dr. Doyle.

DECISION AND REASONS FOR DECISION

Rule 16.01 of the Rules of Procedure of the Discipline Committee provides that a party may seek to vary an order as follows:

16.01 A party may make a motion to the Discipline Committee to have an order varied, suspended, or cancelled, on the grounds of facts arising or discovered after the order was made. Such motion does not act as a stay of the original order.

Previous panels of the Discipline Committee have indicated, and we accept, that the onus is on the party seeking to vary an order to show a change in circumstances and that it is in the public interest to vary the 2009 Order. For example, in *CPSO v. Wesley* (2008) the Committee stated the test as follows:

Counsel for both parties agreed that the onus was upon Dr. Wesley to show that a change in circumstances has occurred such that it is in the public interest for the terms, conditions and limitations to be removed. The burden of proof to be met is the civil standard or a balance of probabilities.

Dr. Doyle submits that there has been a change in circumstances and his counsel further points out that the 2009 Order expressly contemplated that changes could be made to the 2009 Order after 12 months had elapsed from the date Dr. Doyle returned to practice. It is very important to note that College counsel consents to the variations sought to the 2009 Order from which we conclude that the College agrees there has been a change of circumstances.

It is clear from the letters provided in this motion that Dr. Doyle has made significant progress. He has complied with the terms, conditions and limitations restricting his certificate of registration. He has changed his practice type and location. His workplace monitors, clinical supervisors and chaperone at his office in Mississauga all indicate there have been no concerns. He is remorseful and insightful into his past transgressions and has continued to work toward ensuring his boundary violations never reoccur. We conclude that there has been a change in circumstances and that the mechanism for varying the 2009 Order as set out in that Order permits the changes sought.

It is particularly important to the Committee that College counsel consents to the variations sought and supports them. In effect, counsel for Dr. Doyle and the College have made what is in the nature of a joint submission on the variations to the Order sought. The varied Discipline Committee order will continue to have the necessary safeguards to protect the public fully but allows for the evident rehabilitation of Dr. Doyle to continue.

ORDER

Therefore, the Discipline Committee orders and directs that the 2009 Order be varied as follows:

1. The requirement in paragraph 5(i) of the Order, that Dr. Doyle shall remain in the Physician Health Program, be removed;
2. Paragraph 5(ii) of the Order be varied to permit Dr. Doyle to discontinue psychotherapy with Dr. X at such time as the College receives a letter from Dr. X stating that further psychotherapy is no longer necessary.

3. The requirements in paragraph 5(iv), (v), (vi), and (vii) of the Order, that Dr. Doyle have a practice monitor present while providing ongoing psychiatric care to female patients, as well as the associated requirements of keeping a log and monitoring of OHIP billings, be removed;
4. Paragraph 5(viii) of the Order be varied, such that Dr. Doyle's meetings with a clinical supervisor acceptable to the College need only be held every three months rather than monthly, while maintaining the existing requirement that the Supervisor provide quarterly reports to the College.

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Indexed as: Doyle, C. S. (Re)

**DISCIPLINE COMMITTEE OF
THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**

DR. W. KING (CHAIR))	Hearing date:
D. GIAMPIETRI)	Thursday, May 2, 2013
DR. J. KIRSH)	

B E T W E E N:

DR. CHRISTOPHER STEPHEN DOYLE

(Moving Party)

- and -

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

(Responding Party)

**ORDER AND REASONS FOR ORDER
(On a Motion to Vary the Order of the Discipline Committee of September 2009)**

INTRODUCTION

On May 2, 2013, the Discipline Committee (the “Committee”) heard a motion brought by Dr. Doyle for an order seeking to vary the Order of the Discipline Committee made on September 29, 2009 (the “2009 Order”), varied January 16, 2012. Counsel for the College consented to the variations. At the conclusion of the hearing, the Committee granted the variance sought.

THE MOTION

The member’s Notice of Motion sought an order to vary the 2009 Order as follows:

- a) Varying paragraph 5(iii) of the Order dated September 29, 2009, to permit Dr. Doyle to perform long term psychotherapy on male patients only, by lifting the current restriction on performing long-term psychotherapy as it applies to males; and
- b) Such further and other relief as counsel may request

BACKGROUND

On September 29, 2009, the Discipline Committee found Dr. Doyle to have committed an act of professional misconduct, in that he engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

The following Agreed Statement of Facts was filed at the 2009 hearing and accepted by the Committee hearing the 2009 matter:

1. Christopher Stephen Doyle is a psychiatrist practising in Mississauga, Ontario.
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5. Dr. Doyle issued prescriptions to Patient A [...]. The last prescription issued by Dr. Doyle was in August 2006. This prescription had six repeats.
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9. The Peel Regional Police were involved with Patient A, Dr. Doyle and Dr. Doyle's wife, on two occasions. On both occasions, Dr. Doyle's wife contacted the police due to her desire for Patient A to stop all contact with Dr. Doyle.
10. Dr. Doyle acknowledges that he made serious errors during the last few months of his treatment with Patient A in not successfully maintaining boundaries, and that his conduct during the summer and fall of [2006] constituted an act or omissions relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, contrary to paragraph 1(1) 33 of Ontario Regulation 856/93 made under the *Medicine Act* 1991.

At the 2009 hearing, the parties made a joint submission on penalty, and on September 29, 2009, the Discipline Committee accepted that joint submission and made the requested 2009 Order. Terms, conditions and limitations were placed on Dr. Doyle's certificate of registration. Dr. Doyle was to remain in the PHP; remain in therapy with Dr. X; be restricted from performing long-term psychotherapy; and have a practice monitor present whenever he saw female patients, except for short-term assessments and consultations. The practice monitors were required to maintain a log and the College was permitted to monitor Dr. Doyle's OHIP billings to ensure compliance. Dr. Doyle was also required to practise under clinical supervision, with monthly meetings and quarterly reports to the College.

The 2009 Order in paragraph 5(ix) provided that Dr. Doyle could apply to the Discipline Committee one year following his return to practice to seek a variation of certain terms of the 2009 Order, namely paragraph 5(iv) to (viii) of the 2009 Order. The 2009 Order further provided that six months of the twelve month suspension would be suspended if Dr. Doyle successfully

completed the Medical Ethics and Informed Consent course, the Boundaries course and the College's Record Keeping course. Dr. Doyle completed these courses, after which six months of his suspension were suspended and he was able to return to practice on or about June 23, 2010. On December 2, 2011, Dr. Doyle brought a motion to vary the 2009 Order, and by an Order and Reasons of January 16, 2012, the Discipline Committee varied the Order as follows:

1. The requirement in paragraph 5(i) of the Order, that Dr. Doyle shall remain in the Physician Health Program, be removed;
2. Paragraph 5(ii) of the Order be varied to permit Dr. Doyle to discontinue psychotherapy with Dr. X at such time as the College receives a letter from Dr. X stating that further psychotherapy is no longer necessary.
3. The requirements in paragraph 5(iv), (v), (vi), and (vii) of the Order, that Dr. Doyle have a practice monitor present while providing ongoing psychiatric care to female patients, as well as the associated requirements of keeping a log and monitoring of OHIP billings, be removed;
4. Paragraph 5(viii) of the Order be varied, such that Dr. Doyle's meetings with a clinical supervisor acceptable to the College need only be held every three months rather than monthly, while maintaining the existing requirement that the Supervisor provide quarterly reports to the College.

EVIDENCE

In order to support his current motion for a variation to the 2009 Order, Dr. Doyle tendered an affidavit from Ms Y, a legal secretary employed by McCarthy Tetrault LL, which included:

- (a) The Agreed Statement of Facts from September 29, 2009;
- (b) The September 29, 2009, Order of the Discipline Committee;

- (c) A letter dated August 2, 2011, from Dr. Z of the Hospital B, confirming that Dr. Doyle was under Voluntary Supervision, under Dr. V, from January 2007 to December 2009, and that no clinical issues arose during this time;
- (d) A letter dated July 17, 2010, from a Compliance Monitor of the CPSO, advising Dr. Doyle of the reinstatement of his Certificate of Registration following a six month period of suspension;
- (e) A letter dated August 16, 2011, from the OMA Physician Health Program confirming that Dr. Doyle's enrolment in the physician health program (PHP) had completed satisfactorily;
- (f) A letter dated September 25, 2011, from Dr. X, who had been seeing Dr. Doyle in regular psychotherapy at that point for the past four years, indicating that Dr. Doyle had made excellent progress and that there is little risk of further boundary violation;
- (g) Reports dating from September 17, 2010 to October 11, 2011, from Dr. R regarding Dr. Doyle's work at Hospital Q;
- (h) Reports dating from August 28, 2010 to October 20, 2011, of Dr. W, CAMH, regarding supervision of Dr. Doyle;
- (i) The Order and Reasons for Order of January 16, 2012, on the motion to vary brought December 2, 2011;
- (j) Reports dating from February 29, 2012 to November 21, 2012, of Dr. W, CAMH, regarding supervision of Dr. Doyle and reports from May 22, 2012 and November 29, 2012, from Dr. R regarding Dr. Doyle's work at Hospital Q;
- (k) A letter dated July 16, 2012, from Dr. X regarding his psychotherapy sessions with Dr. Doyle, indicating that Dr. Doyle has made excellent progress and no longer needs monitoring;
- (l) A report from Dr. X dated September 16, 2009;

(m) A September 16, 2009, report from Dr. S; and

(n) A letter dated August 11, 2012 from Dr. T, psychoanalyst, regarding his supervision of Dr. Doyle during the last two years of his psychiatric training at the Institute of Psychiatry.

College counsel informed the Committee that the College consents to the variations sought by Dr. Doyle.

DECISION AND REASONS FOR DECISION

Rule 16.01 of the Rules of Procedure of the Discipline Committee provides that a party may seek to vary an order as follows:

16.01. A party may make a motion to the Discipline Committee to have an order varied, suspended, or cancelled, on the grounds of facts arising or discovered after the order was made. Such motion does not act as a stay of the original order.

Previous panels of the Discipline Committee have indicated, and we accept, that the onus is on the party seeking to vary an order to show a change in circumstances and that it is in the public interest to vary the 2009 Order.

Dr. Doyle's motion to vary, supported by the accompanying Exhibits, provides new facts arising after the 2009 Order (varied in 2012) which demonstrate a change in circumstances. Dr. Doyle successfully completed his contract with the Physician Health Program and demonstrated excellent progress in his psychotherapy with Dr. X. The clinical supervision reports of Dr. Doyle's practices were all positive.

The Committee noted that College Counsel consented to the variations sought by Dr. Doyle, in effect creating a joint submission, which the Committee agrees will continue to safeguard the public while at the same time allowing Dr. Doyle to offer long-term psychotherapy to male patients in need of such care, which will serve the public interest.

ORDER

Therefore, the Discipline Committee orders and directs that the 2009 Order be varied as follows:

1. The requirement in paragraph 5(iii) of the Order dated September 29, 2009, be varied to permit Dr. Doyle to perform long term psychotherapy on male patients only; and
2. Paragraph 5(viii) shall continue in accordance with the Order dated September 29, 2009, as varied by the Order dated January 16, 2012, with quarterly meetings and quarterly reports, except that the minimum of 15 patient charts shall include sufficient male patients on long term psychotherapy to allow the supervisor to assess the quality of that care.