

SUMMARY

DR. SHERIDAN REAVELY-DIAZ (CPSO# 62947)

1. Disposition

On July 19, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required general practitioner Dr. Reavely-Diaz to appear before a panel of the Committee to be cautioned with respect to her medical records, her office management, her completion of third party reports, and her response to the requests from the College for information in regard to this complaint. The Committee also directed Dr. Reavely-Diaz to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Reavely-Diaz to:

- Complete the next available session of the University of Toronto Medical Record-Keeping Course.

2. Introduction

A patient's lawyer complained to the College about Dr. Reavely-Diaz's failure to complete forms in relation to the patient's Ontario Disability Support Program (ODSP) application.

Dr. Reavely-Diaz explained that she was unable to complete the forms as the patient refused to provide records from other treating physicians or to undergo an assessment with a psychologist to provide Dr. Reavely-Diaz with sufficient information to complete the forms. She maintained that the patient ultimately took the forms back from her office and said she was not pursuing her application for ODSP benefits.

3. Committee Process

A Family Practice Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at www.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee was faced with conflicting and confusing information about the interactions between the patient, the patient's lawyer and Dr. Reavely-Diaz (and staff at her office) relating to the patient's ODSP forms.

The Committee noted that despite several requests for information from the College, Dr. Reavely-Diaz did not provide a response to the complaint for four months. She offered no explanation for the delay in responding, nor did she provide the College with a copy of the patient's medical records, as requested (despite indicating that she would do so).

The patient denied refusing to undergo an assessment by a psychologist, and stated that she did bring copies of her previous records to Dr. Reavely-Diaz. However, the Committee noted that the copy of the records the College obtained did not contain any records from the patient's psychiatrist. The patient also denied taking the ODSP forms back from Dr. Reavely-Diaz's office or stating to Dr. Reavely-Diaz's office staff that she was no longer applying for ODSP. There is no confirmation of such action in the record, and apparently no communication from Dr. Reavely-Diaz to the patient's lawyer regarding this alleged interaction.

While the Committee understood why Dr. Reavely-Diaz may have felt limited in terms of her ability to complete the forms for the patient given her lack of expertise in mental health issues, the Committee noted that Dr. Reavely-Diaz could still have completed the forms to the best of

her ability, with a disclaimer stating that she did not have all of the necessary information. Instead, there was a significant delay in having the forms completed, which led to the patient losing her chance to apply for benefits.

The parties offered differing accounts of attendances/visits to Dr. Reavely-Diaz's office in April 2016. The Committee noted that the record does show several appointments during that time. The record also shows several instances where appointments were rescheduled (which staff indicated would have been at the request of Dr. Reavely-Diaz) or cancelled (which staff indicated could have been at the request of either party), raising concerns about Dr. Reavely-Diaz's office administration.

While the patient's lawyer stated that his office contacted Dr. Reavely-Diaz's office and received information from the receptionist that Dr. Reavely-Diaz was working on the forms, Dr. Reavely-Diaz denied ever being advised of any such calls. The Committee indicated that it was not in a position to know with certainty what transpired in terms of telephone calls made to Dr. Reavely-Diaz's office and statements that staff may have made about the status of the ODSP forms. However, the Committee was concerned that Dr. Reavely-Diaz did not take any ownership for the evidently poor communication and obvious confusion and delay that occurred regarding the issue of the patient's ODSP forms. Overall, the Committee found several aspects of Dr. Reavely-Diaz's office management to be lacking.

The Committee was concerned about the quality of Dr. Reavely-Diaz's records, which were sparse, disorganized, and unhelpful in explaining her management and thought process in caring for the patient. Also of concern to the Committee was the fact that during the course of the investigation, it was discovered that Dr. Reavely-Diaz maintained a separate set of records about "sensitive issues" which she kept locked in her office and did not include as part of the patient's electronic medical record (EMR). The Committee noted that Dr. Reavely-Diaz is responsible for having records maintained in a complete and organized fashion, and ensuring that her record-keeping complies in all respects with the College's policy on *Medical Records*.

In considering the many issues in this case, the Committee was cognizant of the fact that Dr. Reavely-Diaz has been the subject of previous complaints raising similar issues in terms of her record-keeping and office management.

In the circumstances, the Committee determined that it was appropriate to require Dr. Reavely-Diaz to attend for a caution and to engage in remediation, as set out above.