

**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. Dimitrois Giannoulis (CPSO# 30339)  
Obstetrics and Gynecology  
(the Respondent)**

## **INTRODUCTION**

The Complainant is an insurance company that investigated an alleged insurance fraud involving several aesthetic clinics. The clinics were providing laser skin procedures and treatments, which are generally not covered under health benefit plans. The Respondent was the Medical Director of some of the clinics at the time relevant to the Complainant's investigation. Concerns were identified regarding the Respondent's delegation of controlled acts and prescribing of Levulan Kerastick (Levulan) to the Complainant's plan members, who indicated that they had not been seen by a physician.

## **DISPOSITION**

The Committee considered this matter at its meeting of August 9, 2023.

The Committee required the Respondent to appear before a Panel of the Committee to be cautioned regarding ethical practice and providing care that is in the patients' best interest.

The Committee also accepted an undertaking from the Respondent that included practice restrictions to not delegate any controlled acts (as defined by the *Regulated Health Professions Act, 1991*) to any person in a cosmetic practice setting, and professional education in professionalism and medical record keeping.

## **COMMITTEE'S ANALYSIS**

The Committee did note that the medical records of the patients involved were not available, as the Respondent was not the health information custodian and the business had been sold.

The Respondent confirmed that he delegated the administration of Levulan, Botox and Fillers and Platelet Rich Plasma to the clinic staff. He was assured by the clinics that the staff hired had all the requisite qualifications and experience. According to the Respondent, he relied on the nurses and medical aestheticians to obtain the history and consent from each patient. They would then contact the Respondent to get approval to proceed with the proposed treatment. Once that was determined, the Respondent would

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sign a prescription. He would attend one of the locations to review patient charts once or twice per month.

The College's *Delegation of Controlled Acts* policy outlines that:

- physicians must only delegate in the context of an existing or anticipated physician-patient relationship;
- physicians must perform a clinical assessment prior to delegating or as soon as possible afterward; and
- physicians remain accountable and responsible for the patient care provided through delegation.

In the Committee's view, the manner of delegation the Respondent described was clearly not in compliance with the College's policy. The information contained in the record of investigation suggested that there was no existing or anticipated physician-patient relationship and that the Respondent issued prescriptions without clinically assessing the patients.

As a part of the Complainant's investigation, two secret shoppers attended the clinics and were assessed by the clinic staff. Neither saw a physician during these visits. The Committee is particularly concerned that the Respondent stated to the Complainant's investigator that he had seen one of the secret shoppers (and his staff stated that he had also seen the other one) despite them reporting that they had not seen a physician.

The Committee reviewed a relevant past decision where advice was given to the Respondent to comply with the College's policy, *Delegation of Controlled Acts*. In that matter, the Committee specifically noted that the Respondent should have had some form of direct communication with the patient. As similar concerns have again been identified in the current complaint, the Committee is of the view that a more significant disposition was warranted.

The Respondent expressed his intention to take the necessary steps to restrict his practice and make improvements pursuant to an undertaking. The Committee is of the view that the Respondent required specific, focused remediation in order to achieve the following educational goals:

- to demonstrate a commitment to patients and ethical practice by providing treatment that is in the patient's best interest; and
- to improve the level of detail in the medical records so that patient status and care are accurate and clear.

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In light of the above, the Committee determined that it was appropriate to caution the Respondent and accept his undertaking, as outlined above.