

## SUMMARY

### DR. ROYA RAHIMPOUR (CPSO# 59223)

#### 1. Disposition

On September 6, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered general practitioner Dr. Rahimpour to attend at the College to be cautioned in person with respect to her failure to maintain patient privacy and confidentiality of medical records, unprofessional communication, and inadequate records and to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Rahimpour to:

- Successfully complete the University of Toronto Medical Record-Keeping Course
- Engage in one-to-one instruction on communications and professionalism
- Review and submit to the College a written summary of each of the following: the College’s Practice Guide and the College policies on *Medical Records*, *Third Party Reports*, and *Confidentiality of Personal Health Information*
- Undergo a reassessment of her practice six months following her completion of the education program.

#### 2. Introduction

Dr. Rahimpour’s former patient contacted the College with concerns that Dr. Rahimpour failed to provide her with adequate care, and behaved in an unprofessional manner toward her while she was her patient between 2015 and 2016. Her complaint included concerns that Dr. Rahimpour ordered unnecessary blood work and laboratory tests; failed to conduct any physical assessments prior to ordering medications; charged the patient \$30 for a note saying she would not complete an Accommodation Form and indicating it should be done by the patient’s rheumatologist; breached patient confidentiality by providing the patient with a CD copy of another patient’s chart; and behaved in a rude/curt manner during all interactions.

Dr. Rahimpour responded that she did order blood work, but did not order the specific tests that the patient claimed were unwarranted. She stated she always prescribed medications after

an appropriate review of symptoms/presenting concerns and, when necessary, a physical examination. She indicated that she did not feel comfortable signing the Accommodation Form for a variety of reasons and explained this to the patient, but ultimately agreed to complete the form with limited information. She clarified that the charge for completing the form was levied by the clinic, and that she was not responsible for implementing, setting or collecting the fee. She apologized that the patient received another patient's chart and was unsure how this occurred, further stating that she is not responsible for managing administrative issues or oversight of administrative staff. She denied any rude behaviour on her part.

### **3. Committee Process**

A General 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](http://www.cpso.on.ca), under the heading "Policies & Publications."

### **4. Committee's Analysis**

The Committee noted that there was nothing in the medical record to suggest that Dr. Rahimpour ordered the tests that the patient took issue with, and that those tests that Dr. Rahimpour did order were warranted, given the patient's medical history. The Committee noted that while the medical record documents that Dr. Rahimpour performed clinical examinations on the patient, it was not always clear to the Committee the extent of each examination. Furthermore, the examinations were recorded the same way every time, with the same typographical errors, suggesting that the information may have been cut and pasted from previous entries, and there was a lack of rationale for all aspects of the examinations documented. In addition, the Committee noted that there was a lack of explanation for laboratory tests ordered, and they had difficulty determining whether the ordered tests were sufficient to justify the medications prescribed. They also found it difficult to ascertain what

medications the patient was actually taking, and for all these reasons, found Dr. Rahimpour's medical record in this case to be inadequate.

The Committee was disappointed that Dr. Rahimpour took no responsibility for the breach of confidentiality that occurred in this case. While she may not have been the one to provide the incorrect patient chart, the Committee noted that she is still responsible for the conduct of the staff in a clinic in which she is practising, and is ultimately responsible for protecting the privacy of her patients' health information. Furthermore, once she became aware of the inadvertent confidentiality breach, the Committee was of the view that Dr. Rahimpour should have immediately taken steps to inform the other patient of it, and should have spoken to clinic staff to determine how the error happened and how to prevent its recurrence (Dr. Rahimpour eventually informed the College that she had taken some steps in this regard; however she initially responded that she was not in a position to answer questions on this issue). The Committee was of the view that Dr. Rahimpour's "hands-off" approach was unacceptable and unprofessional and suggested a lack of insight into the seriousness of the breach.

The Committee was not in a position to determine with any certainty whether Dr. Rahimpour acted rudely or unprofessionally in her interactions with the patient. However, given Dr. Rahimpour's history of complaints with the College regarding her professionalism and communications, the Committee was left with the impression that there may be something lacking in her communication style that is resulting in patients having a negative perception of their encounters with her, and that she would benefit from remediation in this regard.

The Committee was also concerned with the manner in which Dr. Rahimpour filled out the patient's Accommodation Form, in that her comments to refer the form's questions to the patient's rheumatologist came across as unprofessional. The Committee also found it inappropriate that Dr. Rahimpour wrote that she had no involvement in the patient's condition, which was a puzzling response from a family physician. In the Committee's view, Dr. Rahimpour did not do enough to justify charging \$30 for completing the form. The Committee stated that it

expects physicians to fill out medical forms to the best of their abilities and to comply with the College's policies on *Block Fees for Uninsured Services*.

The Committee was troubled by Dr. Rahimpour's history of complaints with the College, including concerns about rudeness, lack of professionalism, and administrative issues. They were also disappointed that Dr. Rahimpour's response to this complaint was not timely, and that it took two reminders from the College investigator, as well as a letter from the Committee Chair to Dr. Rahimpour's counsel, for the College to finally receive Dr. Rahimpour's response. The Committee pointed out that as a registered physician, Dr. Rahimpour has a professional obligation to cooperate with the College and any investigations into her practice.