

SUMMARY

DR. SHARADINDU RAI (CPSO# 84749)

1. Disposition

On March 23, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required family physician Dr. Rai to appear before a panel of the Committee to be cautioned with respect to his communications.

The Committee also ordered Dr. Rai to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Rai to:

- Practice under the guidance of a Clinical Supervisor acceptable to the College for a period of six (6) months
- Engage in one-to-one education in communications and professionalism with an instructor acceptable to the College
- Engage in self-directed learning (by reviewing and preparing a written summary of the College publication *The Practice Guide*)
- Undergo a reassessment of his practice by an assessor selected by the College approximately six (6) months after completion of the education program.

2. Introduction

A family member of a patient complained to the College about Dr. Rai’s clinical care and conduct during a walk-in clinic visit for assessment of the patient’s sore throat. The family member stated that Dr. Rai was abrupt in his interactions (did not address them directly, cut her off when she tried to speak), did not look up from his computer at which he was typing for the entire visit, failed to appropriately assess and diagnose the patient’s sore throat, performed only a cursory assessment of the patient, and left quickly (the appointment lasted only 90 seconds).

Dr. Rai responded that he could not recall exactly what happened during the appointment, including the length of the appointment or the style of communication. He described his usual

practice and noted that the chart documents a history and physical examination, and swab results were negative for a bacterial infection; as such, there was no indication for treatment with antibiotics. He further noted that the record showed a throat swab was performed, so it was likely the appointment lasted longer than 90 seconds. He offered an apology if the patient's family member felt she should have been given more time. He stated he recognizes the importance of professional communications with patients and indicated he has recently taken a communication course and has also arranged individualized coaching sessions in communications.

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

Overall, the Committee was satisfied that Dr. Rai's medical assessment and care of the patient was acceptable given the documentation in the chart which shows an appropriate physical examination, and Dr. Rai's decision to wait for the swab results to determine whether antibiotics were necessary was also appropriate.

The Committee was concerned, however, by Dr. Rai's history of prior complaints to the College given he had only been in practice in Ontario for eight years. The Committee noted that he had already been the subject of other, similar complaints with respect to his communications and that he appeared to demonstrate a lack of insight into and ownership of his problems (given his explanation that his high-volume practice put him at higher risk for complaints through "no fault of his own.")

Although Dr. Rai provided information about the course in communications he had recently completed and other education he has arranged, the Committee was concerned that despite these efforts he was once again the subject of complaints primarily about his communication. The

Committee remarked that although the complaints about Dr. Rai are generally “low-level” in terms of patient risk, there was the potential for serious patient risk if the communication breakdown were to revolve around a more serious clinical issue, and for this reason a caution-in-person and remedial education would serve to improve his practice.