

**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. Man Buen Tse (CPSO #32041)  
(the Respondent)**

## **INTRODUCTION**

The Patient contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care. The Patient was referred to the Respondent after atypical glandular cells of undetermined significance (AGUS) were reported on a Papanicolaou (Pap) test.

## **COMMITTEE'S DECISION**

An Obstetrics and Gynecology Panel of the Committee considered this matter at its meeting of November 21, 2025. The Committee required the Respondent to appear before a Panel of the Committee to be cautioned with respect to his medical record keeping and his knowledge regarding the management of adenocarcinoma in situ (AIS) and microinvasive adenocarcinoma (MIAC) of the cervix and to complete a specified continuing remediation and education program (SCERP) consisting of:

- The successful completion of the next available sessions of:
  - Successful Patient Interaction (Canadian Medical Protective Association (CMPA)), including the prerequisites: Effective communication: The key to creating reciprocal partnerships (CMPA); Safe to speak: Fostering a culture of psychological safety in healthcare team (CMPA); and Improving patient safety: Enhancing situational awareness for healthcare professionals (CMPA)
  - Medical Record-Keeping Program (University of Toronto).
- Self-study (review, reflection, and discussion with his Clinical Supervisor) of the College's policies, *Consent to Treatment, Medical Records Documentation, Transitions in Care, Availability and Coverage, and Managing Tests*, and the resources / practice tools, Ontario Cervical Screening Program (OCSP): Guide to Colposcopy (Cancer Care Ontario), Cervical adenocarcinoma in situ in UpToDate, and any additional professional education recommended by the Respondent's Clinical Supervisor.

- Clinical supervision for a minimum period of three (3) months (monthly meetings with the Clinical Supervisor, including a review of 15 charts per meeting; and at least one report back to the College from the Clinical Supervisor).
- Reassessment of practice to take place six (6) months following the conclusion of the above noted supervision and learning.

## **COMMITTEE'S ANALYSIS**

When it initially considered this matter in September 2025, the Committee had concerns about the Respondent's care and decided to direct staff to negotiate a voluntary undertaking with the Respondent. The Respondent elected not to sign the undertaking.

### *Clinical Concerns*

The Committee was concerned that the Respondent lacks knowledge of the difference between AIS and adenocarcinoma (including MIAC) and the appropriate management for adenocarcinoma. AIS is considered a pre-cancerous change, whereas adenocarcinoma of the cervix (including MIAC) is an early established cancer of the cervix.

The Committee was concerned that the Respondent did not provide a gynecology oncology referral when MIAC was reported on two separate histologic specimens. Cancer Care Ontario's Ontario Cervical Screening Program Guide to Colposcopy states that following the initial referral for AGUS, referral to a designated gynaecology oncology centre should be made for patients found with histology findings indicating cancer.

### *Medical Records*

The Committee was also concerned by the Respondent's documentation of the care provided to the Patient. The Respondent's documentation was not complete, comprehensive, or legible. In addition, the Respondent did not document multiple discussions with the Patient during which test results and treatment planning was discussed. Further, the Respondent did not appropriately update the Patient's family physician with updated consultation reports.

### *Communication*

The Patient also raised concerns regarding the Patient's communication, including the clarity of his advice and explanations regarding test results and proposed procedures. While the Respondent disagreed with some of the concerns raised, his explanations were not supported in the medical record. Further, the Respondent's history of similar concerns regarding his communication provided support for the Patient's report of her experience. This history also concerned the Committee as the Respondent was still having issues with clear and professional communication despite previous guidance from this Committee.

The Committee noted that the Respondent was not insightful in his response with respect to his clinical care, although he did not take issue with the Committee's recommendation for education with respect to his documentation and communication.

Given that the Respondent declined to sign the undertaking, the Committee required that he complete the SCERP outlined above to address the educational needs identified in this case.

Based on the Committee's serious concerns about the Respondent's care and documentation and his lack of insight regarding the clinical concerns, in addition to requiring the Respondent to complete the SCERP, the Committee decided to caution the Respondent, as set out above.