

**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. Innocent Chukwudumebi Okafor (CPSO #86363)

INTRODUCTION

The College received information raising concerns about Dr. Okafor's use of a physician assistant (PA) in his office. A patient reported that she saw only (?) the PA, who diagnosed an ear infection and prescribed medication. A pharmacist expressed concern about receiving prescriptions from the PA. Subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of Dr. Okafor's family practice and walk-in clinic work.

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of March 19, 2019. The Committee required Dr. Okafor to attend at the College to be cautioned in person with respect to delegation and supervision of PAs, and clinical care issues.

COMMITTEE'S ANALYSIS

As part of this investigation, the Registrar appointed an independent Assessor to review a number of Dr. Okafor's patient charts, interview Dr. Okafor, and submit a written report to the Committee. The Assessor concluded that Dr. Okafor's care fell below the standard of practice in 20 of the 25 charts reviewed, particularly with respect to his delegation of medical acts, that Dr. Okafor displayed a lack of knowledge or judgment in 20 of the charts reviewed, and that his clinical practice or conduct exposed or is likely to expose his patients to harm or injury in two of the charts reviewed.

The Assessor noted the main issue with Dr. Okafor's records was that the providers were not clearly identified and notes were not signed, which breached the College's record-keeping requirement that each health care professional's entries into a record must be identifiable.

With respect to the issue of delegation, the Assessor had significant concerns regarding the delegation that took place prior to 2017, in that patients were not informed of the PA's role, she saw them independently, and Dr. Okafor billed for these encounters. While there were improvements in 2017, the Assessor noted that the PA did not clearly obtain consent from patients to be seen by her and she did not document this consent in her encounter notes, and she provided care to walk-in patients who did not have a pre-existing physician-patient relationship with Dr. Okafor. In addition, when a verbal order is used for delegation, this should

be documented on each occasion, and the PA did not document any verbal orders from Dr. Okafor.

The Assessor also identified cases in which the clinical care was deficient, including issues regarding opioid and/or benzodiazepine prescribing, follow up on abnormal test results, management of positive tuberculin skin tests, the prescribing of prednisone, and the management of a hypertensive pregnant patient.

Dr. Okafor outlined changes he had made to his practice, and continuing medical education he had pursued. He also entered into an undertaking with the College to address the concerns identified in its investigation, which includes terms he will follow if employing and delegating the provision of health care services to a PA, a period of clinical supervision, professional education (including programs in medical record keeping and safe opioid prescribing, and the PROBE: Ethics & Boundaries Program), and a reassessment of his practice.

The Committee felt that in addition to accepting Dr. Okafor's undertaking, it was appropriate to have Dr. Okafor attend at the College to be cautioned in person, as set out above. In addition, as the Committee had concerns about Dr. Okafor's OHIP billings (in that he was billing for services provided by the PA, even when he did not see the patient himself), it directed such information to the General Manager of OHIP.