

## SUMMARY

### DR. KIM PAPP (CPSO# 55598)

#### 1. Disposition

On October 20, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered dermatologist Dr. Papp to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Papp to:

- Complete the Medical Record Keeping Course through the University of Toronto
- Complete two CMPA (Canadian Medical Protective Association) e-learning programs on documentation
- Engage in self-directed learning by reviewing and submitting a written summary of the College’s policy statement #4-12, *Medical Records*
- Undergo a reassessment following completion of the remediation program.

#### 2. Introduction

The College received a complaint raising concerns about Dr. Papp’s clinical practice and in particular his management of a patient at high risk for squamous cell carcinoma who presented with an actinic keratosis lesion that was later diagnosed on biopsy as squamous cell carcinoma.

Dr. Papp responded that he assessed and managed the patient appropriately, including referring the patient to a specialist when the patient returned earlier than scheduled because the lesion had rapidly increased in size.

#### 3. Committee Process

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

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

The Committee found that Dr. Papp's notes related to the care he provided the patient did not describe his thinking process about the patient's lesions nor accurately reflect his clinical findings. The Committee pointed out that this was problematic, as had Dr. Papp documented his thought process more accurately, the Committee could have better understood: the reasons behind his clinical management of a recurrent actinic keratosis lesion of the eyelid in a patient at high risk of squamous cell carcinoma and why Dr. Papp did not seek earlier follow-up for suspicious, possibly pre-malignant, lesions.