

SUMMARY

DR. MUJTABA AHMED KHAN (CPSO# 89561)

1. Disposition

On March 7, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required general practitioner Dr. Khan to appear before a panel of the Committee to be cautioned with respect to medical record-keeping and ethics. The Committee also directed Dr. Khan to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Khan to:

- complete the next available sessions of the University of Toronto Medical Record-Keeping course, and the ProBE Canada Program; and
- review the College’s policies on *Medical Records* and *Third Party Reports*, and provide written summaries of the documents with reference to current standards of practice (where applicable), how they are applicable to Dr. Khan’s situation, as well as how Dr. Khan has made – or plans to make – changes to his practice.

2. Introduction

A law firm, which was acting for an insurance company in relation to a personal injury claim by a patient of Dr. Khan’s, complained to the College about Dr. Khan’s record-keeping. The law firm stated that they received two different versions of the patient’s chart from Dr. Khan. Specifically, the notation in one of the entries (for a visit in 2012) was different, in that certain phrases had been deleted and added.

Dr. Khan responded that his clinic switched from one electronic medical record (EMR) system to another, and that because the migration between the two systems was difficult, he developed a practice of reviewing (and revising, if necessary) patient charts to ensure that they had been

properly scanned and that the records in the new system were intact and accurate. He stated that he also had a practice of reviewing charts requested by third parties, and would correct any spelling and grammar errors he noted, and, on some occasions, as in this case, would make modifications that he felt were appropriate. In relation to this case, Dr. Khan reported that he had two separate requests for the patient's records, one in 2013 and the other in 2014, and he acknowledged that he provided different versions of the record in response to the requests. He explained that he realized when reviewing the chart for the second request that the entry in question was inaccurate and might be ambiguous, and he therefore amended it. He acknowledged that in the copy of the chart printed in 2014, the chart entry on in question did not have any date or time stamps to indicate changes had been made to the note. Dr. Khan advised that, in retrospect, he recognized he did not follow the appropriate procedure when he made the modifications to the chart entry, and he stated that in the future he will endeavour to do so. He stated that he modified the record solely in order to ensure its accuracy, and to maintain the quality of his care.

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, under the heading "Policies & Publications."

4. Committee's Analysis

It was undisputed that in March 2013 and September 2014 Dr. Khan made amendments to the 2012 entry in the patient's chart. The amendments made were more than simple spelling corrections, as Dr. Khan removed certain statements altogether, and added other statements. He did so in a manner that did not make the amendments apparent to anyone reading the

record (i.e., without any notation in the record identifying the fact of the amendments, or the date and time they were made).

While a physician is entitled to make changes to a medical record, such changes must be made properly, and they must not be made for an improper purpose.

The College's policy *Medical Records* states the following in relation to modifying records:

Where it is necessary to modify medical records to ensure their accuracy, physicians should do so. Corrections must be made in such a manner as to ensure that the correct information is recorded (with the additions or changes dated and initialed) and the incorrect information is either severed from the record and stored separately, or maintained in the record but clearly labeled as being incorrect. Where the incorrect information is severed from the record, physicians must ensure that there is a notation in the record that allows for the incorrect information to be traced. Where incorrect information is maintained in the record, physicians must ensure that the information remains legible (for example, by striking through incorrect information with a single line).

The Committee concluded that Dr. Khan failed to comply with the above policy (a fact which Dr. Khan acknowledged), leading to significant confusion, not only for the law firm who received the record but also for the Committee in reviewing the complaint. The Committee was of the view that Dr. Khan's failing in this regard was significant, as the medical record is a legal document, which a physician has a duty to maintain. A proper medical record is also a fundamental aspect of good care.

The Committee indicated it was not in a position to determine the motivation behind Dr. Khan's modification of the record. The Committee noted that while Dr. Khan insisted that the changes he made were simply to ensure the accuracy of the records, non-contemporaneous additions/deletions to the record, particularly when made so long after the fact, undermine the credibility and integrity of the record.

The Committee was concerned that ultimately the modifications Dr. Khan made to the record were not apparent on the face of the record – an important, legal document. This raised concerns not only in terms of Dr. Khan’s record-keeping, but also his ethics.

In the circumstances, the Committee determined that it was appropriate to caution Dr. Khan and require him to engage in remediation, as set out above.