SUMMARY

DR. TANWEER-UL-HAQUE GHUMMAN (CPSO# 102999)

1. Disposition

On July 25, 2018, the Inquiries, Complaints and Reports Committee (the Committee) ordered anesthesiologist Dr. Ghumman to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Ghumman to:

- complete the next available American Society of Anesthesiologists (ASA) Course on "Customizing Pain Management in the Ambulatory Setting", or a similar course approved by the College;
- review the College Policies, *Consent to Treatment* and *Medical Records*; relevant clinical guidelines from the ASA, ASA Statement on Anesthetic Care during Pain Procedures, and ASA Clinical Practice Guideline on Chronic Pain Management; Canadian Medical Protective Association (CMPA) e-learning modules on documentation; OHP standards, and the OHIP Schedule of Benefits on Interventional Pain Techniques;
- submit a written report to the College regarding the College's *Medical Records* policy, how it is applicable to Dr. Ghumman's situation, as well as how Dr. Ghumman has changed, or plans to change, his practice. Dr. Ghumman will review the other material with the Clinical Supervisor;
- practice under the guidance of a Clinical Supervisor acceptable to the College for six months with a focus on injections for pain management; medical record-keeping; and clinic administration and office practices (including appropriate OHIP claims, review of medical directives, discharge criteria and instructions, and ensuring appropriate infection prevention and control, and sterile practices) with bi-weekly meetings for two months, then with College approval monthly meetings for four months; and
- undergo a reassessment approximately six months following the completion of the Education Program, by an Assessor selected by the College.

2. Introduction

The College received information raising concerns about Dr. Ghumman's pain management practice and subsequently, the Committee approved the Registrar's appointment of investigators to conduct a broad review of Dr. Ghumman's practice.

3. Committee Process

As part of this investigation, the Registrar appointed a Medical Inspector to review a number of Dr. Ghumman's patient charts, interview Dr. Ghumman, and submit a written report.

A General Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the investigation. 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

After reviewing 26 patient charts and Dr. Ghumman's OHIP claims, observing Dr. Ghumman's practice, and interviewing Dr. Ghumman and Clinic staff, the Medical Inspector opined that: In 25 of the 26 patient charts reviewed, Dr. Ghumman did not meet the standard of practice. In 26 of the 26 patient charts reviewed, Dr. Ghumman displayed a lack of knowledge and judgement. In 25 of the 26 patient charts reviewed, Dr. Ghumman displayed a lack of skill. In 25 of the 26 patient charts reviewed, Dr. Ghumman's clinical practice, behaviour or conduct exposes or is likely to expose his patients to harm or injury.

Dr. Cain (Anesthesiology) was retained by Dr. Ghumman's counsel to provide an opinion based on a review of the same 26 charts, and observation of two patient treatments. Dr. Cain opined

that: Dr. Ghumman consistently meets the standard of care required of a physician practicing interventional pain management in a community setting. He does not display a lack of skill, knowledge, or judgment. Dr. Ghumman's clinical practice, behaviour, and conduct do not expose and are not likely to expose his patients to harm or injury. However, Dr. Cain did identify some concerns with Dr. Ghumman's documentation and his judgement in some instances.

The Medical Inspector retained by the College identified a range of deficiencies in Dr. Ghumman's practice, including with respect to his documentation, consent process, and clinic administration. Though Dr. Cain concluded that Dr. Ghumman met the standard of practice, Dr. Cain also identified deficiencies and areas in which Dr. Ghumman could improve his practice, similar to those of the Medical Inspector. The consistency in terms of the deficiencies identified by the Medical Inspector and of Dr. Cain was significant, and the Committee did not agree with Dr. Cain's overall conclusions in light of this. From our perspective, the poor documentation alone was of sufficient concern such that Dr. Ghumman did not meet the standard.

Because of the widespread nature of the deficiencies identified in Dr. Ghumman's practice, making it difficult to determine treatment appropriateness and efficacy, the Committee considered referring this matter to the College's Discipline Committee for a full hearing. However, the Committee also noted that a summary of its decision to impose this SCERP would appear on the Public Register and the Committee was satisfied that Dr. Ghumman was able to be remediated, had taken steps already to improve his charting, and had stopped using IM ketamine.

Poor and inadequate documentation

Dr. Ghumman did not adequately document his rationale for the treatments provided, details of the injection technique or location, or their efficacy in alleviating pain. This was concerning as without sufficient documentation of this information, it is difficult to understand whether the injections had therapeutic value.

Given the deficiencies identified in Dr. Ghumman's recordkeeping, there is no structured course that would be appropriate, and thus the Committee concluded a period of clinical supervision with chart review is appropriate to assist Dr. Ghumman in improving his recordkeeping.

Inadequate Consent Process

The Committee agrees with the MI and also found Dr. Ghumman's consent process to be deficient, and insufficiently documented. For consent to be informed, it must relate to the specific treatment, and overly broad consent is not sufficient.

Clinic administration

The Committee agrees with the Medical Inspector that there are concerns with elements of the Clinic's administration. Appointments need to be scheduled with sufficient time to allow for the procedure to be completed, informed consent obtained, and documentation of the encounter. There should be clinic protocols for patient discharge criteria. The clinic also requires medical directives, policies and standing orders with respect to sterile techniques and labelling of syringes, and these should be adhered to. There should also be mechanisms in place to ensure the billing to OHIP is accurate and there is an audit system in place.