

SUMMARY

Dr. Lawrence Winston Kwame Donkor (CPSO# 27607)

1. Disposition

On September 6, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered pediatrician Dr. Donkor to attend before the Committee to be cautioned in person with respect to inadequate record-keeping and management of Type 2 Diabetes, Attention Deficit Hyperactivity Disorder (ADHD) and mental health issues; and complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Donkor to:

- Attend and successfully complete the next available University of Toronto Medical Record-Keeping course
- Engage in self-directed learning, including reviewing the College’s policy on *Medical Records* and reviewing and discussing with his Clinical Supervisor the identified educational needs
- Practice under a clinical supervisor for a period of six months
- Undergo a reassessment of his practice six months following the completion of the education program.

2. Introduction

The College received a complaint raising concerns about Dr. Donkor’s pediatric practice and record-keeping, and subsequently, the Committee approved the Registrar’s appointment of investigators to conduct a broad review of Dr. Donkor’s practice in this area. As part of this investigation, the Registrar appointed a Medical Inspector (MI) to review a number of Dr. Donkor’s patient charts and interview Dr. Donkor. The MI noted the following:

- Dr. Donkor did not meet the standard of care in 11 of the 24 cases reviewed.
- In the same 11 cases, Dr. Donkor’s care displayed a lack of knowledge, skill and judgement.
- In 8 of the 24 cases reviewed, Dr. Donkor’s practice would have, or likely would have, exposed his patients to a risk of harm.

- Dr. Donkor is not consistently meeting the standards of practice with regards to documentation.

Dr. Donkor responded that the issues raised by the MI relate to the adequacy of his documentation. He acknowledged that there is room to improve in that regard and stated he will enroll in the Record-Keeping Course offered by the University of Toronto. Dr. Donkor indicated that the suggestion that his practice exposes patients to a risk of harm is speculative and unfounded.

The MI provided an addendum report, in which he stated that it is his opinion that Dr. Donkor did not meet the standard of practice in ten cases, and that there were at least four cases that demonstrated a lack of knowledge, skill or judgement, and would have or would likely have exposed Dr. Donkor's patients to harm.

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 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

The Committee was concerned regarding Dr. Donkor's inadequate documentation, lack of proper history taking and physical examination, and general disorganization of his charts, as well as with certain aspects of Dr. Donkor's response to this investigation. The found that Dr. Donkor's record-keeping did not abide by the College's policy on *Medical Records*, and as such, did not serve the best interest of his patients.

With respect to the specific cases reviewed, the Committee had difficulty accepting Dr. Donkor's explanations regarding some of the concerns raised, for example, that (according to Dr. Donkor) a consulting pediatric endocrinologist advised him to start a patient with type 2 diabetes and extremely elevated blood sugar on metformin alone, when it is the standard in such cases to initiate patients on insulin as well as metformin (in addition to enrolling the patient in a multidisciplinary teaching program to learn glucometer testing, nutritional management and administration of insulin, and how to manage high and low glucose levels), which did not occur. The Committee noted that this alleged conversation with an endocrinologist was undocumented and no evidence was presented to demonstrate that it actually occurred. The Committee noted that this case involved a pediatric patient with an aggressive disease who was clearly exposed to a risk of harm, and that Dr. Donkor's explanations did not justify his inappropriate clinical decisions.

The Committee also noted concerns regarding Dr. Donkor's management of anxiety/suicide risk in several patients, headache assessment (including inappropriate/unwarranted use of imaging and failure to consider risks of radiation from CT scanning), inappropriate treatment/monitoring of ADHD and weight loss, and supervision of a patient with Trisomy 21. The Committee acknowledged that Dr. Donkor intends to complete a course on medical record-keeping; however felt that further remediation is required to address the other significant deficiencies identified.

The Committee was further concerned that Dr. Donkor was supervising students at the time of the care in question, and stated its expectation that physicians not supervise students while they are themselves undergoing remediation, including clinical supervision of their own practice.