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THE COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA
INVESTIGATION COMMITTEE - CENSURE

IN THE MATTER OF:	***THE REGULATED HEALTH PROFESSIONS ACT*, CCSM c. R117, Part 8 (the "RHPA")**
AND IN THE MATTER OF:	**DR. MUNIR AHSAN PIRZADA, a registrant of the College of Physicians and Surgeons of Manitoba ("CPSM")**

CENSURE: IC7213
DATE OF CENSURE: February 13, 2026

I. OVERVIEW:

Dr. Pirzada is a registrant with CPSM who is in general practice. Patient 1's mother complained about Dr. Pirzada's care and conduct related to the management of her 3-year-old daughter's forehead laceration. On February 13, 2026, in accordance with subsection 102(2)(d) of the RHPA, the Investigation Committee censured Dr. Pirzada for his care and conduct in respect of Patient 1. The circumstances that led to censure are described below.

II. STANDARDS APPLIED:

Physicians are expected to properly apply their clinical knowledge, skills, and judgment in order to provide safe, competent, and patient-centered medical care. The physician's clinical approach must be rigorous in terms of the questions asked of the patient, the physical examination, the establishment of the principal and differential diagnoses, and in respect to the plan for management and patient follow-up.

It is a fundamental and overarching expectation of the profession that members recognize the limits of their skills, knowledge and competence and will not practice beyond those limits. Accordingly, members may only perform medical procedures that they are competent to perform and that are safe and appropriate to the clinical circumstance.

Physicians are expected to appropriately document the medical care they provide to patients in such a way that they can maintain the standard of care with respect to their patients over time and, also, such that other third parties can appropriately act on patient records should the need arise. Documentation should be completed contemporaneously with care where possible and must provide an accurate and detailed description of the care provided, including information obtained and advice given. Details in the record must be sufficient to allow another physician to understand

the nature of the care provided.

III. CIRCUMSTANCES THAT LED TO CENSURE:

The following is a description of the circumstances that led to censure:

1. Patient 1 sustained a small laceration on her forehead above her eyebrow and her mother was advised by her daycare that she would "*need the cut glued or stitched*". Patient 1's mother took Patient 1 to see Dr. Pirzada. Patient 1's mother complained to CPSM about Dr. Pirzada's care and conduct related to the management of her 3-year-old daughter's forehead laceration:

    a. Her concerns included that Dr. Pirzada did not wash his hands prior to the examination or procedure, the procedure (application of tissue adhesive) was done poorly, and they should have been advised to seek treatment elsewhere. Patient 1's mother questioned whether, "*a 5-6 mm scar [would be considered] okay when it could have been 2-3 mm if you had assistants*".

    b. Patient 1's mother raised concerns that Dr. Pirzada did not wear gloves, and she did not see him wash or sanitize his hands. In his response, Dr. Pirzada noted that he finds it "*difficult to work with the glue with the gloves on, specially if the wound has already been cleaned*". He stated that he disinfected his hands before he entered the room. In her reply to Dr. Pirzada's letter, Patient 1's mother noted that Dr. Pirzada left the room twice to get materials and reiterated her concern that she did not observe him washing his hands.

    c. Patient 1's mother noted that Dr. Pirzada applied the glue without approximating the wound edges and that the glue dried before he was able to apply a Steri-Strip. She noted she was told "*it's fine it will still heal the scar will just be bigger, 5-6 mm instead of 2-3 mm*". Dr. Pirzada did not document the nature of the wound or the details of the procedure in his encounter note. Patient 1's mother noted that the wound was subsequently reopened and sutured by another physician to minimize scarring.

2. On review of Dr. Pirzada's May 20, 2022, encounter note, Dr. Pirzada noted a "*hematoma*" but does not include a description of the wound, documentation of the discussion regarding treatment options, or details of the procedure that was performed:

    S: 3-year-old female fell and wants to rule out if the area which is red and mildly bruised needs any treatment, no loss of consciousness next lying it was witnessed,
    And no nausea vomiting,
    No other concerns not in any pain,

O: No distress playing and cooperative,
Not in any pain,
Head and neck mild bruising no bleeding,
Very mild hematoma,
Head and neck otherwise negative pupil equally reactive to light headed
neck movements are normal
ENT otherwise negative,
Chest no other area of injury,
Moving well,

A: Head injury, mild hematoma,

P: recommended to keep it clean dry put ice otherwise reassured

3. In his written response to the complaint, Dr. Pirzada provided additional details regarding his care of Patient 1 that were not included in his encounter note. He advised that the wound appeared clean and dry, and as such he decided not to irrigate the wound. He did not recall if Patient 1's mother asked him to do so. Dr. Pirzada did not recall commenting on the size of the scar but noted that it is his usual practice to advise parents or caregivers that sutures generally lead to the best cosmetic outcome. He recalled that Patient 1's mother agreed that the wound could be treated with tissue adhesive.

4. About the concern that they should have been advised to seek treatment elsewhere, Dr. Pirzada noted in his response that staff are supposed to notify patients "*that we do not have a set up for suturing or stitches*". He assumed that Patient 1's mother was aware of this and apologized for "*this assumption and lack of transparent communication and discussion*". In her response, Patient 1's mother noted that when she asked Dr. Pirzada whether stitches were required, he recommended the glue.

5. With respect to infection prevention and control, Dr. Pirzada noted that he decided not to use gloves due to potential issues that gloves may create when applying tissue adhesive (e.g. getting stuck to the adhesive). He thought he made the right judgment call in this regard. With respect to hand hygiene, Dr. Pirzada outlined his usual practice and noted that examination rooms are cleaned between encounters. That said, he acknowledged that "*it would be more prudent to clean my hands with an alcohol-based hand rub again after entering the room.*" Dr. Pirzada advised that he has changed his practice as a result of this complaint, including cleaning his hands when he enters the room, wearing gloves during the application of tissue adhesive, and being more transparent about the clinic's hand hygiene protocol (e.g. information posted in the examination rooms).

6. Dr. Pirzada acknowledged that his documentation "*could be more comprehensive*" but noted that "*I did identify the location and state of [Patient 1's] injury, and my recommendation to her mother after the treatment.*" He noted that he is "*putting more emphasis on documentation.*"

7. Dr. Pirzada apologized for "*not better explaining the care I was giving as I was giving it, and for not explaining the hygiene protocols in place which were not within sight and led [Patient 1's mother] to believe I had not followed any handwashing protocol.*"

IV. CENSURE:

On the above facts and circumstances, the Investigation Committee censured Dr. Pirzada for the following:

1. Dr. Pirzada failed to meet his professional responsibility to ensure that the options for treatment, and associated risks/benefits of each, were clearly explained to Patient 1's mother prior to proceeding with the treatment and that this discussion is appropriately documented.
2. Dr. Pirzada did not provide care for Patient 1's injury in accordance with the expected standard, particularly regarding communication related to and technique in applying tissue adhesive.
3. Dr. Pirzada did not meet his professional obligations with respect to infection prevention and control, specifically regarding adherence to infection control recommendations regarding hand hygiene.
4. Dr. Pirzada's encounter note was not complete and accurate, such that he failed to meet the expected standard for documentation. The documentation in the chart is deficient in that there are no notations regarding the wound or the procedure that was performed.

Censure by the Investigation Committee creates a disciplinary record and may be considered in future by the Complaints Committee, Investigation Committee, or a Panel of the Inquiry Committee of CPSM acting in accordance with subsection 126(2) of the RHPA.

V. ORDERS:

1. The Investigation Committee directed, pursuant to subsection 104(2) of the RHPA, that this censure and a description of the circumstances that led to the censure be made available to the public.

2. Dr. Pirzada was ordered to pay the costs of the investigation in the amount of $3,400.00.