

College of Physicians and Surgeons of Saskatchewan



Dr. Amjad ALI

Council Decision to Rescind Suspension

Date of Application
Date of Decision:
Decision:

November 2019 November 29, 2019 Suspension Rescinded

On November 29, 2019 the Council agreed to reinstate Dr. Ali's licence, subject to an undertaking relating to his practice and compliance with College bylaws relating to return to practice after an absence.

Council's resolution was:

After long and fulsome deliberation on the latest submission and prior decisions Council voted to restore Dr. Ali's license to practice medicine in the Province of Saskatchewan in as much as he signs an undertaking with the terms provided further in this document.

Council subsequently voted to rescind its order of September 7, 2013 indefinitely suspending Dr. Ali from the privileges of a duly qualified medical practitioner.

Reasons for Council's decision are attached.

IN THE MATTER OF THE MEDICAL PROFESSION ACT, 1981,

SS 1980-81, c M-10.1, Section 86

AND IN THE MATTER OF AN APPLICATION FOR RESTORATION OF LICENCE AND TERMINATION OF SUSPENSION

BY DR. AMJAD ALI OF REGINA, SASKATCHEWAN

NOVEMBER 29, 2019

Mr. B. Salte, Q.C. appearing for the College of Physicians & Surgeons of Saskatchewan

Mr. D. Kraushaar appearing for Dr. Ali

BACKGROUND

Dr. Ali has a long-standing history with the College of Physicians and Surgeons of Saskatchewan. He currently does not hold a license to practice medicine in Saskatchewan.

In June and November of 2018, Council rejected Dr. Ali's applications for restoration of his license. These decisions were based on persistent concerns regarding Dr. Ali's governability as it pertained to the possible terms of an undertaking to restrict his practice in the event of restoration.

Dr. Ali requested a further hearing to hear arguments in support of his ongoing request.

Dr. Ali's current application is not an appeal of previous decisions of Council. The current application is submitted with new documentation in support of Dr. Ali's request for restoration of licensure. It is understood by Council and Dr. Ali that the onus remains on Dr. Ali to demonstrate with supporting evidence sufficient changes have occurred which would give Council reason to believe that his application is credible, and that he would be able to practice under such restrictions deemed necessary to maintain the safety of the public.

The details of the previous long-standing history of professional misconduct is well documented and will not be reproduced in this document.

POSITION OF DR. ALI

Dr. Ali provided an update from his long-term counselor Mr. Dennis Arbuthnott. The most significant portion of that progress note is as follows:

"...it seems that the biggest concerns expressed by the college regarding Dr. Ali is that he has not been governable in the past. Dr. Ali realizes he needs to establish a genuine sense of trust and governability between himself and the college and council. He also understands that it is incumbent on him to develop this trust by complying with any conditions imposed and by receiving supervision."

Dr. Ali has provided supplemental information from his physicians outlining that he is compliant with ongoing health matters including both his diabetes and his acoustic neuroma. These documents were responsive to council's previous concerns regarding the status of Dr. Ali's health, which has been purported by Dr. Ali on several occasions to have been pivotal to his flawed decision making.

Dr. Ali has submitted his exhaustive list of continuing medical education. Dr. Ali is aware that in the event of a successful application for restoration and removal of the enduring suspension, he will still have to demonstrate to the Registrar his competence to practice in a manner adherent to Bylaw 4.1.

Dr. Ali has provided letters from various medical specialists with whom he has completed informal clinical observerships. While the specifics of the observerships were not clarified, both letters were generally supportive of Dr. Ali from the perspectives of both professionalism and medical knowledge.

Dr. Ali has provided a letter from Dr. D. Mbanza. Dr. Mbanza is a family physician in good standing with the College. Dr. Mbanza reported on a one month observership competed by Dr. Ali. The professionalism and medical expert aspects of Dr. Ali were supported by Dr. Mbanza. Further, Dr. Mbanza has offered Dr. Ali the opportunity to join his practice in the event of successful restoration of licensure. Dr. Mbanza has not yet specifically undertaken to supervise Dr. Ali in his practice, but Dr. Ali is under the clear understanding that this supervisory role would be filled by Dr. Mbanza if such an opportunity were presented.

THE POSITION OF THE REGISTRAR'S OFFICE

Mr. Salte has placed before Council his interpretation of the test for restoration in as much as any new information provided by Dr. Ali meet the criteria for section 86 of *The Medical Profession Act, 1981* which states:

86 The council may restore the license or permit, as the case may be, of any person where it considers that the interest of the public has been adequately protected, and it may require that person to pay a restoration fee, the amount of which is not to exceed the amount of the registration fee.

The Registrar's perspective focused on three issues of greatest concern to Council.

- 1) Does the information satisfy the Council that Dr. Ali is unlikely to again engage in improper sexual conduct with patients?
- 2) Does the information satisfy the Council that Dr. Ali is unlikely to engage in other future unprofessional behaviour?
- 3) If the information satisfies the Council that the public can be adequately protected if there are sufficient safeguards, what are the necessary safeguards and has Dr. Ali established that those safeguards will be in place?

Council was reminded that the terms of section 86 do not allow restoration with conditions. For this reason, any restrictions to be placed on Dr. Ali's practice would have to be articulated in an undertaking to be signed by Dr. Ali.

DECISION

After long and fulsome deliberation on the latest submission and prior decisions Council voted to restore Dr. Ali's license to practice medicine in the Province of Saskatchewan in as much as he signs an undertaking with the terms provided further in this document.

Council subsequently voted to rescind its order of September 7, 2013 indefinitely suspending Dr. Ali from the privileges of a duly qualified medical practitioner.

REASONS FOR DECISION

Past decisions by Council on this matter have focused on the necessity of Council to protect the public from risk. Council has focused on several areas of deliberation associated with past and present applications.

1) Credibility of Dr. Ali

Dr. Ali presented himself in a manner which did not specifically speak against his credibility. In past interactions with Dr. Ali, he has variably presented himself with anger, levity or incredulity. In his most recent appearance before the council, none of these factors were present. While there were certainly opinions expressed by Councilors casting doubt on the credibility of Dr. Ali, these opinions were not sufficient to move the Council as a whole to refuse the current application.

Dr. Ali has presented written submissions on his behalf from colleagues with whom he has spent considerable time in observership. These letters all speak to his aspects of professionalism which were consistently observed from Dr. Ali's supervised interactions with patients.

2) Governability of Dr. Ali

Council has considered past applications and found that Dr. Ali demonstrated poor insight with respect to the significance of restrictions that may be placed upon him, should his application be treated favorably. During this application hearing, Dr. Ali was questioned thoroughly by several councilors to test this component of his insight. Dr. Ali responded in a more definitive manner than previously observed. Dr. Ali demonstrated an improved insight into the fact that restrictions on his practice are to be considered paramount to any other consideration or practice stressors that may arise.

Dr. Ali was adamant that he would not vary from any restrictions placed upon him in any way. He had, in prior applications, implied that practice conditions may make it necessary to modify the number of patients to be seen daily in order to meet the needs of the practice. Council has confirmed with Dr. Ali that he will not vary from strict restriction of no more than 13 patients in any 4 hour shift to a total of no more than 25 patients in any 8 hour shift, to a total of no more than 100 patients in any given 5 day work period. This reduced patient load is more restrictive than any previously suggested by Council. Dr. Ali demonstrated an understanding of both the limits in question, and the Council's specific motivations for those strict limits.

Past applications have lacked clarity with respect to future practice patterns, or practice options. Previously proposed practice opportunities were considered to be of suboptimal nature either in terms of balancing work and health, or in the quality of supervision available. Dr. Ali's current application is supported by a more defined practice which will

comply with any and all restrictions placed upon him. Further support is garnered from the implied role of Dr. Mbanza as a supervisor. While this supervisory role has yet to be clearly articulated to, or undertaken by, Dr. Mbanza there were no factors regarding Dr. Mbanza which gave pause to Council regarding his potential suitability to fulfill this role should he undertake to do so.

Dr. Ali has presented evidence of the ongoing clinical oversight of his personal physician, his clinical psychologist, and his Gamma Knife surgeon. As previously mentioned, much focus has been paid to Dr. Ali's health concerns as a possible contributing factor to poor decision making with respect to actions involved in his previous misconduct. Council has been relatively unmoved by these arguments in the past, however Council has recognized that these health-related factors have been considered by Dr. Ali to be central to his misconduct. In as much as these factors are currently under close observation and control, Council was able to remove these factors as potential risk factors for further misconduct.

After careful consideration Council was sufficiently convinced that Dr. Ali has taken steps to improve his insight, improve his health, and plan for an appropriate re-integration into practice that prior concerns regarding governability were assuaged. Under such circumstances, the only means of assessing Dr. Ali's governability will be a carefully monitored re-integration to practice under strict restrictions.

3) Practice restrictions which may serve to mitigate risk to the public.

Council accepted the undertaking brought forward by Dr. Ali's counsel in 2018 as a template for a final undertaking. This undertaking was reviewed by Dr. Ali's counsel and his psychologist for content prior to submission. The Council did feel that further restrictions and protections were required to increase the likelihood of a successful reintegration to practice. The terms of the final undertaking were approved by both Mr. Kraushaar and Mr. Salte. The terms of the final undertaking, with comments as required, are as follows:

1) I will continue to receive medical treatment, including taking my medication and providing confirmation to the College that I am doing so. This includes, if directed by the College, attending for testing to confirm compliance;

As previously articulated, Dr. Ali's health concerns have been an ongoing focus of his prior defense. It is essential that the College can continue to ensure that Dr. Ali is compliant with all relevant medical treatments so as to minimize risk of relapse.

2) I will continue to receive such counselling as may be directed by Mr. Dennis Arbuthnott or the College;

Dr. Ali has made strides with his counselling in gaining insight into his misconduct. It is imperative that this counselling continues in order to avoid relapse.

3) I will only see adult male patients;

A very significant component of Dr. Ali's misconduct has involved interaction with female patients and sexual boundary breaches. As a result he will be restricted to seeing only male patients. In order to avoid the possible interaction of Dr. Ali with the female parent of a male minor patient, he is restricted to adult male patients only.

- 4) I will ensure that there will be an appropriate sign placed in any office or area where I work, and in any examination room where I see patients, advising that I will only attend upon adult male patients;
- 5) I will restrict my practice to seeing a maximum of 13 patients per 4 hour working period, to a maximum of 25 patients per 8 hour day to a total of a maximum of 100 patients per week, unless otherwise directed by the College. Specifically, I will not increase the number of patients I see unless approved by the College;

Achieving a healthy work life balance was considered essential for Dr. Ali to have any meaningful chance of safe practise. Council deliberated on practise numbers and determined that the terms of condition 5 will permit a full practise to Dr. Ali, and the clinic he will work in, while ensuring he does not return to previous unhealthy workloads, which have been purported to have been a major factor in his poor decision making and subsequent misconduct.

- 6) I will not prescribe any opioids or opioid containing medications;
- 7) I will ensure that all staff working in the clinic where I work will sign a form acknowledging that they are aware of these conditions and will undertake to comply with the same and will report to the College any breach of the conditions by myself;
- 8) I agree to random inspections of my practice;
- 9) I agree to the monitoring of my practice by the College;
- 10) I will, until such time as the College directs otherwise, have a workplace monitor or manager, who must be a physician, and who must be approved by the Registrar, who will regularly report to the College about my compliance with the conditions:

Past applications were refused in part due to a poorly established re-integration plan with proposed supervisors who themselves, recently been found guilty of professional misconduct. In the current application, Dr. Mbanza has been put forward as a potential supervisor. Dr. Mbanza will have to undertake to fulfill this role, but is otherwise considered a suitable candidate if deemed appropriate by the Registrar.

- 11) I will meet with the workplace monitor or manager at least once every two weeks to discuss my practice and any issues of concern;
- 12) I will ensure that the workplace monitor or manager approved by the College has confirmed in writing to the College that the workplace monitor or manager will

report to the College my compliance with the undertaking at such frequency that the Registrar may direct;

13) If the workplace monitor or manager is unable or unwilling to continue as supervisor I will cease practicing until a replacement acceptable to the College is in place.

Very careful articulation of this condition was made to Dr. Ali. There was no misunderstanding that Dr. Ali would immediately cease practise if his registrar appointed supervisor ceases to fulfill that role.

- 14) This undertaking shall remain in effect for as long as I remain in practice in the province of Saskatchewan. The terms of this undertaking can only be amended with the consent of the Council.
- 15) I will provide a resignation to be held by the Registrar and only acted upon if Dr. Ali breaches any of the terms of this undertaking, in the objective opinion of the Registrar. I agree that if I breach any terms of this undertaking it may constitute unbecoming, improper, unprofessional or discreditable conduct and that I agree to termination of my licence and I agree not to reapply for a licence.

This condition is explained below.

4) Considerations which will serve to protect the profession from further administrative cost should Dr. Ali be unable to practice within the restrictions he will undertake to adhere to.

The Council, the College and thereby the membership at large has utilized a great deal of resources in time, and cost toward the investigations and hearings related to all of Dr. Ali's long history of professional misconduct. The Council has determined that sufficient evidence exists to support that Dr. Ali may return to practice in as much as he meets the requirements of Bylaw 4.1 and is compliant with the restrictions on his practice to which he undertakes to obey. In these circumstances it is the desire of Council for any practitioner re-integrating to practice after suspension will be successful in those efforts and thereby demonstrate value to the people of Saskatchewan whom we serve.

Council considers its role in the protection of the public as paramount to all other considerations. For this reason, Council wishes to ensure that in the unlikely event that Dr. Ali demonstrates an error in judgement which leads to any improper or unprofessional conduct, there will be no further chances for Dr. Ali to ever practice medicine in Saskatchewan again. The most functional means by which to ensure this process is the 'last chance' clause represented by condition 15 of the undertaking. Council considers this clause to be essential as both a specific deterrent to further misconduct on the part of Dr. Ali, but also to serve as a guarantee of sorts to the membership of the College, that no more of its resources will be applied to Dr. Ali, should further discipline be required. We do not look on this condition and a harbinger of failure with respect to Dr. Ali's reintegration into practice, but rather as a prudent means of insuring swift and final action, should such action be required.

Accepted by Council of the College of Physicians and Surgeons of Saskatchewan: Saturday 25 January, 2020