NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Hoda Mohamed Mahmoud Aly, this is notice that the Discipline Committee ordered that there shall be a ban on publication of the names and any information that could disclose the identity of patients referred to orally or in the exhibits filed at the hearing, under subsection 45(3) of the Health Professions Procedural Code (the "Code"), which is Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, as amended.

Subsection 93(1) of the Code, which is concerned with failure to comply with these orders, reads:

> Every person who contravenes an order made under … section 45… is guilty of an offence and on conviction is liable,
>
> (a) in the case of an individual to a fine of not more than $25,000 for a first offence and not more than $50,000 for a second or subsequent offence; or
>
> (b) in the case of a corporation to a fine of not more than $50,000 for a first offence and not more than $200,000 for a second or subsequent offence.

Indexed as: Ontario (College of Physicians and Surgeons of Ontario) v. Aly, 2018 ONCPSD 33

THE DISCIPLINE COMMITTEE OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

IN THE MATTER OF a Hearing directed by the Inquiries, Complaints and Reports Committee of the College of Physicians and Surgeons of Ontario pursuant to Section 26(1) of the **Health Professions Procedural Code** being Schedule 2 of the ***Regulated Health Professions Act***, ***1991***, S.O. 1991, c. 18, as amended.

B E T W E E N:

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

- and -

DR. HODA MOHAMED MAHMOUD ALY

PANEL MEMBERS: **MR. P. GIROUX (CHAIR)**
DR. M. GABEL
DR. I. ACKERMAN
MR. M. KANJI
DR. S. WOODER

COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO:

MS K. HEAP

COUNSEL FOR DR. ALY:

MS M. MOKTAR

INDEPENDENT COUNSEL FOR THE DISCIPLINE COMMITTEE:

MS Z. LEVY

Hearing Date: May 23, 2018
Decision Date: May 23, 2018
Release of Written Reasons: July 4, 2018

PUBLICATION BAN

DECISION AND REASONS FOR DECISION

The Discipline Committee (the "Committee") of the College of Physicians and Surgeons of Ontario heard this matter at Toronto on May 23, 2018. At the conclusion of the hearing, the Committee released a written order stating its finding that the member committed an act of professional misconduct, and setting out the Committee's penalty and costs order with written reasons to follow.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. Hoda Mohamed Mahmoud Aly committed an act of professional misconduct:

1. under paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991* ("O. Reg. 856/93"), in that she has failed to maintain the standard of practice of the profession;

2. under paragraph 1(1)33 of O. Reg. 856/93, in that she has engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

The Notice of Hearing also alleged that Dr. Aly is incompetent as defined by subsection 52(1) of the Health Professions Procedural Code (the Code), which is Schedule 2 to the *Regulated Health Professions Act, 1991*.

RESPONSE TO THE ALLEGATIONS

Dr. Aly admitted to the allegations 1 and 2 in the Notice of Hearing, that she has failed to maintain the standard of practice of the profession and that she has engaged in conduct or an act or omission relevant to the practice of medicine that, having regard to all the circumstances,

would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. Counsel for the College withdrew allegation of incompetence.

THE FACTS

The following facts were set out in the Agreed Statement of Facts and Admission, which was filed as an exhibit at the hearing and presented to the Committee:

1. Dr. Hoda Mohamed Mahmoud Aly ("Dr. Aly") is a 36-year-old family physician who received her certificate of registration authorizing independent practice in September 2011 after completing her residency at the University of Toronto and obtaining her certification by the College of Family Physicians of Canada. At all relevant times, she was practising at a Clinic in Toronto.

2. In August 2016, following the receipt of information of concern from York Regional Police regarding the arrest of an individual who was wrongfully in possession of Fentanyl that had been prescribed by Dr. Aly to Patient C (as discussed below), College investigators were appointed.

3. Prescribing data obtained from the Narcotics Monitoring System ("NMS") for an eight-month period indicated that narcotics prescribing was not a large part of Dr. Aly's practice. The data showed 161 prescriptions filled by 35 unique patients during that time period, including 17 prescriptions for Fentanyl, prescribed to four patients.

4. Dr. Mark Adel Nassim was retained by the College to review Dr. Aly's care in respect of the four patients to whom she prescribed Fentanyl during the time period in question. Two of the patients, Patients C and D, were Dr. Aly's relatives. Dr. Nassim's summary report, dated May 16, 2017, and his addendum report, dated June 16, 2017, are attached at Tab 1 [to the Agreed Statement of Facts and Admission], and form part of this Agreed Statement of Facts and Admission. As found by Dr. Nassim, Dr. Aly failed to

meet the standard of practice of the profession in her care of all four patients, her care for those patients displayed a lack of knowledge, skill or judgment, and her narcotics prescribing practice would pose a risk of harm to other patients in her practice. Dr. Aly's care of the four patients in issue is described in further detail below.

Patient A

5. Dr. Aly became Patient A's family physician in 2012. Patient A had a number of health issues, including obesity, difficult mobility, and chronic back pain. She had been escalating use of Tylenol #2 obtained from a friend as well as extra strength Tylenol. She reported these medications to be insufficient for her pain. She was seen in the Emergency Department by another physician at one point and was given morphine, but was unable to tolerate it. She was also given Percocet and experienced nausea, vomiting, and difficult urination. Dr. Aly prescribed a trial of Fentanyl 100 microgram patches to Patient A in January 2016, noting "I gave her enough patches and instructed her to apply them q [every] 48-72 hrs on an area where she doesn't sweat." A few weeks later the patient advised Dr. Aly that she did not want the patches and would not get them again.

6. Dr. Aly's prescribing of narcotics to Patient A did not meet the standard of practice of the profession. She did not demonstrate an awareness of how to titrate narcotics safely and progressively, and instead started Fentanyl at a maximum dose without appropriate use of an opioid analgesic conversion. Dr. Aly advised when Dr. Nassim interviewed her that she knew that there were opioid conversion guidelines, but that because she did not prescribe narcotics often, she did not know at the time how to do the conversion and had made a mistaken estimate. Nor did Dr. Aly have Patient A sign an opioid contract.

Patient B

7. Dr. Aly was Patient B's family physician for a six month period. Patient B was in her forties and had osteoarthritis, scoliosis, peptic ulcer disease, hypothyroidism,

hypercholesterolemia, and migraines. Patient B had been receiving Oxycodone and Fentanyl, as well as Tylenol #3 since she was in her twenties and was aware that she was dependent on them, though she advised Dr. Aly that she did not escalate or take more than the prescribed dose, or "double doctor." Patient B also had been taking a benzodiazepine. Dr. Aly had Patient B sign an opioid contract in November 2014 and continued to prescribe 200 micrograms of Fentanyl per day to Patient B, as well as Oxycodone and a benzodiazepine. However, in 2015, Dr. Aly terminated the doctor-patient relationship, noting in the patient chart that the patient was reluctant to follow medical advice and insisted on receiving narcotics rather than exploring other remedies for chronic pain. Dr. Aly noted in the chart that the patient would return to her previous physician.

8. Dr. Aly's care of Patient B did not meet the standard of practice of the profession. She prescribed high doses of narcotics and did not seek to wean the patient gradually from her dependency. She also failed to monitor the patient consistently, particularly by way of urine drug screening.

Patient C

9. Patient C was Dr. Aly's relative. Patient C had a number of serious comorbidities. Dr. Aly acted as Patient C's family physician from 2012 until early 2016, including prescribing Fentanyl to Patient C as described below and writing Patient C notes excusing Patient C from school and from attending court due to illness. She did not bill the Ontario Health Insurance Plan for this care, which was primarily provided in Patient C's home.

10. Patient C had been prescribed morphine and hydromorphone in the past. Dr. Aly first prescribed Fentanyl to Patient C in August 2014 in response to Patient C's complaint of pain associated with surgery. Dr. Aly continued to prescribe Fentanyl to Patient C on occasion.

11. Dr. Aly's care of Patient C did not meet the standard of practice of the profession. She did not demonstrate an awareness of how to titrate narcotics safely and progressively, nor did she use an opioid contract for Patient C. Furthermore, she demonstrated a significant lapse in judgment in acting as her relative's family physician and in prescribing Patient C narcotics. Dr. Aly stated in her interview with Dr. Nassim that the reason she did not have Patient C sign an opioid contract was that she was not objective because Patient C was her relative.

12. The College's *Policy on Treating Self and Family Members*, the relevant version of which is attached at Tab 2 [to the Agreed Statement of Facts and Admission], provides, among other things, that physicians should not treat their family members except for minor conditions or in an emergency situation, and only when other qualified health professionals are not readily available. Where it is necessary to treat themselves or family members, physicians must transfer care to another qualified health professional as soon as is practical. Dr. Aly was aware of this policy while she was engaging in the conduct above, and was aware that her conduct contravened the policy. Dr. Aly stated that she felt "pressure" from her family and felt "emotionally involved."

Patient D

13. Patient D is Dr. Aly's relative. Patient D had a number of serious comorbidities. While Patient D was registered to another family physician from 2008 onwards, Dr. Aly stated in her interview by Dr. Nassim that Patient D had only seen that physician once and not returned. Instead, Patient D received primary care from Dr. Aly, beginning in approximately November 2013. This included prescribing Gabapentin, Oxycontin, and, beginning in December 2014, 100 microgram patches of Fentanyl. The care was provided in Patient D's home. Dr. Aly stated that she told Patient D she was not allowed to provide treatment to Patient D, but felt emotional pressure because Patient D wanted to be treated by her and not to travel for care. Dr. Aly did not bill the Ontario Health Insurance Plan for care provided to Patient D.

14. Dr. Aly failed to have Patient D sign an opioid contract. When initiating Patient D on Fentanyl, she did not have the requisite knowledge to titrate the dose appropriately and instead relied on advice from another relative who was a pharmacist. Dr. Aly states that she then looked up the dose and thought it was "pretty high" and should go down, but her pharmacist relative said that it was appropriate and the dose that "most doctors" would give. Dr. Aly demonstrated a significant lapse in judgement in treating her relative as a primary care physician for several years and in prescribing narcotics to her, and failed to meet the standard of practice of the profession in this regard.

Summary

15. Dr. Aly's care of the patients noted above did not meet the standard of practice of the profession:

- Dr. Aly's prescribing was not in keeping with the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain (2010);
- Dr. Aly did not demonstrate an awareness of how to titrate narcotics safely and progressively;
- Dr. Aly did not use an opioid contract with three of the four patients;
- Dr. Aly used Fentanyl, a potent drug, in high doses with non-compliant patients who were refusing to participate in chronic pain clinics or follow up with chronic pain specialists, in an attempt to reduce their pain;
- Dr. Aly prescribed narcotics to and acted as a primary care provider for two relatives for years despite being aware of the College policy on the topic and despite her relationship with them affecting her objectivity;
- Dr. Aly did not consistently initiate referrals for her patients on high dose opioid therapy to a chronic pain specialist;
- Dr. Aly relied on a relative who is a pharmacist to guide her as to dosages and approach in prescribing potent narcotics such as Fentanyl, rather than familiarizing herself with the appropriate prescribing and monitoring practices.

Admission

16. Dr. Aly admits the facts set out above, and admits (a) that she thereby failed to maintain the standard of practice of the profession, and that (b) her conduct in treating her close personal relatives Patients C and D is an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members of the profession as disgraceful, dishonourable or unprofessional.

FINDING

The Committee accepted as correct all of the facts set out in the Agreed Statements of Facts and Admission. Having regard to these facts, the Committee accepted Dr. Aly' admission and found that she committed an act of professional misconduct, in that she has failed to maintain the standard of practice of the profession, and in that she has engaged in an act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable, or unprofessional.

AGREED STATEMENT OF FACTS REGARDING PENALTY

The following Agreed Statement of Facts Regarding Penalty was filed as an Exhibit at the hearing:

1. The investigation into Dr. Hoda Mohamed Mahmoud Aly ("Dr. Aly")'s practice was initiated as a result of information received from York Regional Police regarding a Fentanyl trafficking investigation. The police advised that in January 2016 an individual was arrested at a hotel and charged with trafficking narcotics. Empty Fentanyl boxes were seized in the process, two of which had been prescribed to Patient C by Dr. Aly. A number of individuals were subsequently arrested and charged with trafficking narcotics, including Patient C. The police have not charged Dr. Aly with criminal activity.

2. Dr. Aly advises that she no longer treats Patients C and D, who now receive care from other physicians.

3. Dr. Aly cooperated with the College investigation, and acknowledged during the investigation that she had fallen below the standard of practice of the profession in her care of the four patients in issue and exercised poor judgment. During the course of the investigation, Dr. Aly voluntarily completed the course, "Understanding Boundaries and Managing the Risks Inherent in the Doctor/Patient Relationship" offered by Western University. The certificate of attendance and post-workshop appraisal of the quality of Dr. Aly's presentation are attached at Tab 1 [to the Agreed Statement of Facts Regarding Penalty].

4. During the course of the investigation, Dr. Aly also completed the Safe Opioid Prescribing Course offered by the University of Toronto, including both an online and an in-person component. The certificate of attendance is attached at Tab 2 [to the Agreed Statement of Facts Regarding Penalty]. Dr. Aly has advised the College that she has made a number of changes to her prescribing and monitoring practices as a result of taking the course, including exploring other forms of treatment before initiating narcotics; employing the Opioid Risk Tool; completing the Brief Pain Inventory, the Current Opioid Misuse Measure and the CAGE Questionnaire for screening potential alcohol problems; requiring all patients on narcotics to sign a Narcotics Agreement; and keeping a narcotics monitoring log.

PENALTY AND REASONS FOR PENALTY

Counsel for the College and counsel for Dr. Aly made a joint submission as to an appropriate penalty and costs order. The Committee is aware that a joint submission as to penalty must be accepted by the Committee, unless to do so would bring the administration of justice into disrepute or is otherwise contrary to the public interest (*R. v Anthony-Cook,* 2016 SCC 43).

The Committee found that the jointly proposed penalty adequately addresses the penalty principles of public protection, specific deterrence of the member, general deterrence of the membership of the profession, maintenance of the public confidence in the integrity of the profession and the College's ability to regulate the profession in the public interest, as well as rehabilitation of the member.

When determining the appropriateness of the jointly proposed penalty, the Committee considered the aggravating and mitigating factors in this case.

Aggravating Factors

The Committee found that Dr. Aly's professional misconduct was serious and posed a high risk of harm to the four patients due to her inappropriate opioid prescribing. It also posed potential harm to the public at large through diversion of the opioids prescribed by Dr. Aly. The Committee was troubled by a lack of knowledge demonstrated by Dr. Aly about proper prescribing of opioids.

By treating family members with serious medical conditions, Dr. Aly has violated boundaries and breached the College's policy on Treating Self and Family Members. Dr. Aly was aware of this policy. It is an aggravating factor that Dr Aly violated this policy repeatedly and over a prolonged period of time. Grave medical harm could have easily resulted to Patient C and Patient D. Provision of care to patients by physicians requires the objectivity inherent in an "arm's length" doctor-patient relationship.

Mitigating factors

Dr. Aly cooperated with the College investigation and admitted that she had failed to maintain the standard of practice of the profession in her care of four patients. Dr Aly also admitted that she had engaged in disgraceful, dishonourable or unprofessional conduct. In doing so, she saved

the time and expense of a contested hearing. She also saved the witnesses from the inconvenience of having to testify at the hearing.
It was noted that Dr. Aly had, on her own accord, already completed the course in Understanding Boundaries and Managing the Risks Inherent in the Doctor-Patient Relationship through Western University. She also completed the Safe Opioid Prescribing Course through the University of Toronto. The Committee reviewed the certificates of attendance and other relevant paperwork associated with these two courses.

As stated in the Agreed Statement of Facts Regarding Penalty, Dr. Aly has already made significant changes in her practice with respect to prescribing and monitoring of opioids. The Committee noted these changes as outlined in the Agreed Statement of Facts Regarding Penalty.

For these reasons and having considered the cases provided by counsel for the College, which set out a range of penalties in similar cases, the Committee accepted the parties' jointly proposed penalty and costs order as appropriate in the circumstances of this case.

ORDER

The Committee stated its finding of professional misconduct in paragraph 1 of its written order of May 23, 2018. In that order, the Committee ordered and directed on the matter of penalty and costs that:

2. Dr. Aly attend before the panel to be reprimanded.

3. the Registrar suspend Dr. Aly's certificate of registration for a period of four (4) months, effective immediately.
4. the Registrar impose the following terms, conditions and limitations on Dr. Aly's certificate of registration:

Prescribing Log

(a) Dr. Aly shall keep a log of prescriptions ("Prescribing Log") until such time as the College has conducted the reassessment described below and has deemed it successfully completed. The Prescribing Log will include all prescriptions for:

(i) **Narcotic Drugs** (from the Narcotic Control Regulations made under the *Controlled Drugs and Substances Act,* S.C., 1996, c. 19);

(ii) **Narcotic Preparations** (from the Narcotic Control Regulations made under the *Controlled Drugs and Substances Act,* S.C., 1996, c. 19);

(iii) **Controlled Drugs** (from Schedule G of the Regulations under the *Food and Drugs Act,* S.C., 1985, c. F-27);

(iv) **Benzodiazepines and Other Targeted Substances** (from the Benzodiazepines and Other Targeted Substances Regulations made under the *Controlled Drugs and Substances Act.,* S.C., 1996, c. 19);

(A summary of the above-named drugs [from Appendix I to the Compendium of Pharmaceuticals and Specialties] is attached as Schedule "A" [to the Order]; and the current regulatory lists are attached hereto as Schedule "B" [to the Order])

(v) **All other Monitored Drugs** (as defined under the *Narcotics Safety and Awareness Act*, *2010,* S.O. 2010, c. 22 as noted in Schedule "C" [to the Order]).

(b) The Prescribing Log shall be in the form set out at Schedule "D" [to the Order], which will include at least the following information:

(i) the date of the prescription;

(ii) patient identifier;

(iii) the medication, dose, direction, number of tablets to be dispensed and frequency (if applicable);

(iv) the clinical indication for use;

(v) whether it is a new prescription; and

(vi) physician initials.

Education

(c) Dr. Aly shall, at her own expense, participate in and successfully complete individualized instruction in medical ethics, in accordance with the Individualized Education Plan set out at Schedule "E" [to the Order], to the satisfaction of the College. Dr. Aly will initiate contact with the instructor within one (1) month of the date of this Order. Dr. Aly will provide proof of successful completion within six (6) months of the date of this Order. The instruction will involve one-on-one sessions with a College-approved instructor ("the Instructor"), incorporating principles of guided reflection, tailored feedback, and other modalities customized to the specific needs of Dr. Aly as assessed by the Instructor. The Instructor will report to the College regarding Dr. Aly's progress and compliance.

Clinical Supervision

(d) Prior to resuming practice following the suspension of her certificate of registration described above in paragraph 3, Dr. Aly shall retain a College-approved clinical supervisor or supervisors (the "Clinical Supervisor") with respect to her prescribing of narcotics and controlled substances, who will sign an undertaking in the form attached as Schedule "F" [to the Order].

(e) Dr. Aly shall practice under the guidance of the Supervisor for a period of nine (9) months ("Clinical Supervision").

(f) Clinical Supervision of Dr. Aly's prescribing of narcotics and controlled substances shall contain the following elements:

Moderate-Level Supervision

(g) For an initial period of two (2) months, the Clinical Supervisor will engage in a period of moderate-level supervision, during which time the Clinical Supervisor will meet with Dr. Aly every two weeks and will at minimum:

  (i) review charts and prescriptions for twenty (20) of Dr. Aly's patients, to be selected from the Prescribing Log at the sole discretion of the Clinical Supervisor. If the Prescribing Log contains fewer than twenty (20) patients, the Clinical Supervisor shall review all charts and prescriptions contained in the

Prescribing Log. The review shall include charts and prescriptions for all patients to whom Dr. Aly initiated a new prescription for a Narcotic Drug, Narcotic Preparation, Controlled Drug, Benzodiazepine and Other Targeted Substance or other Monitored Drug since the Clinical Supervisor's prior review;

(ii) evaluate whether the assessment, clinical examination, risk assessment for addiction and on-going management and follow up is appropriate in all cases reviewed;

(iii) discuss with Dr. Aly any concerns the Clinical Supervisor may have regarding assessment, clinical examination, risk assessment for addiction and on-going management and follow up, and make recommendations for improvement; and

(iv) submit written reports to the College at least once every two weeks, or more frequently if the Clinical Supervisor has concerns about Dr. Aly's prescribing practices.

(h) After two (2) months, and only upon recommendation by the Clinical Supervisor and approval of the College, the Clinical Supervision may be reduced to a low level for the remaining seven (7) months.

Low-Level Supervision

(i) If the transition is recommended by the Clinical Supervisor and approved by the College, for a period of a further seven (7) months, the Clinical Supervisor will engage in a period of low-level supervision, during which time the Clinical Supervisor will meet with Dr. Aly on a monthly basis and will, at minimum:

(i) review charts and prescriptions for fifteen (15) of Dr. Aly's patients, to be selected from the Prescribing Log at the sole discretion of the Clinical Supervisor. If the Prescribing Log contains fewer than fifteen (15) patients, the Clinical Supervisor shall review all charts and prescriptions contained in the Prescribing Log. The review shall include charts and prescriptions for all patients to whom Dr. Aly initiated a new prescription for a Narcotic Drug, Narcotic Preparation, Controlled Drug, Benzodiazepine and Other Targeted

Substance or other Monitored Drug since the Clinical Supervisor's prior review;

(ii) evaluate whether the assessment, clinical examination, risk assessment for addiction and on-going management and follow up is appropriate in all cases reviewed;

(iii) discuss with Dr. Aly any concerns the Clinical Supervisor may have regarding assessment, clinical examination, risk assessment for addiction and on-going management and follow up, and make recommendations for improvement; and

(iv) submit written reports to the College at least once every month, or more frequently if the Clinical Supervisor has concerns about Dr. Aly's prescribing practices.

Other Elements of Clinical Supervision

(j) Throughout the period of Clinical Supervision, Dr. Aly shall abide by all recommendations of her Clinical Supervisor.

(k) If a person who has given an undertaking in Schedule "F" to this Order is unable or unwilling to continue to fulfill its provisions, Dr. Aly shall, within twenty (20) days of receiving notice of same, obtain an executed undertaking in the same form from a similarly qualified person who is acceptable to the College and ensure that it is delivered to the College within that time.

(l) If Dr. Aly is unable to obtain a Clinical Supervisor as set out in this Order, she will cease prescribing Narcotic Drugs, Narcotic Preparations, Controlled Drugs, Benzodiazepines and Other Targeted Substances and other Monitored Drugs until such time as she has obtained a Clinical Supervisor acceptable to the College.

(m) If Dr. Aly is required to cease prescribing as a result of paragraph (4)(l) above, this will constitute a term, condition or limitation on her certificate of registration and that term, condition or limitation will be included on the public register until such time as she has obtained a Clinical Supervisor acceptable to the College.

Reassessment of Practice

(n) Approximately nine (9) months after the completion of the Education and Clinical Supervision, Dr. Aly shall undergo a reassessment of her practice by a College-appointed assessor or assessors (the "Assessor"). The Assessor shall report the results of the reassessment to the College.

(o) The reassessment may include (at the College's discretion) a review of a minimum of twenty (20) of Dr. Aly's patient charts, direct observation of Dr. Aly's practice, an interview with Dr. Aly, interviews with colleagues and co-workers, and any other tools deemed necessary by the College. Dr. Aly shall abide by all recommendations made by the Assessor.

(p) Dr. Aly shall consent to the sharing of information among the Assessor, the Clinical Supervisor, the Instructor, and the College, as any of them deem necessary or desirable in order to fulfill their respective obligations.

Monitoring

(q) Dr. Aly shall inform the College of each and every location where she practices, in any jurisdiction (her "Practice Location(s)") within fifteen (15) days of this Order and shall inform the College of any and all new Practice Locations within fifteen (15) days of commencing practice at that location.

(r) Dr. Aly shall cooperate with unannounced inspections of her practice location(s) and patient charts and to any other activity the College deems necessary in order to monitor her compliance with the provisions of this Order.

(s) Dr. Aly shall consent to the College making appropriate enquiries of the Ontario Health Insurance Plan, the Narcotics Monitoring System and/or any person or institution that may have relevant information, in order for the College to monitor and enforce her compliance with the terms of this Order.

(t) Dr. Aly shall be responsible for any and all costs associated with implementing the terms of this Order.

5. Dr. Aly pay costs to the College for a one day hearing in the amount of $10,180 within thirty (30) days from the date of this Order.

At the conclusion of the hearing, Dr. Aly waived her right to an appeal under subsection 70(1) of the Code and the Committee administered the public reprimand.

TEXT of PUBLIC REPRIMAND

Delivered May 23, 2018

in the case of the

COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO

and

DR. HODA MOHAMED MAHMOUD ALY

Dr. Aly,

It is indeed disappointing and discouraging to have you before this Panel today. However, your appearance before us is not due to some confluence of fates, but rather conscious decisions on your part. Having acknowledged that you are aware of the College's Policy on Treating Self and Family Members, yet were willing to ignore this Policy which could have resulted in adverse medical results for these individuals.

More egregiously, your lack of knowledge and understanding of opioid use and prescribing resulted in diversion of highly powerful and addictive opioids. Your decision fed into the growing illegal opioid abuse problem currently facing our society. However, we are heartened that you have acknowledged your shortcoming and have taken steps to rectify this. We trust you will use this as a learning experience and not appear before us again.