

NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Ontario and Dr. Naseeruddin Syed, this is notice that the Discipline Committee ordered that no person shall publish or broadcast the identity of the patients or any information that could disclose the identity of the patients 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 or 47... 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. Syed,
2018 ONCPSD 23**

**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. NASEERUDDIN SYED

PANEL MEMBERS:
DR. P. CASOLA (CHAIR)
MS E.M. MILLS
DR. C. CLAPPERTON
MR. J. LANGS
DR. D. HELLYER

COUNSEL FOR THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO:

MS L. BROWNSTONE

COUNSEL FOR DR. SYED:

MR. E. MOGIL
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MS J. McALEER

Hearing Date: March 5, 2018
Decision Date: March 5, 2018
Release of Written Reasons: May8, 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 March 5, 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. The order also set out the Committee’s penalty and costs order with written reasons to follow.

THE ALLEGATIONS

The Notice of Hearing alleged that Dr. Naseeruddin Syed 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 he has failed to maintain the standard of practice of the profession.

The Notice of Hearing also alleged that Dr. Syed 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. Syed admitted the first allegation in the Notice of Hearing, that he has failed to maintain the standard of practice of the profession. Counsel for the College withdrew the 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 and presented to the Committee:

FACTS

1. Dr. Syed is a 62 year-old general practitioner, with a practice in Peterborough, Ontario.

Section 75(1)(a) Investigation File #7214782

2. On August 28, 2014, the College received information from Dr. Syed's former nurse, who expressed concerns regarding various aspects of Dr. Syed's practice, including his prescribing practices. In April, 2015, the College requested information regarding claims for all monitored drugs made by Dr. Syed's patients. On the basis of this information the College commenced an investigation under s. 75(1)(a) of the Health Professions Procedural Code.
3. The College retained the services of Dr. J. Ahuja to review Dr. Syed's practice. Based on a review of 25 patient charts, pharmacy records, narcotic monitoring system data, as well as an interview with Dr. Syed, Dr. Ahuja opined, in part, as follows:

While I do not question Dr. Syed's dedication to the practice of medicine, and his belief that he is truly acting in the best interests of his patients, this investigation leads me to be concerned about his knowledge and judgment, elements that at times may expose his patients to possible harm. The issue of skill is more difficult to determine due the extremely poor documentation on the charts reviewed. For example, his skills of history-taking and physical exam can only be judged by the written entries for the purpose of this investigation. As noted, these are woefully sparse. In this review, no procedural skills were implemented in the management of these 25 patients and no conclusions could therefore be drawn regarding this domain.

...

After reviewing 25 charts, it is my opinion that 24 of these charts failed to meet standards.

According to the charts of 6 patients ..., Dr. Syed's care displayed a lack of knowledge, the majority regarding dosing of psychoactive drugs.

According to the charts of 4 patients ..., Dr. Syed's care displayed a lack of judgment, the majority regarding prescriptions of benzodiazepines, narcotics and antidepressants. ·

After a thorough review of 25 charts, in my opinion, 6 of these ... revealed exposure of Dr. Syed's patients to harm or injury, specifically relating to his general prescribing practices.

Dr. Ahuja's reports dated May 9, 2016 and June 9, 2016 are attached at Tab 1 [to the Agreed Statement of Facts and Admission].

Section 75(1)(a) Investigation (File #7214749)

4. The College received information from Dr. Alan Konyer and Dr. James McGorman, who both practise in a methadone maintenance practice at the Ontario Addiction Treatment Centres ("OATC") in Peterborough. In February, 2015, the College received a letter on which it was copied from the aforementioned physicians to Dr. Syed that outlined concerns regarding Dr. Syed's prescribing of high doses and large amounts of benzodiazepines to several methadone patients. Concerns regarding serious or fatal respiratory depression were relayed. Six patients were identified and concerns were raised about an admission to the local hospital's Intensive Care Unit in the group of patients due to benzodiazepine overdose within the past three months. The letter dated February 10, 2015 is attached at Tab 2 [to the Agreed Statement of Facts and Admission].
5. The College investigator spoke with Dr. Syed on March 9, 2015. Dr. Syed stated, among other things, that he was not aware that the six patients were being prescribed methadone. A copy of the memorandum dated March 9, 2015 is attached at Tab 3 [to the Agreed Statement of Facts and Admission].
6. On March 9, 2015 the College investigator spoke with the pharmacy manager of Loblaw's Pharmacy, which is at the same address as Dr. Syed's practice. The pharmacist relayed

concerns regarding the early release of medications in patients claiming to have lost their prescriptions and regarding the maximum dosages of benzodiazepines being prescribed. A copy of the memorandum of the telephone discussion dated March 9, 2015 is attached at Tab 4 [to the Agreed Statement of Facts and Admission].

7. By letter dated July 5, 2015, Dr. Konyer provided a further report with respect to his concerns about specific patients, a copy of which is attached at Tab 5 [to the Agreed Statement of Facts and Admission]. It also enclosed correspondence from Dr. Syed addressed “To Whom it May Concern”, attached at Tab 6 [to the Agreed Statement of Facts and Admission].
8. The College retained the services of Dr. J. Ahuja to review Dr. Syed’s general medicine practice, including his prescribing practice. Based on a review of 10 patient charts, pharmacy records, and an interview with Dr. Syed, Dr. Ahuja opined, in part, as follows:

“Despite the guidelines for documentation afforded by the EMR, in not a single case during this chart review of these six patients was the record of treatment properly populated with adequate detail to meet College standards. In fact, there were glaring absences of documentation in the vast majority of charts reviewed by this investigator, such that not one met record-keeping standards.

...

The latter case is similar to that of the five previous, in that these patients were all prescribed psychoactive drugs, many in excessive quantities, despite all being on methadone and followed by Dr. Konyer, a physician managing their addictions. While Dr. Syed maintained in his interview that he was unaware that these patients were on methadone, he acknowledged that many of the clientele of this walk-in clinic were drug addicts with poor social support. With this knowledge, it would seem that the physician managing these patients should be extremely diligent in assessing and treating these patients. This should involve careful history taking and

thorough physical examination to ensure the safety of the patient.

Unfortunately, in these six patients, it is my opinion that Dr. Syed has failed to meet the standards of the CPSO and at times may have exposed his patients to potential harm.

A copy of Dr. Ahuja's reports dated January 10, 2016, January 25, 2016 and April 20, 2016 are attached at Tab 7 [to the Agreed Statement of Facts and Admission].

9. Dr. Syed advised the College that he did not know the patients to whom Drs. Konyer and McGorman referred were on methadone. However, during the investigation, the College reviewed Dr. Syed's charts for these patients, which revealed the following:
 - With respect to Patient A, identified by Drs. Konyer and McGorman, Dr. Syed had received a fax from the pharmacy indicating that the patient was on methadone in January, 2015. Despite this, he prescribed benzodiazepines to Patient A in February, 2015.
10. Further, Dr. Syed continued to prescribe benzodiazepines in two cases after being told by Drs. Konyer and McGorman that they were methadone patients:
 - Dr. Syed continued to prescribed narcotics and benzodiazepines to Patient B throughout February, March and April, 2015.
 - With respect to Patient C, Dr. Syed prescribed benzodiazepines in March, 2015, after receiving the correspondence from Drs. Konyer and McGorman.
11. Patient D, identified by Drs. Konyer and McGorman, was seen in the emergency department for overdose of sedatives (specifically having taken many of the 2mg tablets of Clonazepam prescribed by Dr. Syed at once). In February, 2015 the patient was admitted to the ICU for overdose of sedatives. On a date five days later, there was no patient visit in his chart yet Dr. Syed prescribed Ativan to Patient D. On a date eleven days after that, Dr. Syed discussed the recent overdose and admission to hospital with

Patient D as well as the recent letter from Dr. Konyer. Dr. Syed again prescribed Ativan on that date.

Complaint of Patient E

12. On March 18, 2015, the College received a letter of complaint from Patient E expressing concerns that Dr. Syed failed to provide appropriate care when ordering medications for him during a walk-in visit in February, 2015. Specifically, Dr. Syed prescribed a medication that patient E was allergic to; prescribed high doses of benzodiazepines, knowing that Patient E is on methadone; and has a general lack of knowledge concerning mental health patients and is over-prescribing to them.
13. The College retained the services of Dr. J. Ahuja to review the standard of care provided by Dr. Syed to Patient E. Dr. Ahuja opined, in part, as follows:

I have reviewed eight visits during 2015 that [Patient E] made to Dr. Syed at the Lansdowne Place Walk-in Clinic. In my capacity as a Peer Assessor [sic] I am of the opinion that not one of these contained the required elements to meet the standards of record keeping of the CPSO. Specifically, the histories were incomplete, the physical exams often undocumented and the diagnoses usually only represented by OHIP billing codes. The plans for management were prescriptions only with rare advice as to how to specifically manage the patient's presenting complaints. In my opinion, Dr. Syed demonstrated lack of knowledge concerning the management of drug-seeking, habituated methadone patients. He demonstrated lack of skill in advising tapering of benzodiazepines without specific instructions. He demonstrated lack of judgment by allowing himself to be manipulated into repeat prescriptions of such a class of drugs. The same must be said of his prescriptions of narcotics including Nucynta in this patient. As well, the pharmacist brought to light Dr. Syed's lack of knowledge of a potentially serious drug interaction between Nucynta and Cymbalta. In my opinion, he demonstrated a lack of judgment by stopping the antidepressant instead of the narcotic in this

instance. The clinical practice of Dr. Syed with regard to [Patient E] had the potential in several instances to expose his patient to harm.

A copy of Dr. Ahuja's report dated October 31, 2016 is attached at Tab 8 [to the Agreed Statement of Facts and Admission].

Complaint of Patient F

14. On May 11, 2016, the College received a letter of complaint from Patient F expressing concerns that Dr. Syed failed to provide appropriate assessment, diagnosis and treatment when she attended the Landsdowne Place Walk-In Clinic in May, 2016 with gynaecological concerns. Specifically, she was concerned about a growth.
15. Dr. Syed did not conduct a physical examination of the patient, and proceeded to prescribe her medication without adequate explanation. The patient consulted a pharmacist, who expressed some disagreement with the prescription. As a result, the patient did not fill the complete prescription.
16. The College retained the services of Dr. Z. Lakhani to review the standard of care provided by Dr. Syed to Patient F. Dr. Lakhani opined, in part, as follows:

It is my opinion that the care provided by Dr. Syed did not meet the standard of the profession. The patient's concern was of the lesion on her labia, and it is standard practice to examine this lesion (sometimes as Dr. Syed a physician may defer exam - but this would be based on agreement with the patient (which was not the case in this instance - thus the complaint)). The second concern is in regard to the prescription provided. For a typical yeast infection, a patient may potentially be prescribed Diflucan 150mg for one day and/or a topical treatment (such as the Terazol 7). Dr. Syed prescribed Diflucan for seven days along with a repeat. This is a definite concern, as it is not the standard treatment for a common yeast infection (as Dr. Syed implied it was in his letter). This

short visit demonstrated concerns regarding the knowledge, skill and judgment provided by Dr. Syed. Based on this short case, there is reason to believe that Dr. Syed's clinical practice may expose patients to harm or injury, as examination of patients is vital to the correct diagnosis and that the prescription provided (in this case for this patient) appears to be excessive and may cause harm to the patient. However, it is important to note this is one short encounter, and may not be indicative of Dr. Syed's overall practice style.

A copy of Dr. Lakhani's report dated October 5, 2016 is attached at Tab 9 [to the Agreed Statement of Facts and Admission].

ADMISSION

17. Dr. Syed admits the facts specified above, and admits that, based on these facts, he engaged in professional misconduct in that he has failed to maintain the standard of practice of the profession contrary to paragraph 1(1)2 of Ontario Regulation 856/93 made under the *Medicine Act, 1991*.

FINDING

The Committee accepted as correct all of the facts set out in the Agreed Statement of Facts and Admission. Having regard to these facts, the Committee accepted Dr. Syed's admission and found that he committed an act of professional misconduct, in that he has failed to maintain the standard of practice of the profession.

In making this finding, the Committee noted in particular that the inappropriate prescribing of opiates in combination with other potent drugs can be a dangerous practice that impacts safe patient care and is a public health concern. Indeed, in this case, Dr. Syed's prescribing of benzodiazepines to patients on Methadone led to serious consequences for some patients, necessitating their admission to the Intensive Care Unit. In addition, Dr. Syed's poor

documentation, and the lack of clinical examination along with inappropriate prescribing to a gynecological patient, failed to maintain the standard of practice.

AGREED STATEMENT OF FACTS ON PENALTY

The following Agreed Statement of Facts on Penalty was filed as an Exhibit and presented to the Committee:

1. After the College retained Dr. J. Ahuja to provide an opinion regarding Dr. Syed's practice, and Dr. Ahuja provided his first two reports (Tab 1 of the Agreed Statement of Facts and Admission on liability), Dr. Syed provided a response. Dr. Ahuja, in response, noted, among other things:

...There is no doubt that Dr. Syed has educated himself on the mechanisms of action and interactions of a number of these psychoactive drugs, and for that he is to be commended. He has demonstrated sincere empathy for the plight of these patients and believes he is doing his utmost for them. He has already taken steps to improve his management by taking the Safe Opioid Prescribing Course as well as the College's course on Record-Keeping. I believe he is a conscientious physician who is genuinely motivated to improve in order to meet College standards.

[In] summary, while my opinion in regard to my review of these patients has not changed, I am sincerely optimistic that Dr. Syed has the capacity to improve and is highly motivated to do so.

Dr. Ahuja's response dated November 24, 2016 is attached at Tab 1 [to the Agreed Statement of Facts on Penalty].

2. Pursuant to an interim Order, Dr. Syed's practice was first supervised by Dr. Kopaniak. Copies of Dr. Kopaniak's reports are attached at Tab 2 [to the Agreed Statement of Facts on Penalty].

3. In August, 2017, Dr. Kopaniak was replaced by Dr. Rosser. Copies of Dr. Rosser's reports are attached at Tab 3 [to the Agreed Statement of Facts on Penalty].

PENALTY AND REASONS FOR PENALTY

Counsel for the College and counsel for Dr. Syed made a joint submission as to an appropriate penalty and costs order. The penalty proposed included: i) a reprimand, ii) a suspension of Dr. Syed's certificate of registration for two months, and iii) several terms and conditions that begin following Dr. Syed's return to practice. These include monitoring of his narcotic practice by a clinical supervisor, and a separate clinical supervision of his general practice for a period of several months. Reassessment of Dr. Syed's practice, that is, his narcotic practice and his general practice, will occur approximately three months following the completion of each clinical supervision period. The proposed order also included costs in the amount of \$10,180.00, the tariff rate for one day of hearing, to be paid to the College within 30 days of the date of the Order.

The Committee accepted the joint submission, finding that the penalty represented an appropriate sanction in this matter. The reasons of the Committee follow.

General Principles

Where a finding of professional misconduct is made, the Committee may order any one or more of the orders provided for in section 51(2) of the Code.

While the Committee retains discretion to accept or reject a joint proposal on penalty, the law is clear that the Committee should not depart from a joint submission unless the proposed penalty would bring the administration of justice into disrepute or is otherwise contrary to the public interest.

The Committee is also mindful of the principles that apply to the consideration of appropriate penalties in the professional discipline setting. They are public protection, denunciation of the

misconduct, specific and general deterrence, rehabilitation of the member and maintaining the integrity of the profession and public confidence in the College's ability to regulate the profession in the public interest.

The Committee concluded that the public will be protected with the penalty as proposed. Dr. Syed has been motivated to address the deficits in his prescribing and clinical practice. The proposed terms, conditions and limitations on his certificate of registration will serve to ensure that Dr. Syed's practice modifications are maintained.

The public reprimand, two month suspension, and the terms, conditions and limitations imposed on his certificate of registration will serve as a specific deterrent to Dr. Syed and indicate to the profession as a whole that it is necessary to maintain the standards of practice of the profession. Public confidence should be maintained as the proposed penalty is proportionate and responsive to Dr. Syed's misconduct and identified practice deficiencies.

Aggravating and Mitigating Factors

There were several aggravating factors in this case. Notwithstanding the difficulties in managing patients with addictions and mental health issues, Dr. Syed showed a lack of knowledge regarding the dosing of psychoactive drugs and a lack of judgment regarding prescriptions for benzodiazepines, narcotics and anti-depressants. He often prescribed benzodiazepines in excessive quantities to patients on Methadone. Although Dr. Syed maintained he did not know that the patients were on Methadone, there are indications that he was, in fact, notified about at least some of them. He also knew that many of his patients were addicted to drugs with poor social support. His lack of attention to the particular circumstances of such highly vulnerable patients is an aggravating factor.

Mitigating factors include Dr. Syed's motivation to complete courses to improve clinical documentation and prescribing of opiates. He appears to be motivated, overall, to modify his practice and improve. Dr. Syed has no prior discipline history.

Rehabilitation

The Committee was encouraged by the follow-up assessment by the initial expert. He commented on Dr. Syed's efforts to improve his management of patients by taking various courses and to improve his documentation. The expert viewed Dr. Syed as highly motivated to improve.

Subsequent reports by Dr. Syed's first supervisor over a period of several months were mixed in their assessments. In general, the supervisor thought that Dr. Syed had wide knowledge and was interested and capable of treating mental illnesses. Other aspects of Dr. Syed's practice showed improvements and good care. The supervisor, however, also described Dr. Syed's prescribing as "aggressive" and also noted that sometimes he charted for examinations that he did not do. Some test results were not followed up and some diabetic patients did not have regular blood tests. In two gynaecological patients, Dr. Syed did not do examinations and the supervisor was of the view that his care fell below the standard of practice. The Committee found this notable, as in the current case, one of the complainants had a gynaecological problem. In other patient encounters, the supervisor had questions about the treatment prescribed. For example, in one encounter, the patient was diagnosed with "elbow tendonitis" of short duration. Dr. Syed prescribed Lyrica, a medication that was not appropriate in her view. When she tried to discuss the fact that Lyrica is used to treat neuropathic pain and tendonitis does not fall into that category, she indicated that Dr. Syed cut her off and stated that all pain is neuropathic. In another case, Dr. Syed prescribed two "puffers" for a patient with a 3 to 4 day history of cough, despite the patient having no history of asthma and documentation that the chest examination was "clear." Although initially Dr. Syed appeared open to the supervision with a receptive and positive attitude, as time went on, supervision became more and more difficult and Dr. Syed would argue with the supervisor and dismiss her recommendations. She did not think that the process was productive for him and ultimately, the supervision was terminated.

Assessments by a subsequent supervisor were completed over a five month period. This seasoned family practitioner reported in glowing terms about Dr. Syed's practice. Each of the five assessments repeated a summary of the physician's office lay-out, set up and staffing with

comments that it was one of the most efficient offices he had ever seen. Although the first assessment report had a summary of the patients seen and their health issues, these were not included in subsequent reports. No problems were found in any of the ten patient interviews that the supervisor observed in each visit, or the twenty patient charts that were reviewed each time.

There are marked differences in the reports of the two supervisors. What is clear is that Dr. Syed seems to have been motivated to improve his practice. There was no evidence that he was prescribing opiates during the time of his supervision. Both supervisors commented on his interest, knowledge and capability in treating mental illness. The second supervisor noted that Dr. Syed maintained the standard of practice of the profession and had no concerns with his knowledge, skill or judgment.

The terms, conditions, and limitations imposed on Dr. Syed's certificate of registration will allow for ongoing monitoring of his practice. The supervision of Dr. Syed's narcotic practice will not be reduced, unless the supervisor and the College are satisfied that Dr. Syed possesses the necessary knowledge, skill and judgment to practise in a less highly supervised environment. Although the supervision of Dr. Syed's clinical practice does not contain the same stringent requirement for supervision, there is a requirement that the College be notified should Dr. Syed's care fail to maintain the standard of practice or expose patients to harm or injury. In light of Dr. Syed's rehabilitation efforts to date, and the practice restrictions in place for the future, the Committee was satisfied that the proposed rehabilitation was appropriate.

Case Law

The Committee was provided with professional misconduct cases for guidance on the range of penalties imposed in similar circumstances.

In *CPSO v. Matheson* (2017), for deficiencies in prescribing opioids and benzodiazepines, the Committee ordered a reprimand, a four month suspension, restrictions on prescribing narcotics and other controlled substances, educational requirements and other terms, conditions and limitations on Dr. Matheson's certificate of registration. He was also ordered to pay costs.

Dr. Syed has already completed the various courses noted above to improve his clinical documentation and opiate prescribing. The expert who completed the assessments outlining Dr. Syed's deficiencies subsequently evaluated him as conscientious and motivated to improve.

In *CPSO v. Haines* (2014), following a negative assessment of his opiate prescribing practice, Dr. Haines immediately took remedial action that was appropriate and responsive to the problems identified. He also engaged in a fairly intensive program of educational upgrading. There was no suspension in this case. Dr. Haines' penalty included a reprimand and terms, conditions and limitations on his certificate of registration. He was ordered to pay costs.

Other precedents, *CPSO v. Huebel* (2015), *CPSO v. Pardis* (2017), *CPSO v. Shomair* (2013), presented to the Committee involved more diverse deficiencies in clinical practice and in some cases, the physicians had previous involvement with the College. Therefore, they were less analogous to the current case.

COSTS

The Committee ordered that Dr. Syed pay costs of one day of hearing at the tariff rate. It is appropriate that costs are borne by the member and not by the profession as a whole.

ORDER

The Committee stated its finding of professional misconduct in paragraph 1 of its written order of March 5, 2018. In that order, the Committee ordered and directed on the matter of penalty and costs that:

2. Dr. Syed attend before the panel to be reprimanded.
3. the Registrar suspend Dr. Syed's certificate of registration for two (2) months, to commence at 12:01 a.m. on April 15, 2018.

4. the Registrar impose the following terms, conditions and limitations on Dr. Syed's certificate of registration upon his return to practice at the conclusion of his suspension:

A. Prescribing Log

- (i) Dr. Syed, shall keep a Log of all prescriptions for Narcotic Drugs, Narcotic Preparations, Controlled Drugs, Benzodiazepines and Other Targeted Substances and All other Monitored Drugs (as set out in Schedule "A"), in the form attached as set out in Schedule "B", which will include at least the following information (the "Prescribing Log"):
 - (a) the date of the appointment;
 - (b) the name of the patient and chart/file number;
 - (c) the name of the medication prescribed, dose, direction, number of tablets to be dispensed and frequency;
 - (d) the clinical indication;
 - (e) whether the prescription is for a new medication and/or different dose or frequency than currently prescribed to the patient (Y/N);
 - (f) Dr. Syed's signature;
 - (g) the date of the Clinical Supervisor's review (if applicable, as set out below);
 - and
 - (h) the Clinical Supervisor's signature (if applicable, as set out below).
- (ii) Dr. Syed is to keep a copy of all prescriptions he writes for Narcotic Drugs, Narcotic Preparations, Controlled Drugs, Benzodiazepines and Other Targeted Substances and All other Monitored Drugs, in the corresponding patient chart.

B. Clinical Supervision re: Narcotic Practice

- (i) Dr. Syed is to practise under the guidance of a clinical supervisor acceptable to the College (the "Clinical Supervisor"), for a minimum of nine (9) months on the terms set out below (the "Clinical Supervision").
- (ii) The Clinical Supervisor shall sign an undertaking in the form attached hereto as Schedule "C".

- (iii) Dr. Syed shall cooperate fully with the Clinical Supervision and abide by all recommendations of his Clinical Supervisor with respect to practice improvements and education.
- (iv) Dr. Syed shall consent to the disclosure by the Clinical Supervisor to the College, and by the College to his Clinical Supervisor, of all information the Clinical Supervisor or the College deems necessary or desirable in order to fulfill the Clinical Supervisor's undertaking and to monitor Dr. Syed's compliance with this Order. This shall include, without limitation, providing the Clinical Supervisor with any reports of any assessments of Dr. Syed's practice in the College's possession.
- (v) If the Clinical Supervisor who has given an undertaking in Schedule "C" to this Order is unable or unwilling to continue to fulfill its terms, Dr. Syed shall, within seven (7) 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.
- (vi) Dr. Syed shall not prescribe any narcotics or controlled substances unless and until the Clinical Supervision is in place.
- (vii) If Dr. Syed is unable to obtain a Clinical Supervisor on the terms set out in sections 4.B, he will cease prescribing Narcotic Drugs, Narcotic Preparations, Controlled Drugs, Benzodiazepines and Other Targeted Substances and All other Monitored Drugs until such time as he has obtained a Clinical Supervisor acceptable to the College.
- (viii) If Dr. Syed is required to cease prescribing Narcotic Drugs, Narcotic Preparations, Controlled Drugs, Benzodiazepines and Other Targeted Substances and All other Monitored Drugs as a result of section 4.B(vii) above this will constitute a term, condition or limitation on his certificate of registration and that term, condition or limitation will be included on the Public Register.

Phase 1 of Clinical Supervision ("Phase 1")

- (ix) Dr. Syed is to engage in Phase 1 of Clinical Supervision for a minimum of two (2) months on the terms set out below.

- (x) During Phase 1, Dr. Syed is to meet with the Clinical Supervisor once a week to discuss the Clinical Supervisor's review of a minimum of twenty (20) charts for patients to whom Dr. Syed has prescribed:
 - (a) Narcotic Drugs, or
 - (b) Narcotic Preparations; or
 - (c) Controlled Drugs, Benzodiazepines and Other Targeted Substances and All other Monitored Drugs where the patient is also prescribed a Narcotic Drug and/or Narcotic Preparation.
- (xi) If there are not twenty (20) charts for patients to whom Dr. Syed has prescribed the above substances, the Clinical Supervisor shall review the charts of all patients listed in the prescribing log since his prior review.
- (xii) During Phase 1, the Clinical Supervisor must sign and date the Prescribing Log to confirm the charts that the Clinical Supervisor has reviewed and discussed with Dr. Syed.
- (xiii) During Phase 1, the Clinical Supervisor will provide a report to the College at least once a week.
- (xiv) After a minimum of two (2) months of Phase 1, if the Clinical Supervisor is satisfied that Dr. Syed has the necessary knowledge, skills and judgment to practice in a less highly supervised environment, the Clinical Supervisor may recommend to the College that supervision be reduced.

Phase 2 of Clinical Supervision ("Phase 2")

- (xv) Upon the recommendation of the Clinical Supervisor and approval by the College, Dr. Syed shall engage in Phase 2 of Clinical Supervision for a minimum of three months on the terms set out below.
- (xvi) During Phase 2, Dr. Syed is to meet with the Clinical Supervisor at least once every two (2) weeks to discuss the Clinical Supervisor's review of a minimum of fifteen (15) charts for patients to whom Dr. Syed has initiated a new prescription for:
 - (a) Narcotic Drugs, or
 - (b) Narcotic Preparations; or

- (c) Controlled Drugs, Benzodiazepines and Other Targeted Substances and All other Monitored Drugs where the patient is also prescribed a Narcotic Drug and/or Narcotic Preparation.
- (xvii) If there are not fifteen (15) charts for patients to whom Dr. Syed has initiated a new prescription for the above substances, the Clinical Supervisor shall review the charts of all patients listed in the prescribing log since his prior review.
- (xviii) During Phase 2, the Clinical Supervisor must sign and date the Prescribing Log to confirm the charts that the Clinical Supervisor has reviewed and discussed with Dr. Syed.
- (xix) During Phase 2, the Clinical Supervisor will provide a report to the College at least once every two (2) weeks.
- (xx) After a minimum of three (3) months of Phase 2, if the Clinical Supervisor is satisfied that Dr. Syed has the necessary knowledge, skills and judgment to practice in a less highly supervised environment, the Clinical Supervisor may recommend to the College that supervision be reduced.

Phase 3 of Clinical Supervision (“Phase 3”)

- (xxi) Upon the recommendation of the Clinical Supervisor and approval by the College, Dr. Syed, shall engage in Phase 3 of Clinical Supervision for a minimum of four (4) months on the terms set out below.
- (xxii) During Phase 3, Dr. Syed shall meet with the Clinical Supervisor at least once a month to discuss the Clinical Supervisor’s review of a minimum of fifteen (15) charts for patients to whom Dr. Syed has initiated a new prescription for:
 - (a) Narcotic Drugs, or
 - (b) Narcotic Preparations; or
 - (c) Controlled Drugs, Benzodiazepines and Other Targeted Substances and All other Monitored Drugs where the patient is also prescribed a Narcotic Drug and/or Narcotic Preparation.
- (xxiii) If there are not fifteen (15) charts for patients to whom Dr. Syed has initiated a new prescription for the above substances, the Clinical Supervisor shall review the charts of all patients listed in the prescribing log since his prior review.

- (xxiv) During Phase 3, the Clinical Supervisor must sign and date the Prescribing Log to confirm the charts that the Clinical Supervisor has reviewed and discussed with Dr. Syed.
- (xxv) During Phase 3, the Clinical Supervisor(s) will provide a report to the College at least once every month.
- (xxvi) After a minimum of four (4) months of Phase 3, if the Clinical Supervisor is satisfied that Dr. Syed has the necessary knowledge, skills and judgment to practice without supervision, the Clinical Supervisor may recommend to the College that the Clinical Supervision cease.

C. Clinical Supervision re: Non-Narcotic Practice

- (i) By June 15, 2018, Dr. Syed shall obtain a clinical supervisor acceptable to the College, who will supervise Dr. Syed's general practice upon completion of his suspension for a period of nine (9) months, and who will sign an undertaking in the form attached hereto as Schedule "D" (the "General Practice Clinical Supervisor").
- (ii) Dr. Syed shall cooperate fully with the Clinical Supervision and abide by all recommendations of his General Practice Clinical Supervisor with respect to practice improvements and education.
- (iii) Dr. Syed shall consent to the disclosure by the General Practice Clinical Supervisor to the College, and by the College to his General Practice Clinical Supervisor, of all information the General Practice Clinical Supervisor or the College deems necessary or desirable in order to fulfill the General Practice Clinical Supervisor's undertaking and to monitor Dr. Syed's compliance with this Order. This shall include, without limitation, providing the General Practice Clinical Supervisor with any reports of any assessments of Dr. Syed's practice in the College's possession.
- (iv) If the General Practice Clinical Supervisor who has given an undertaking in Schedule "D" to this Order is unable or unwilling to continue to fulfill its terms, Dr. Syed 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.

- (v) If Dr. Syed is unable to obtain a General Practice Clinical Supervisor in accordance with paragraphs 4(C)(i) or 4(C)(iv) of this Order, he shall cease practising medicine until such time as he has done so, and the fact that he has will constitute a term, condition or limitation on his certificate of registration until that time.

D. Reassessment of Practice

- (i) Approximately three (3) months after each aspect of the Clinical Supervision set out above has ceased, Dr. Syed will submit to a comprehensive reassessment of his entire practice by an assessor or assessors selected by the College (the “Assessor(s)”). The Reassessment may include a chart review, direct observation of Dr. Syed’s care, interviews with colleagues and co-workers, feedback from patients and any other tools deemed necessary by the College. Dr. Syed shall abide by all recommendations made by the Assessor(s), and the results of the Reassessment will be reported to the College and may form the basis of further action by the College.

E. Compliance

- (i) Dr. Syed shall co-operate with unannounced inspections of his office practice and patient charts for the purpose of monitoring and enforcing his compliance with the terms of this Order.
- (ii) Dr. Syed shall inform the College of any and all new practice locations including, but not limited to, hospital(s), clinic(s) and office(s), in any jurisdiction five (5) days in advance of commencing practice at that location.
- (iii) Dr. Syed shall give his irrevocable consent to the College to make appropriate enquiries of the Ontario Health Insurance Plan (“OHIP”), the Drug Program Services Branch, the Narcotics Monitoring System (“NMS”) implemented under the *Narcotics Safety and Awareness Act, 2010* and/or any person or institution who may have relevant information, in order for the College to monitor my compliance with the provisions of this Order.

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

- 5. Dr. Syed pay costs to the College in the amount of \$10,180.00 within 30 days of the date of this Order becomes final

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

TEXT of PUBLIC REPRIMAND
Delivered March 5, 2018
in the case of the
COLLEGE OF PHYSICIANS and SURGEONS of ONTARIO
and
DR. NASEERUDDIN SYED

Dr. Syed,

The Committee is shocked and dismayed in the manner in which you conducted your practice. It demeans not only you personally, but has clearly jeopardized the patients whom you served, and reflects poorly on the medical profession.

The Committee notes that concerns regarding your practice come from multiple sources: a former R.N. employee, other physicians, patients as well as a pharmacist. The concerns expressed span over a two-year period from 2014 to 2016. The initial assessment of your practice from the 2014 complaint concluded that 24 of 25 patient charts fell below the Standard. This is a staggering number. It took two years and the current hearing to bring your attention and change to your practice, which suggested to the Committee a disregard for the importance of standards, treatment of patients, and concerns of your professional body.

Although you claimed to not know patients were on methadone, other information suggested that you were, in fact, informed about some of them. Nevertheless, you prescribed benzodiazepines to patients already on methadone. We consider your actions reckless and even cavalier. Serious complications and hospitalization ensued for a number of them.

There is a current opioid prescribing problem in our province. Your prescribing to these patients did not serve them well. It exacerbated what is already an issue that has taken on crisis proportions. You must have been aware of this. It appears that only after an overwhelming body of evidence came your way that changes were made.

The Panel expects that in the future, you will maintain the Standard of Practice with your patients and the College will have no need to intervene.

This is not an official transcript