STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

In re: Ajaz Iqbal, M.D.	))))	Docket No. MPC 16-0202

STIPULATION AND CONSENT ORDER

COME NOW Ajaz Iqbal, M.D., Respondent in the above-captioned matter, and the State of Vermont, by and through Attorney General William H. Sorrell and Assistant Attorney General James S. Arisman, and agree and stipulate as follows:

1. Respondent Ajaz Iqbal, M.D., holds Vermont Medical License Number 042-0009697, issued on July 1, 1998. Respondent practices in the field of psychiatry in the St. Albans, Vermont area.

2. Jurisdiction vests in the Vermont Board of Medical Practice (Board) by virtue of 26 V.S.A. §§1353, 1354, & 1398 and 3 V.S.A. §§129, 129a, & 814(c).

3. Respondent acknowledges that he has been served with the formal specification of charges in this matter. See 26 V.S.A. § 1356. Respondent waives his right to a formal hearing before the Vermont Board of Medical Practice. See 26 V.S.A. §§ 1357-1359.

I. Background.

4. The Vermont Board of Medical Practice opened the above-referenced matter following receipt of a complaint from an individual (hereinafter referred to as "complainant") to whom Respondent Iqbal allegedly provided psychiatric care in November 1999. The

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complainant alleged that Respondent Iqbal had engaged in a violation of professional boundaries while she was in Respondent's professional care.

5. Following preliminary Board investigation of the allegations against Respondent the State on April 2, 2002 filed a motion for summary suspension of Respondent's license to practice medicine. On April 3, 2002 the Board entered an order suspending Respondent's medical license. Respondent's medical license has been suspended since that date.

II. State's Allegations.

A. Complainant's History.

6. In 1999 complainant suffered from panic disorder and other emotional conditions that were harming her personal and family life. Complainant's mother was aware of her daughter's condition. The mother of the complainant was acquainted with Respondent through her work. The mother suggested to her daughter that she see Respondent for psychiatric care.

7. On or about a date in mid-November 1999 the mother described her daughter's circumstances and mental health problems to Respondent. The mother asked Respondent to provide mental health care to her daughter, who was in her 30s. The mother indicated to Respondent that she would pay for her daughter's professional care. Respondent agreed to talk to the daughter by telephone.

8. Respondent subsequently called the mother's home and again spoke with the mother regarding her daughter, the complainant. Complainant herself also spoke with Respondent about her mental health problems, including her past history as a victim of physical and emotional abuse.

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9. During the conversation Respondent and the complainant agreed that she could come to his home to meet with him for professional care, as this arrangement would be more comfortable for her than coming to his office. The complainant had expressed concern regarding her confidentiality as a patient because she already knew some of Respondent's other patients. She was concerned that these patients would recognize her if she came to Respondent's office. Respondent stated during this conversation that he would not charge for his services, as a favor to the mother.

B. State's Allegations as to Events at Respondent's Home.

10. In mid-November 1999 the complainant in the early evening hours went to Respondent's home in Highgate Center. This was the first time they had met in person. The complainant came to the home with the understanding on her part that she was meeting with Respondent to receive professional care from him.

11. The complainant initially spoke to Respondent Iqbal for a period of less than an hour and told him in detail about her history of past abusive relationships, her concerns regarding her child, her concerns regarding her own health, her family history, and her fear of returning to a past abusive relationship. Respondent listened and asked questions. The complainant answered these questions because she believed they were being asked for treatment purposes.

12. During this discussion Respondent moved uninvited to where the complainant was seated and, again without invitation, began rubbing her shoulders. Respondent also touched one of the complainant's breasts. The complainant objected to this conduct. The complainant, however, continued to talk with Respondent about her personal problems.

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13. Respondent next suggested watching a movie on his VCR. He turned on the machine, and the television displayed scenes from a pornographic movie. The complainant objected to this content. Nonetheless, Respondent Iqbal sat next to the complainant and kissed her on the mouth and fondled her. Respondent indicated that he wanted to go to his bedroom. The complainant felt overwhelmed and unable to resist Respondent's advances. In the bedroom Respondent engaged in sexual intercourse with the complainant. The complainant left Respondent's home within minutes, feeling upset and confused. Respondent said that he would call her later.

14. Respondent Iqbal later called the complainant at her home. When the complainant spoke with Respondent she indicated that she did not need anything further from him and terminated the call. Respondent also communicated with the mother, told her that the complainant had many "issues", and said the daughter should come back to see him. However, the complainant never returned to Respondent for further care.

15. In approximately early-2002, the complainant discussed the above events with her physician and current therapist. Each urged her to file a complaint with the Board of Medical Practice regarding what she had told them. Thereafter, the complainant visited Respondent's office and met briefly with him. In conversation the complainant told Respondent that she had avoided him because she was "absolutely horrified that [she] had ended up having sex" with him. At no point in the extended conversation between the two did Respondent deny or dispute the complainant's statements that the two had engaged in sexual activity.

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III. Respondent's Account of Events.

16. Respondent disputes many of the State's allegations as set forth in Paragraphs 6 through 15, above. The following is Respondent's account of events based on his deposition in a related civil matter, the complainant's depositions from the civil matter and from this proceeding, statements of witnesses who talked to Respondent both before and after the incident, and the deposition in the civil matter of the complainant's treating physician.

A. Background.

17. Respondent received his initial medical training in Pakistan after graduating from medical school in 1985. He worked as a physician in different areas until he arrived in the United States in 1993. He went to Harvard Medical School for medical and post-graduate training in psychiatry. During this time, he spent a considerable amount of time training in psychiatry at various hospitals in the Cambridge, Massachusetts area. Upon completing his training, he commenced employment in 1998 at Northwest Counseling Service in St. Albans, Vermont as a psychiatrist. He remained there until his suspension from medical practice in April 2002. Respondent had never been the subject of a licensing Board complaint until that brought by the complainant.

18. Respondent's work at Northwest Counseling Service consisted solely of medication management for patients. In this capacity, Respondent met the complainant's mother, who was involved in bringing patients to see Respondent for medication management. Respondent and the mother enjoyed a friendly relationship. Respondent recalls there was discussion about him possibly coming to the mother's home and further discussion about Respondent meeting the daughter, the complainant. Respondent was told that the daughter was

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having trouble with a relationship with a man and that she was trying to get out of the relationship. Respondent believed that if he met with complainant it would be for social purposes. He had conversations with at least two acquaintances that reflect his apparent belief that he was having a social engagement with the daughter, i.e., a "date".

B. Meeting at Respondent's Home.

19. On the evening in question, the complainant arrived at Respondent's home at 6:00 to 6:30 p.m. on a Friday night. It is Respondent's position that he had never seen patients at his home to provide care. Respondent did not request and was not paid any money for meeting with the complainant on this one occasion. The complainant was receiving Medicaid coverage at the time and would not have had to pay for treatment. Accordingly, Respondent could have been paid through Medicaid without cost to the complainant. Respondent did not provide the complainant with any forms to be filled out regarding payment, medical history, or for any other purpose. Respondent's employment solely involved medication management for his patients, but the complainant requested no medication and Respondent prescribed no medication for her.

20. Respondent and the complainant saw each other for close to two hours on the evening in question in November 1999. Sexual activity occurred between the two during this period. It was Respondent's belief that his meeting that evening with the complainant was social in nature. However, Respondent recognizes that the complainant was a person with mental health needs and that he was a psychiatrist. In such circumstances, Respondent recognizes that the complainant reasonably could have believed that she was coming to see Respondent to

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receive psychiatric assessment or care.[1] In such circumstances, Respondent recognizes that he should have proceeded with caution and care and should have clarified with the complainant the nature and purpose of the meeting between them. Therefore, Respondent acknowledges and agrees that by engaging in sexual activity with the complainant during her visit, in the circumstances described, his actions constitute unprofessional conduct and are unethical.

IV. Unprofessional Conduct of Respondent.

A. Ethical Standards.

21. The American Medical Association Code of Medical Ethics, § 8.14, states, "Sexual contact that occurs concurrent with the physician-patient relationship constitutes sexual misconduct. Sexual or romantic interactions between physicians and patients detract from the goals of the physician-patient relationship, may exploit the vulnerability of the patient, may obscure the physician's objective judgment concerning the patient's health care, and ultimately may be detrimental to the patient's well-being." See AMA Code of Ethics § 8.14 (2000-2001 ed.).

22. The Principles of Medical Ethics of the American Psychiatric Association, § 1(1), state, "A psychiatrist shall not gratify his/her own needs by exploiting the patient. The psychiatrist shall be ever vigilant about the impact of his/her conduct upon the boundaries of the patient relationship, and thus upon the well being of the patient. These requirements are particularly important because of the essentially private, highly personal, and sometimes

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1. Respondent acknowledges that that the complainant, in fact, was troubled about an abusive relationship and that she was having difficulty ending this relationship. The complainant had been going to the office of her treating physician, a family practice doctor, for several years by November 1999. Her treating physician cared for her medical problems as well as reported emotional problems. Her medical records indicate she had intermittent problems with anxiety and that her treating physician prescribed Xanax for her, at her request. The complainant's usage of Xanax was relatively low. Her physician did not refer her to a mental health counselor in 1999. Such a referral could have been to a counselor who accepted Medicaid.

intensely emotional nature of the relationship established with the psychiatrist." Section 2(1) of the code states in part, "[T]he inherent inequality in the doctor patient relationship may lead to exploitation of the patient. Sexual activity with a current or former patient is unethical." See American Psychiatric Association, Principles of Medical Ethics, § 1(1) (2001 ed.).

23. During Respondent's contact and involvement with the complainant, she discussed matters and concerns of a deeply personal nature. Respondent agrees that even though his interaction with the complainant was limited, he understands that she perceived herself to be his patient at that time. In sum, Respondent's actual conduct toward the complainant consisted of (a) seeing her outside the office setting; (b) failing to clarify with her the nature and purpose of the meeting between the two; (c) thereafter learning of her personal problems, her troubling circumstances, and vulnerabilities; and (d) engaging in sexual activity with her.

24. Respondent acknowledges and agrees that he engaged in sexual conduct with the complainant and that such conduct by him, as described herein, constitutes a violation of professional boundaries and unprofessional conduct by him because it constitutes a failure to use and exercise on repeated occasions the degree of care, skill, and proficiency which is commonly exercised by the ordinary skillful, careful, and prudent physician engaged in similar practice under the same or similar conditions. 26 V.S.A. § 1354(22).

25. In sum, Respondent acknowledges and does not contest that the facts set forth in Paragraphs 21 through 24, above, and agrees that these constitute a proper basis for a finding of unprofessional conduct against him and the taking of disciplinary action against him by the Vermont Board of Medical Practice. Respondent agrees that the Board of Medical Practice

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may adopt as uncontested findings of fact and/or conclusions of law in this matter Paragraphs 21 through 25, herein.

26. Respondent has not previously been the subject of disciplinary action against the medical license issued to him by the Vermont Board of Medical Practice. The Board has received no other complaints regarding Respondent. Respondent has cooperated fully with the Board during its investigation and the disposition of this matter.

V. Disciplinary Terms and Conditions.

27. The parties agree (a) that the terms and conditions set forth below shall govern the resumption of work as a psychiatrist by Respondent; and (b) that appropriate disciplinary action in this matter shall consist of the actions set forth in the paragraphs immediately following.

A. Stayed Suspension.

28. Respondent's license to practice medicine in the State of Vermont shall be suspended for a period of 36 months, all STAYED, but for the period of actual suspension that began on April 3, 2002 and shall end on the effective date of this agreement. Absent material noncompliance with this agreement by Respondent, as alleged by specification of charges filed with the Board or established by a subsequent finding of unprofessional conduct against Respondent, the remaining period of suspension will be stayed until April 3, 2006, at which time the period of suspension shall be deemed to have expired. And see Paragraph 55, below.

B. Notice to Board.

29. Respondent agrees he shall not resume the actual practice of medicine until he has completed participation in the psychosexual evaluation that is required by Paragraphs 32

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through 34 of this agreement; (b) the Board has received the results of such evaluation in writing; and (c) such results present no finding, conclusion, or opinion indicating that Respondent might present a substantial or imminent danger to patients or the public health safety and welfare. When such conditions have been met Respondent may resume the practice of medicine, subject to supervision of his practice and his compliance with all terms and conditions set forth below.

30. The remaining period of suspension shall be in abeyance until April 3, 2006 so long as Respondent complies fully with all material terms and conditions of this Stipulation and Consent Order. The suspension shall be deemed expired on April 3, 2006, subject to the terms of Paragraph 28, above.

31. Respondent agrees he shall maintain contact with the Board and shall be personally responsible for immediately notifying the Board of any questions and/or problems he may encounter in seeking to comply with this Stipulation and Consent Order.

C. Psychosexual Evaluation.

32. Respondent agrees that at his own expense he shall within 45 days of the effective date of this agreement be evaluated by a professional entity(s) as designated and approved by the Board. Such psycho-sexual evaluation(s) shall examine, at a minimum: (a) the circumstances and nature of Respondent's actions leading to the complaint in this matter; (b) projective testing or assessment results addressing the likelihood of Respondent engaging in such conduct in the future; (c) recommendations for actions and/or strategies that Respondent should undertake to reduce the possibility of repeating such conduct; (d) recommendations regarding counseling, treatment, evaluation, advising, and/or coursework appropriate to

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Respondent's needs and past conduct and to his future work in the medical profession, including express consideration of patient protection; (e) the likelihood that Respondent will be able to practice with reasonable care, skill, and patient safety; and (f) whether Respondent may pose a risk to specific patients or any identifiable group of patients or to the public health, safety, and welfare. In this regard, Respondent has retained Dr. Thomas Gutheil, a psychiatrist and professor at Harvard Medical School to conduct the examination. Dr. Gutheil, in turn, has employed John Donnelly, Ph.D., to conduct various psychological tests to assist him with his evaluation. Both are hereby designated and approved for this purpose by the Board.

33. Respondent shall promptly execute such releases and/or waivers of confidentiality as may be necessary for the Board and/or its staff to receive (a) a copy of all such evaluations and assessments, supporting materials, notes, information, and records; and (b) full and unhindered communication with those involved in such evaluations and/or assessments.

34. The Board promptly shall provide the professional(s) involved in such evaluation a copy of the Specification of Charges in this matter, any documents attached thereto, a copy of this Stipulation and Consent Order, and its investigative file or portions thereof for use in such evaluations and assessments. Respondent agrees he shall waive any right of confidentiality he may possess with regard to all such information. Respondent agrees and understands that all written evaluations, assessments, correspondence, and supporting materials are to be sent directly to the Board by the designated entity with a copy to Respondent. Should an evaluation or assessment recommend further specific evaluation, Respondent agrees to promptly comply with such recommendation and shall bear all costs.

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D. Therapy.

35. Respondent promptly shall engage at his own expense in a course of continuing therapy with a psychiatrist or Ph.D. psychologist or other approved therapist by attending weekly therapy sessions. Such weekly therapy shall continue for at least the first six months following the effective date of this agreement. Thereafter, for at least an additional six months the frequency of such therapy sessions shall be as determined by and recommended by the therapist, but in no case shall occur less frequently than once a month. In no event shall the period of therapy be less than 12 months in duration. Approval by the Board, its staff, or agents is required for the treating professional who is utilized for this purpose. Respondent shall provide the treating professional with a copy of the Specification of Charges in this matter and any documents attached thereto; a copy of this Stipulation and Consent Order; a copy of the written evaluative results described in Paragraphs 32 through 34, above; and such other documentation or information as may be requested by the therapist. The course of therapy shall address Respondent's current personal needs, past conduct, and future needs as a functioning and ethical medical professional.

36. Respondent shall execute all needed releases and waivers of confidentiality so that the Board and its staff may monitor and be provided, without limitation, all information and reports regarding Respondent's participation in therapy, progress, needs, topics of discussion, and progress.

37. The above-described treating professional shall provide on a quarterly basis written reports to the Board regarding Respondent's involvement and progress in therapy. The treating professional shall promptly respond to any questions and inquiries from the Board

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regarding Respondent's involvement and progress in therapy. The Board shall designate the manner and form of reporting. Respondent shall bear the responsibility for making reasonable efforts to ensure that such reporting takes place as required.

38. Respondent agrees he shall actively pursue, in good faith, the course of therapy required above. The Board shall be promptly notified in writing by both the treating professional and Respondent if the treating professional concludes that Respondent no longer appears to require therapy. The treating professional must set forth in writing the observations that are deemed to support this conclusion.

39. Upon request, the treating professional shall provide a written assessment as to whether or not Respondent appears to be able to practice medicine with reasonable care, skill, and safety, and, specifically, whether or not Respondent may pose a risk to patients, any identifiable group of patients, or to the public health, safety, or welfare.

E. Recommendations Shall Be Incorporated.

40. Respondent agrees that all reasonable recommendations resulting from evaluations or assessments or his course of therapy shall be incorporated as additional terms and conditions of this Stipulation and Consent Order. Respondent expressly agrees that he shall fully and in good faith comply with all such reasonable recommendations. The Board in its sole discretion shall determine compliance with this requirement.

41. Evaluative reports and/or assessments or therapist reports, as described above, which are supplied to the Board pursuant to this Stipulation and Consent Order shall be treated as protected by the patient-physician privilege, treated as confidential, and shall not be subject to disclosure to anyone other than the Board, its employees, and agents.

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F. Practice Supervision.

42. Respondent shall promptly submit to the Board a written plan proposing how the supervision and monitoring of Respondent's practice shall be accomplished when he returns to practice. This plan shall provide for regular monitoring and review of Respondent's practice and professional involvements by a supervising practitioner, who shall be approved by the Board. The plan for supervision of Respondent shall provide for written reports every four months to the Board by the supervising medical professional. Such reports shall address the nature of Respondent's work, his hours and workload, his functioning and progress, and how monitoring and supervision of Respondent actually were carried out during the prior four month period. Such reports shall be in a manner and form to be determined by the Board. Respondent shall bear responsibility for making reasonable efforts to ensure that such reports are promptly provided to the Board.[2]

43. Respondent shall meet regularly with his supervising physician to discuss care of his patients, related problems, and any concerns with his supervising physician.

G. Practice Site.

44. Respondent agrees that he shall practice medicine only in a structured group practice setting or clinic, subject to the approval of the Board of Medical Practice. Respondent agrees that he shall see patients, provide care, diagnose, counsel, advise, and/or prescribe only as part of his employment and assigned duties at such practice site and shall practice only at that location and only in such other settings, including hospitals and clinics, as may be required by

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2. The first such written report shall address the initial four-month period following the effective date of this agreement and shall be promptly prepared and forwarded to the Board. Thereafter, such reports shall be promptly prepared and forwarded to the Board at the conclusion of each succeeding four-month period until such time as this condition may be modified.

his employer. Respondent agrees that he shall not practice medicine in any form or manner outside the scope of his employment agreement with such practice or clinic.

45. The parties expressly agree that Respondent's continuing employment with such practice or clinic is a material term of this agreement. The parties agree that any interruption or cessation of such employment shall constitute a circumstance of non-compliance by Respondent with the terms and conditions of this agreement and shall require Respondent voluntarily and immediately to cease all practice activities and could result in action to enforce other terms of this agreement. However, Respondent may propose a different structured group practice or clinic as his place of employment. The Board shall promptly consider and decide any such proposal. Respondent acknowledges and agrees that should his practice site, as approved by the Board, be located in a State other than Vermont, that his full compliance with all terms and conditions of this agreement nonetheless will be required. Respondent agrees that if his practice site is located in a State other than Vermont that he shall (a) provide the Board of Medical Practice at least 30 days notice of any intention on his part to return to the practice of medicine in this State.

H. Requirements as to Psychiatric Care of Patients.

46. Until relieved of this condition or it is modified, Respondent's care and treatment of patients shall be restricted to medication management, performance of psychiatric assessments and evaluations, and such incidental, limited therapy as may be required in relation thereto. Respondent expressly agrees that he shall not provide long-term clinical psychotherapy to patients during the life of this agreement. Any patient requiring long-term psychotherapy shall be promptly referred to another practitioner for care. Respondent agrees he shall not

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petition for modification of this requirement prior to the passage of 36 months from the effective date of this agreement.

47. Respondent shall see all patients during such usual business hours as may be designated by his employer. It is understood such employment may require Respondent to be on call during nights and weekends. So long as this is part of his regular employment, Respondent is free to practice at such times. Respondent shall see patients only when at least one other member of the practice clinic staff or other medical personnel are present or in reasonable physical proximity to Respondent's practice site.

48 Respondent shall not see patients more than once a week, with the exception of a bona fide short-term emergency or exigent circumstances that may require more frequent care for a strictly limited period of time.

49. Respondent expressly agrees that throughout the term of this agreement he shall educate himself through regular reading, study, and coursework regarding Axis II, Cluster B personality disorders. See Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR 2000). See also Subsection I, Education, below. Respondent agrees he shall in no case care for female patients with a primary diagnosis, problem, or condition as referenced in the DSM IV of 302.2, 302.3, 302.4, 302.70, 302.71, 302.72, 302.73, 302.76, 302.79, 302.81, 302.82, 302.83, 302.84, 302.89, 302.9, 306.51, and 625.8.[3] If such a patient diagnosis becomes evident or suspected during the initial assessment process, such patients shall promptly be referred to another practitioner for care. If such diagnosis later becomes evident or suspected, such patients

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3. The parties agree that Respondent's care and treatment of female patients with DSM IV diagnosis 309.81 (where the primary underlying trauma involves past or present sexual abuse or violence) shall be limited to assessment and medication management of such patients, so long as such limited care by Respondent shall occur only in association with therapeutic counseling and care provided to such patients by another practitioner.

shall promptly be referred to another practitioner for care. All such patients and their history and individual treatment needs shall be promptly brought to the attention of and discussed with Respondent's Supervising Physician.

50. Respondent agrees he shall submit no petition for modification of the requirements of this Subsection H prior to the passage of 36 months from the effective date of this agreement. Until relieved of this condition or it is modified, Respondent's care and treatment of patients shall be limited to medication management and any therapy or counseling required in relation thereto.

I. Education.

51. Respondent agrees that within 12 months of approval of this Stipulation and Agreement he shall satisfactorily complete, at his own expense, educational coursework or programs, subject to review and approval, in its sole discretion, by the Vermont Board of Medical Practice, which shall address the subject of boundary violations by professionals in the field of psychotherapy and the prevention of boundary violations. Such coursework must be eligible for credit as "continuing medical education". Respondent shall complete, within 12 months, eligible credits of at least 25 hours in Category I of the Physician's Recognition Award of the American Medical Association or that are accredited for continuing education credits by the American Psychological Association.

52. The required coursework shall include content addressing the concepts of transference and counter-transference, and shall examine a wide range of potential boundary violations to which professionals may be subject and strategies for avoiding or preventing such

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boundary violations.[4] Respondent shall be responsible for making reasonable efforts to ensure that documentation of and evaluations of Respondent's participation in and satisfactory completion of such coursework are promptly forwarded to the Board of Medical Practice.

53. Each calendar year while this agreement remains in effect Respondent shall satisfactorily complete, at his own expense, one or more educational courses, programs, seminars, and/or conferences, which must be approved by the Board, and which shall directly bear upon the prevention, effects, and/or treatment of boundary violations by professionals, including ethical and legal considerations. Evaluation of respondent's participation in such educational activity shall be provided to the Board in writing and Respondent shall be responsible for making reasonable efforts to ensure that such evaluation shall be promptly forwarded to the Board. Any course approved by the APA, AMA, a state licensing body, or other generally recognized authority shall be generally deemed to meet the requirements of Paragraphs 51 through 53.

V. Other Terms and Conditions as to Implementation.

54. Respondent agrees that he has read and carefully considered all terms and conditions herein and agrees to accept and be bound by these while licensed to practice medicine in the State of Vermont or elsewhere and to be bound by the passage of no less than four years from the effective date of this agreement. The Board, in its sole discretion, may consider a petition from Respondent for modification of these conditions, no sooner than 36

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4. If the Board, in its discretion, does not approve in advance coursework that Respondent completes and later submits for Board approval, Respondent agrees and understands that such coursework may not be credited toward the coursework requirements set forth above.

months after the effective date of this Stipulation and Consent Order, unless a petition for modification at an earlier date is expressly provided for herein.

55. Respondent's license to practice medicine in the State of Vermont shall be CONDITIONED for a minimum of four years, following entry of the Board's Order approving the terms of this agreement. Respondent's Vermont license to practice medicine shall be "Conditioned" until such time as the Board of Medical Practice has removed all terms and conditions imposed upon his medical license. The parties agree that the Board shall entertain and give due consideration to a petition for removal of all conditions following the passage of four years from the effective date of this Stipulation and Consent Order. Respondent acknowledges and agrees that the failure by him to abide by the material terms and conditions of this agreement could result in the resumption of the entire remaining period of actual suspension of his medical license that is referred to in Paragraph 28, above.

56. Respondent agrees that he shall abide by and follow all treatment and care recommendations, plans, or contracts that are presented to him by evaluators, assessors, practitioners, and/or entities that may care for or treat him. He expressly agrees that he shall promptly sign any and all consents and/or waivers of confidentiality as to his history, medical records and information, dependency, diagnosis, care, and treatment so as to permit full and complete disclosure to the Board for the purpose of permitting the Board to monitor and review his ability to practice medicine safely.

57. Respondent acknowledges that he is knowingly and voluntarily agreeing to this Stipulation and Consent Order. He acknowledges that he has had advice of counsel regarding

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the matter presently before the Board and advice of counsel in reviewing this Stipulation and Consent Order. Respondent is satisfied with all representation provided to him by counsel.

58. Respondent agrees and understands that by executing this document he is waiving any right to challenge the jurisdiction and continuing jurisdiction of the Board in these matters, to be presented with the evidence against him, to cross-examine any adverse witnesses, and to offer evidence of his own to contest the State's specification of charges. 26 V.S.A. § 1356; 3 V.S.A. §§ 809 & 814.

59. Respondent agrees that the Board of Medical Practice, in its sole discretion, may approve or disapprove any current or proposed providers, contractors, or individuals to be involved in the evaluation, assessment, care, and/or treatment of Respondent. Any reputable licensed provider of such service shall be deemed provisionally approved, subject to actual approval or disapproval by the Board at a later date. As set forth in Paragraph 32, above, it is agreed that Dr. Thomas Gutheil is a suitable psychiatrist to provide a psychosexual evaluation. Any approval by the Board in this regard may be withdrawn at any time, in the Board's sole discretion. Should such approval be withdrawn, the Board will seek to provide reasonable non-financial assistance to Respondent to aid him in locating alternative source(s) for such services. Respondent agrees to accept any reasonable modifications of the terms set forth herein that may be necessary for the Board to provide such assistance to Respondent.

60. The parties agree that this Stipulation and Consent Order shall be a public document, shall be made part of Respondent's licensing file, and may be reported to other licensing authorities and/or entities including, but not limited to, the National Practitioner Data Bank and the Federation of State Medical Boards.

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61. Respondent agrees to be bound by all terms and conditions of this Stipulation and Consent Order. Respondent agrees that the Board of Medical Practice shall retain jurisdiction to enforce all terms and conditions of this Stipulation and Consent Order. Respondent expressly agrees that any failure by him to comply with the terms of this Stipulation and Consent Order, specifically including but not limited to its reporting requirements and pre-approval requirements, may constitute unprofessional conduct under 26 V.S.A. §1354(25) and may subject Respondent to such disciplinary action as the Board may deem appropriate.

62. This Stipulation and Consent Order is subject to review and acceptance by the Vermont Board of Medical Practice and shall not become effective until presented to and approved by the Board. If the Board rejects any part of this Stipulation and Consent Order, the entire agreement shall be considered void. However, should the terms and conditions of this Stipulation and Consent Order be deemed acceptable by the Board, the parties request that the Board enter an order conditioning and restricting Respondent's license to practice medicine as set forth above and that such license be subject to each of the terms and conditions as set forth herein.

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Dated at Montpelier, Vermont, this 2nd day of May, 2003.

STATE OF VERMONT

WILLIAM H. SORRELL
ATTORNEY GENERAL

by: _____
JAMES S. ARISMAN
Assistant Attorney General

Dated at Burlington, Vermont, this 1st day of May, 2003.

_____
AJAZ IQBAL, M.D.
Respondent

_____
JOHN L. PACHT, ESQ.
Counsel for Respondent

FOREGOING, AS TO AJAZ IQBAL, M.D.
APPROVED AND ORDERED
VERMONT BOARD OF MEDICAL PRACTICE

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_____ _____
_____ _____
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_____ _____

DATED: May 7, 2003
ENTERED AND EFFECTIVE: May 7, 2003

REV. III Draft 4/25/03; by James S. Arisman, AAG; Not Approved by MPB Until Executed Above

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