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July 25, 2013
NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

In the matter of:

MOHAMMED S. IQBAL, M.D.

ORDER CONDITIONALLY REINSTATING LICENSE

This matter was reopened before the New Jersey State Board of Medical Examiners (the "Board") upon the Board's receipt of a renewed petition for license reinstatement dated November 15, 2012 from Mohammed S. Iqbal, M.D. ("respondent"). Respondent appeared before a Committee of the Board on February 6, 2013, represented by Michael Chazen, Esq., and offered testimony in support of his petition for reinstatement. Edward G. Reading, Ph.D., LCADC, also appeared and testified in support of respondent's petition as a representative of the Professional Assistance Program of New Jersey (the "PAP"). For the reasons set forth below, the Board presently finds that good cause exists to reinstate respondent's license to practice medicine and surgery in the State of New Jersey at this time, subject to conditions that any such practice be limited to practice in an approved employment setting and that any and all patient encounters be with a chaperone present, and subject to the additional condition that respondent

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continue to fully participate with the PAP, as more fully outlined below.

By way of background, respondent entered an Order voluntarily surrendering his license to practice medicine and surgery (to be deemed an indefinite period of suspension) in the State of New Jersey on April 30, 2008, after he had been criminally charged with two counts of second-degree sexual contact and one count of attempted sexual assault. Within the Order of Voluntary Surrender, respondent was assessed a civil penalty of $5000 and costs of $8,718.81. The Order specifically provided that respondent could seek reinstatement of his New Jersey license after a minimum period of two years, but conditioned any reinstatement on: (1) respondent's submission to an evaluation by the Joseph J. Peters' Institute, and upon his compliance with any follow-up recommendations made within the evaluation report; and (2) upon respondent's demonstrating, to the Board's satisfaction, fitness to resume practice. The Board reserved all rights, in the event reinstatement were granted, to impose any conditions or limitations deemed necessary to protect the public health, safety and welfare.

Respondent was accepted into a Pre-Trial Intervention Program ("PTI") on April 7, 2008, and successfully completed PTI. The criminal charges against him were then dismissed on March 9, 2009. He has since not been the subject of any further criminal charges or actions.

Respondent petitioned the Board for reinstatement twice previously - first, on November 2, 2010 and thereafter on April 12, 2011. His initial petition for reinstatement was denied because he had not then submitted to an evaluation by the Peters' Institute, as required by the Order of Voluntary Surrender. His second petition for reinstatement was also denied, as although he then had submitted to the required evaluation at the Peters Institute, he had not followed the treatment recommendations which had been made for him within the report.[1]

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[1] At the time respondent submitted his initial petition for reinstatement, he provided the Board with a confidential evaluation report dated July 1, 2008, prepared by Philip H. Witt, Ph.D.. The Board then denied his petition for the specific reason that he had been required to, and had specifically agreed to, submit to an evaluation at the Peters' Institute, but had failed to secure that evaluation.

Respondent thereafter was evaluated by Barry Zakireh, Ph.D., at the Joseph J. Peters' Institute. The Board was provided with and reviewed Dr. Zakireh's confidential forensic psychological evaluation report dated January 17, 2011. Within said report, Dr. Zakireh offered diagnostic impressions and then concluded that "Dr. Iqbal's risk level would be best described as in the lower end of the spectrum in terms of potential for sexual misconduct in the future." Dr. Zakireh made a specific recommendation in his report that respondent receive individual counseling for a flexible period, which he suggested would "lower considerably" any risk that respondent might engage in future inappropriate conduct.

Respondent next appeared and testified before a Committee of the Board on September 28, 2011 (in support of his second petition for reinstatement), however conceded at that appearance that he had not followed the recommendations made by Dr. Zakireh that he receive counseling. Respondent was advised, in a letter from the Board dated March 5, 2012, that the Board had found the testimony that he offered when appearing on September 28, 2011 to be credible, and that the Board was satisfied that he then had demonstrated remorse for, and recognized the inappropriateness of, his prior conduct. His petition for reinstatement was denied, however, for the specific reason that he had failed to follow the specific recommendations outlined in Dr. Zakireh's

Respondent renewed his petition for reinstatement on November 15, 2012, and, as noted above, appeared and testified before a Committee of the Board on February 6, 2013. At that time, respondent satisfactorily demonstrated that he had complied with the treatment recommendations that were made within the Peters' Institute report, by having enrolled in the PAP and thereafter fully participating in the monitoring program established for him by the PAP. Respondent is presently securing psychiatric treatment from Sonja Gray, M.D., which treatment is in turn monitored by the PAP. The Board was provided with copies of three confidential written reports from Dr. Gray dated February 24, 2012, November 14, 2012 and January 18, 2013. Dr. Gray opined as early as February 2012 that Dr. Iqbal "does not have a predatory sexual disorder or addiction," and commented that "while his prior behavior was clearly inappropriate, he acknowledges this and it appears to have been an isolated incident." Dr. Gray also then found that respondent was "psychologically cleared to begin the reinstatement process." She continues to find Dr. Iqbal to be "psychologically stable."

Respondent also testified that he promptly complied with

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report. Respondent was advised that he could renew his petition for reinstatement in six months, provided that he first enrolled with the PAP and that the PAP thereafter monitored his care to ensure that he obtained treatment consistent with the recommendations made by Dr. Zakireh. Respondent was also then specifically urged to complete a course in professional boundaries prior to renewing his request for reinstatement.

the suggestion made to him by the Board that he attend a boundaries course, by enrolling in, and successfully completing, the Professional Renewal In Medicine (through) Ethics Course (the "PRIM-E" course). Confirmation of his attendance and participation in the course was set forth within a written report from Russell McIntyre, Th.D. (Professor and Course Director of the PRIM-E program) dated March 1, 2012. Dr. McIntyre therein opined that his overall assessment of respondent's capacities for ethical thinking and insight was "without reservation," and commented that respondent had "made good use of this course" and had "an enlightened understanding of his boundary violation."

Finally, respondent testified that he is presently in sufficient health to allow a return to practice, as although he has previously been diagnosed with and undergone treatment for serious medical conditions, that condition is presently in remission. Respondent has continued throughout the period of licensure suspension to attempt to keep his foundation of medical knowledge current, by completing continuing medical education activities (to include 110 hours of Category 1 credits and an additional 190 hours of Category 2 credits since July 1, 2009).

Respondent presently is seeking to return to the practice of medicine in the employ of his son, Sheeraz Iqbal, M.D., who is a Board licensed pediatrician in good standing and whose medical office is located on the ground floor of respondent's house. The

Committee was provided with a letter from Dr. Sheeraz Iqbal to Dr. Baxter dated June 12, 2012, which outlined a plan of practice for respondent, to include covering telephone calls on nights and weekends, providing services in the office's medical laboratory, and consulting with respondent on complicated cases. The Board has reviewed the proposed plan of practice, and finds it acceptable.[2]

Dr. Reading testified that respondent had complied with all conditions of his participation with the PAP, which have included his receiving psychiatric treatment from Dr. Gray and his participation in face-to-face meetings with representatives of the PAP. Dr. Reading stated that the PAP supported respondent's petition for reinstatement, subject to conditions to include a requirement that he continue to fully participate with the PAP and that he practice only with chaperone accompaniment. Dr. Reading's testimony was consistent with comments set forth in a confidential

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[2] While the Board herein approves respondent's return to practice as an employee of his son, Sheeraz Iqbal, M.D., the Board is additionally imposing an independent requirement that respondent be accompanied at all times that he sees or examines any patient by a Board-approved chaperone. The Board will not approve a family member or relative of respondent to serve as the required chaperone. Given the above proposed plan of practice, the Board specifically places respondent on notice that the chaperoning requirement will be applicable not only in any instances where respondent may see a patient independently, but also those instances where he may be called as a "consultant" to see or examine a patient in consultation with Dr. Sheeraz Iqbal. Further, as the Board is approving respondent's return to practice as an employee, but without any limitation that would prohibit respondent from seeing a patient independently, it is the Board's expectation that respondent will not see any patient until such time as an individual has been designated and approved to serve as his chaperone.

written position statement from the PAP dated February 6, 2013 (signed by Louis Baxter, M.D., FASAM, Executive Medical Director of the PAP).

Taken in aggregate, the Board is satisfied upon consideration of available reports[3] and testimony offered by respondent and Dr. Reading that respondent has presently demonstrated fitness to resume practice, subject to the imposition of conditions set forth below that his practice be as an employee in an approved employment site, that he be accompanied by a Board approved chaperone at all times that he sees or examines any patient, and that he continue to fully participate with the PAP and continue to receive psychiatric treatment from Dr. Sonja Gray or an approved successor. The Board finding that the public interest will be adequately protected by the conditioning of respondent's reinstatement as required herein, and that good cause exists for the entry of this Order,

IT IS on this 25th day of July, 2013

[3] The reports referenced herein submitted to the Board by Philip Witt, Ph.D., Barry Zakireh, Ph.D, the PAP and Sonja Gray, M.D., are all designated as and considered to be confidential by the Board, as all include protected health care information as well as private personal information concerning respondent. All citations made herein to statements or information in those reports are made for the limited purpose of demonstrating the basis for the Board's determination that good cause exists to presently grant respondent's petition for reinstatement, but shall not otherwise cause any non-cited portions and/or the entirety of the reports to be a matter of public record and/or to be "government records" subject to production under the Open Public Records Act.

ORDERED and AGREED:

1. The license of respondent Mohammed S. Iqbal, M.D., to practice medicine in the State of New Jersey is hereby reinstated, subject to the conditions and limitations set forth below.

2. Respondent shall only practice in a supervised setting, pre-approved by the Board, with an employer (namely, an approved physician, physician group, or institution) who is made fully aware of Dr. Iqbal's past criminal and Board actions and of any health related issues. Respondent's approved employer shall be required to provide the Board with written quarterly reports outlining the extent of respondent's practice, and confirming that respondent has complied with all conditions of this Order related to his medical practice (specifically to include the requirement set forth in paragraph 3 below that all practice be in the presence of a Board-approved chaperone). Respondent's approved employer shall additionally be required to provide the Board with immediate written notice in the event he or she becomes aware that respondent has failed to comply with the conditions of this Order related to his medical practice, and/or in the event that the approved employer becomes aware that respondent has engaged in any inappropriate conduct. For purposes of this paragraph, the Board has reviewed the proposed plan of practice submitted by Sheeraz Iqbal, M.D., and approves Sheeraz Iqbal, M.D., as respondent's employer, subject to the further conditions set forth in paragraph

3 below regarding the chaperoning of respondent's practice.

3. Respondent shall be accompanied, at all times that he sees or examines any patient(s), by a Board-approved chaperone (the requirements herein shall apply regardless whether respondent is seeing a patient independently or jointly in the company of the approved employer). The approved chaperone shall be required to provide quarterly reports to the Board confirming that all of Dr. Iqbal's patient visits have occurred with the chaperone being present and confirming that Dr. Iqbal's conduct during all such visits has been appropriate, and immediate notification to the Board in the event that he or she becomes aware that Dr. Iqbal has seen and/or examined any patient at any time that the chaperone was not present or in the event the chaperone observes respondent engage in any inappropriate conduct. Respondent shall not see or examine any patient until such time as he proposes a chaperone to the Board and receives notification from the Board that the proposed individual has been approved by the Board.

4. Respondent shall continue to fully participate with the PAP. Said "participation" shall be on such terms and conditions as deemed appropriate by the Executive Medical Director of the PAP, but shall include, at a minimum, a requirement that Dr. Iqbal continue to secure psychiatric treatment from Dr. Gray (or any successor psychiatrist) until such time as Dr. Gray, in consultation with the Executive Medical Director of the PAP,

concludes that treatment is no longer necessary (with notification thereof to the Board). The PAP shall provide the Board with written quarterly status reports to the Board confirming that Dr. Iqbal has been fully compliant with the PAP, and shall provide the Board with an immediate report in the event respondent is non-compliant and/or in the event that the PAP receives any information that demonstrates that Dr. Iqbal has failed to comply with any of the conditions of this Order and/or that Dr. Iqbal has engaged in any inappropriate conduct.

5. Nothing herein shall preclude respondent from being able to perform "utilization reviews" for any employer, provided that any such "utilization reviews" consist solely of review(s) of patient records prepared by other physician(s) and do not involve or require any patient contact or care.

6. In the event that respondent fails to comply with any term or condition of this Order, said non-compliance shall be grounds upon which the Board may summarily enter an Order suspending respondent's license to practice medicine and surgery in New Jersey. For purposes of this paragraph, the Board's receipt of any "immediate report," from respondent's approved employer, approved chaperone and/or from the PAP, for any of the reasons detailed in paragraphs 2, 3 and/or 4 above, shall be deemed to constitute "non-compliance" and shall expressly be deemed to be cause for the Board to enter an Order of summary suspension. In

the event the Board enters a summary Order suspending license for any of the reasons set forth herein, respondent may, upon giving not less than seven days written notice to the Board, request a hearing, however any such hearing shall be limited in scope solely to the issue whether respondent has in fact failed to comply with the terms of this Order and/or whether there was a reasonable basis for the submission of an "immediate report."

7. Respondent may petition the Board for modification or discontinuation of any or all of the conditions and terms of this Order one year from the date of entry of this Order, provided that he is then fully compliant with the terms of this Order and provided that the Board has then received all reports required to be submitted under the terms of this Order. In the event respondent files such a petition, he may be required to appear before a Committee of the Board to demonstrate good cause to support his petition. The parties expressly recognize and stipulate that any decision whether to discontinue or modify any of the terms of this Order shall be fully within the discretion of the Board, upon the Board's good faith consideration of all reports and information that may then be presented for consideration.

NEW JERSEY STATE BOARD OF
MEDICAL EXAMINERS

By: _____
George J. Scott, D.O., D.P.M.
Board President

I acknowledge that I have read the within Consent Order and agree to be bound by its terms.

Mohammed S. Iqbal, M.D.

Agreement on behalf of the PAP to engage in monitoring of respondent Mohammed Iqbal, M.D. and to provide all reporting required herein.

Louis E. Baxter, M.D., FASAM
Executive Medical Director
Professional Assistance Program

Consent to the form and entry of this Order.

Michael Chazen, Esq.
Counsel for Respondent

I acknowledge that I have read the within Consent Order and agree to be bound by its terms.

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Agreement on behalf of the PAP to engage in monitoring of respondent Mohammed Iqbal, M.D. and to provide all reporting required herein.

Louis E. Baxter, M.D., FASAM
Executive Medical Director
Professional Assistance Program

Consent to the form and entry of this Order.

7/18/13

Michael Chazen, Esq.
Counsel for Respondent

DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE HAS BEEN ACCEPTED

APPROVED BY THE BOARD ON MAY 10, 2000

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the Addendum to these Directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

A licensee whose license has been revoked, suspended for one (1) year or more or permanently surrendered must remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of

general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and Inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

NOTICE OF REPORTING PRACTICES OF BOARD REGARDING DISCIPLINARY ACTIONS

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

(1) Which revokes or suspends (or otherwise restricts) a license,
(2) Which censures, reprimands or places on probation,
(3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license(and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A.45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.