

**COMMONWEALTH OF MASSACHUSETTS**

**Middlesex, ss.**

**Board of Registration in Medicine  
Docket No. 2019-056**

**In the Matter of**

**Zunair Zi, M.D.**

**f/k/a Zunair Mahmood M.D**

**ASSURANCE OF DISCONTINUANCE**

**Appearances:**

Gloria Brooks, Complaint Counsel, for the Board of Registration in Medicine  
Zunair Zi, M.D. (f/k/a Zunair Mahmood, M.D.), pro-se

**I. Summary of Proceedings**

Pursuant to G.L. c. 112, § 5 and 243 CMR 1.03(3), the Board of Registration in Medicine (the "Board") caused an investigation to be made regarding Zunair Zi, M.D. (f/k/a Zunair Mahmood, M.D.) (the "Respondent"), a physician who was initially granted a limited license in June 2003 in the Commonwealth of Massachusetts. During the investigation, the Board reviewed information contained within the Respondent's 2017 limited license renewal in which he affirmatively reported that he had "engaged in the use of any chemical substance(s) which in any way interfered with [his] ability to practice medicine". It was thereafter discovered that the Respondent reportedly smelled of alcohol while at his residency program in November of 2016 and again in January 2017. On both of these occasions the Respondent was reported by a concerned faculty member to have an odor of alcohol on his breath. In reporting this information to the Respondent's Associate Residency Director, the concerned faculty member did not observe any signs of the Respondent being impaired. Thereafter, the Respondent was referred to

Physician Health Services (PHS) and placed on leave from his residency program. On August 2, 2017 the Respondent self-reported that he missed a drug test on July 26, 2017 in violation of his PHS contract, which was subsequently confirmed on that date. On August 3, 2017 the Respondent self-reported that he relapsed into alcohol use in violation of his PHS contract, which was also confirmed by PHS. Thereafter on April 24, 2018 PHS made another report to the Board that the Respondent had missed another drug test on April 13 and April 18 of 2018. The Respondent thereafter provided tests which were negative for substances of abuse.

Based upon this investigation, the Board has determined that there is reason to believe that the Respondent has engaged in conduct that undermines public confidence in the integrity of the medical profession. *Raymond vs. Board of Registration in Medicine*, 387 Mass. 708 (1982).

Although it appears that disciplinary proceedings regarding such acts and practices may be in the public interest, it further appears that the Respondent is willing to enter into an agreement never to repeat such acts and practices. Pursuant to 243 CMR 1.03(13), this matter is suitable for resolution by means of an Assurance of Discontinuance ("Assurance")

## **II. Biographical Information**

The Respondent was born on January 30, 1985. He graduated from the Drexel University College of Medicine in 2013. He was initially granted a limited license in June 3, 2013 under certificate number 255798. His limited license expired on June 30, 2017. He is not board certified. The Respondent last practiced at the Beth Israel Deaconess Medical Center in their Pathology Residency Training Program.

## **III. Board's Allegations**

The Board has reason to believe that the Respondent has engaged in the following course of conduct:

1. The Respondent affirmatively reported in his 2017 limited license renewal that he had "engaged in the use of any chemical substance(s) which in any way interfered with [his] ability to practice medicine".
2. The Respondent was reported to be smelling of alcohol on two separate occasions (November 2016 and January 2017) while attending his residency program.
- ..... 3. The Respondent was thereafter referred to Physician Health Services (PHS) and placed on leave from his residency program.
4. On August 2, 2017 the Respondent self-reported that he missed a drug test on July 26, 2017 in violation of his PHS contract, which was subsequently confirmed on that date.
5. On August 3, 2017 the Respondent self-reported that he relapsed into alcohol use in violation of his PHS contract, which was also confirmed by PHS.
6. On April 24, 2018 PHS made a verbal report to the Board that the Respondent had missed random drug tests on April 13, 2018 and April 18, 2018.
7. The Respondent provided tests on April 19, 23, 24, and 25 of 2018. The last of which included phosphatidyl ethanol and the results of each of the tests was negative for substances of abuse.

Based upon the above alleged conduct, the Board has reason to believe that the Respondent has engaged in conduct that undermines the integrity of the medical profession pursuant to *Raymond vs. Board of Registration in Medicine*, 387 Mass. 708 (1982).

#### **IV. Stipulations**

The Respondent neither admits, nor denies the Board's allegations set forth above.

However, in the interests of achieving a fair and expeditious resolution to this matter, the Respondent hereby assures the Board that he will not engage in any unprofessional behavior in the work place in the future.

..... The Board and the Respondent hereby stipulate as follows: The Respondent agrees to enter into a Probation Agreement with the Board. The terms of the Probation Agreement shall include the following requirements:

A. The Respondent agrees to undergo monitoring by the Board for at least three years from the date of the Board's acceptance of this Agreement and for such further period thereafter as the Board shall for reasonable cause order. No early termination of the Agreement will be allowed. Any periods during which the Respondent is not practicing clinical medicine during the probationary period, shall extend the probationary period.

B. The Respondent shall refrain from all consumption of alcohol, and use of all controlled substances, unless specifically prescribed by a treating physician for a legitimate medical purpose and in the usual course of the treating physician's medical practice. The treating physician shall have been informed of any substance abuse history of the Respondent before issuing any such prescription. The Respondent shall immediately notify the Board in writing any time that any treating physician writes a prescription for the Respondent for a controlled substance in Schedules II through IV, inclusive.

C. The Respondent acknowledges that self-prescribing of controlled substances in Schedules II-IV inclusive is prohibited, and that prescribing controlled substances in Schedules II-IV to an immediate family member is prohibited except in an emergency.

*See*, 243 CMR 2.07 (19). Should the Respondent prescribe any controlled substances to himself or any immediate family member, he shall immediately notify the Executive Director of the Board in writing, and shall immediately provide the Executive Director of the Board a written copy of any such prescription and a full and complete written explanation of the reasons for any such prescription.

D. The Respondent has entered into a substance use monitoring contract, dated August 11, 2017, in a form acceptable to the Board, with Physician Health Services, Inc. ("PHS") of the Massachusetts Medical Society. The Respondent agrees to abide fully by all terms of this contract for the duration of this probationary period. This contract includes a provision that PHS will immediately notify (within 24 hours) the Board of any lapse or violation of its terms by the Respondent, and the contract provides for any necessary waivers of privilege or confidentiality by the Respondent. PHS shall submit quarterly reports to the Board which detail the Respondent's compliance with this contract.

E. The Respondent shall undergo random bodily fluid screenings as required by PHS or as may be required by the Board, which requirement may be reasonably modified from time to time consistent with scientific or practical advances in the field of alcohol and drug detection. The Respondent shall submit random samples at least weekly on average, or at such other frequency as the Board or PHS may require, such as the requirement for daily samples using Sober-link, or a similar type device. An officer of PHS shall file reports of the screening evaluations completed during the previous three months with the Board within thirty (30) days as part of their quarterly report. Said reports shall specify the dates on which samples were taken and shall specify the results of the analysis of such samples and shall be signed by the person in charge. In addition, the Respondent

shall obtain the written agreement of PHS to notify the Board immediately by telephone and in writing.

1. a) in the event that Respondent's sample is found to contain any evidence of alcohol or any controlled substance in violation of this Probation Agreement; or

b) in the event that PHS has other reliable evidence that the Respondent has used alcohol or any controlled substance in violation of this Probation Agreement;

2. in the event that the Respondent misses any random bodily fluid test, excluding an administrative or laboratory mistake beyond the Respondent's control;

3. in the event that the Respondent refuses to cooperate with PHS in monitoring bodily fluids in any manner; or

4. in the event that the Respondent withdraws any waiver filed in connection with this Probation Agreement; or

5. in the event that the PHS contract is terminated for any reason other than successful completion of the contract, as determined by the Director of PHS.

The Respondent agrees to waive any privileges he may have concerning such reports and disclosures to the Board by PHS.

F. The Respondent shall at all times during the length of the probationary period be reasonably available to provide an immediate bodily fluid screen at the request of the Board.

G. The Respondent shall be under the care of a Board-approved licensed or certified health care professional experienced in the treatment of substance use or substance abuse who shall submit written reports, including reports on all missed sessions, to the Board or its designee as often as the Board deems necessary but in any event at least once every three months. Copies of these attendance reports shall be part of the quarterly report that PHS submits to the Board. The health care professional shall immediately notify the Board by telephone whenever, in his or her professional judgment, the Respondent poses a potential danger to the health, safety and welfare of the Respondent's patients. In addition, the health care professional shall immediately notify the Board by telephone and in writing in the event that the Respondent terminates treatment, or is non-compliant with the treatment plan. In the event that the health care professional notifies the Board that the Respondent poses a danger to the health, safety or welfare of the Respondent's patients, or terminates treatment, the Board may obtain any and all information, reports and records from the health care provider concerning the Respondent. The Respondent hereby waives any privileges concerning such information, reports, records and disclosures to the Board. The health care professional shall confirm in writing, within ten (10) days of the Board's accepting this Agreement, his or her agreement and undertaking with respect to the obligations set forth in this Agreement, and shall notify the Board if the Respondent withdraws any waiver filed in connection with this Agreement. The Respondent may not terminate treatment with, or change the identity of the health care professional without prior Board approval. The Respondent has agrees to submit to the Board, within fifteen (15) days of the adoption of this Agreement, a proposed healthcare professional who shall fulfill the monitoring requirements of this paragraph.

H. The Respondent shall practice medicine only in conjunction with his pathology residency program at Beth Israel Deaconess Medical Center. The Respondent's practice of medicine will be monitored by Cynthia Hayne, M.D. Dr. Hayne or, any Board-approved successor, shall file quarterly reports with the Board. The Respondent shall not change his monitor without the approval of the Board.

I. The Respondent shall file, within thirty (30) days of the execution of this Probation Agreement, written releases and authorizations sufficiently broad in scope so as to allow the Board to obtain any and all medical and laboratory reports, treating physicians' reports and records concerning the Respondent's treatment during the probationary period.

J. All agreements whereby third parties are to provide written reports, releases, records or any other information to the Board under this Probation Agreement shall be submitted to the Board for approval within thirty (30) days after the Probation Agreement is approved by the Board. All such releases and agreements must, in addition to waiving any relevant state law privileges or immunities, provide the Board with access to all material covered by 42 CFR, Part 2, and the Criminal Offender Records Information (CORI) Act, so-called, M.G.L. c. 6, ss. 167-178; all such releases and agreements must provide that the released party shall notify the Board if any waiver is withdrawn. In the event that any such releases or waivers are not sufficient to obtain access to any information which the Board in its discretion considers relevant, the Respondent agrees to obtain personally such information and furnish it to the Board, to the extent permitted by law.



K. In the event that the Respondent seeks licensure to practice medicine in another state, the Respondent shall notify the Board of such fact and shall disclose to the licensing authority in such state his status with this Board. The Respondent shall submit to the Board copies of all correspondence and application materials submitted to another state's licensing authority.

L. In the event the Respondent should leave Massachusetts to reside or practice out of the state, the Respondent shall promptly notify the Board in writing of the new location as well as the dates of departure and return. Periods of residency or practice outside Massachusetts will not apply to the reduction of any period of the Respondent's probationary licensure, unless the Respondent enters into a monitoring agreement, approved by the Board, in the new location.

M. The Respondent shall appear before the Board or a committee of its members at such times as the Board may request, upon reasonable advance notice, commensurate with the gravity or urgency of the need for such meeting as determined by the Board or such committee.

N. The Respondent, and not the Board, shall be responsible for the payment of any fee or charge occasioned by the Respondent's compliance with this Probation Agreement.

O. The Respondent may request that the Board modify any of the conditions set forth above. The Board may, in its discretion, grant such modification. Except for requests for modifications related to the identity of the health care professional referenced in Paragraph G, and the Respondent's employment, the Respondent may make such a request not more than once in any one year period, nor any sooner than one year from the date of this Probation Agreement.

P. The Respondent shall provide a complete copy of this Probation Agreement, with all exhibits and attachments within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in- or out-of-state health maintenance organization with whom he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or out-of-state medical employer, whether or not he practices medicine there; the Drug Enforcement Administration, Boston Diversion Group; Department of Public Health Drug Control Program, and the state licensing boards of all states in which he has any kind of license to practice medicine. The Respondent shall also provide this notification to any such designated entities with which he becomes associated for the duration of this Agreement. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive. The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

The Respondent further stipulates and agrees that:

A. Violation of the terms of this Assurance of Discontinuance shall be *prima facie* evidence of violations of the applicable statutes, regulations, or standards of good and accepted medical practice as set forth above, and may be grounds for the Board to immediately suspend the Respondent's license to practice medicine.

B. Pursuant to G.L. c.112, §2, the Board must report this Assurance of Discontinuance to any national data reporting system that provides information on individual physicians.

C. In the event that any statute or regulation governing the facts that are the subject of this Assurance of Discontinuance is amended, revised, or repealed, this Assurance of Discontinuance shall be deemed modified in accordance with such amendment, revision, or repeal.

D. This Assurance of Discontinuance in no way impairs the right of private action that any consumer may have against the Respondent.

E. This Assurance of Discontinuance in no way impairs the right of any other state agency to investigate, prosecute, penalize, or punish the Respondent regarding the facts that are the subject of this Assurance of Discontinuance.

F. The Respondent shall provide a complete copy of this Assurance of Discontinuance with all exhibits and attachments, within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in or out-of-state health maintenance organization with whom he has privileges or any other kind of association; any state agency, in or out-of-state, with which he has a provider contract; any in or out-of-state medical employer, whether or not he practices medicine there; and the state licensing boards of all states in which he has any kind of license. The Respondent shall also provide this notification to any such designated entities with which he becomes associated for the duration of this Assurance of Discontinuance. The Respondent is

further directed to certify to the Board within ten (10) days that he has complied with this directive.

The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above, or any other affected entity, of any action it has taken.

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Respondent

*11.7.19*  
Date

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Attorney for the Respondent

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Date

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Complaint Counsel

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Date

Approved and accepted by the Board of Registration in Medicine on this 7 day of November, 2019.

*Candace Lapidus Sloane, MD*  
Candace Lapidus Sloane, M.D.  
Chair