



## NOTICE OF PUBLICATION BAN

In the College of Physicians and Surgeons of Manitoba (“CPSM”) and Dr. Zakaria Mohammad Abdullah Al-Moumen (“Dr. Al-Moumen”), this is notice that the Inquiry Committee ordered that, pursuant to subsection 122(2)(b) of *The Regulated Health Professions Act* (“RHPA”), there shall be no disclosure of the names or other identifying information of any patients referred to in the proceedings or who are named in any of the exhibits in the proceedings. This includes Patient 1, Patient 2, Patient 3, and Patient 4, all of whom were named by initials in the proceedings.

Subsection 122(5) of the RHPA reads:

*No person, whether or not a member of the news media, shall publish anything else that identifies or may identify a person who, by virtue of an order made under subsection (2), can only be identified by initials.*

Subsection 171(1) of the RHPA reads:

*A person who contravenes a provision of this Act, other than section 140 (confidentiality of information), or of the regulations is guilty of an offence and is liable on summary conviction to a fine*

*(a) in the case of an individual,*

*(i) for a first offence, to a fine of not more than \$10,000, and*

*(ii) for each subsequent offence, to a fine of not more than \$50,000; and*

*(b) in the case of a corporation,*

*(i) for a first offence, to a fine of not more than \$25,000, and*

*(ii) for each subsequent offence, to a fine of not more than \$100,000.*

CPSM has further edited this decision in accordance with subsection 129(2) of the RHPA to protect the privacy of complainants and witnesses. Subsection 129(2) provides:

*129(2) For the purpose of protecting the privacy of the complainant or any witnesses, or both, the college may edit the decision or order — not including an edit that deletes the investigated member's name — before making it available to the public. Without limitation, edits may include using pseudonyms to describe the complainant or witnesses and deleting geographical references.*

**IN THE MATTER OF:** *The Regulated Health Professions Act,  
C.C.S.M., c. R117, Part 8*

**AND IN THE MATTER OF:** **DR. ZAKARIA MOHAMMAD ABDULLAH AL-  
MOUMEN** a Registrant of the College of Physicians  
and Surgeons of Manitoba

**AND IN THE MATTER OF:** an Amended Notice of Inquiry dated April 1, 2025

**INQUIRY PANEL:**

Dr. James Price, Chairperson

Dr. Bonnie Cham

Ryan Gaudet, Public Representative

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**REASONS FOR DECISION OF AN INQUIRY PANEL OF THE COLLEGE OF  
PHYSICIANS AND SURGEONS OF MANITOBA**

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## **REASONS FOR DECISION OF THE INQUIRY PANEL**

### **INTRODUCTION**

1. On April 21, 2025, a hearing was convened before an Inquiry Panel (the “Panel”) of the College of Physicians and Surgeons of Manitoba (“CPSM”) for the purpose of conducting an inquiry pursuant to Part 8 of *The Regulated Health Professions Act* C.C.S.M., c. R117 (the “Act”) into charges against Dr. Zakaria Mohammad Abdullah Al-Moumen (“Dr. Al-Moumen”), a registrant of CPSM, as set forth in an Amended Notice of Inquiry dated April 1, 2025.

2. The Amended Notice of Inquiry charges Dr. Al-Moumen with professional misconduct, with contravening the Code of Ethics, CPSM by-laws, the Standards of Practice of Medicine, and practice directions, and with displaying a lack of skill, knowledge, and judgment in the practice of medicine.

3. Among other things, the Amended Notice of Inquiry alleges:

- (a) In respect of his care of Patient 1, which involved a surgical procedure performed on July 3, 2020, Dr. Al-Moumen contravened the Standards of Practice of Medicine and the Code of Ethics, and/or committed acts of professional misconduct, and/or displayed a lack of knowledge, skill, and judgment in the practice of medicine, in that there was no documentation that the intra-operative complication was properly disclosed to Patient 1 and the documentation of the procedure did not contain complete and accurate details of the surgery, and therefore did not meet the expected standard of care.
- (b) In respect of his care of Patient 2, which involved a surgical procedure performed on August 11, 2022, Dr. Al-Moumen contravened the Standards of Practice of Medicine and the Code of Ethics, and/or committed acts of professional misconduct, and/or displayed a lack of knowledge, skill, and judgment in the practice of medicine, the particulars of which include:

- (i) The surgery was complicated by Dr. Al-Moumen perforating the uterus, entering the peritoneal cavity, and damaging the bowel. In this context, Dr. Al-Moumen failed to properly assess the bowel for injury. Dr. Al-Moumen's attempt to do so with a scope through the perforation was unsafe and inappropriate;
  - (ii) Post-operatively, Dr. Al-Moumen's decision to discharge the patient on the evening of the surgery did not meet the expected standard of care; and
  - (iii) Dr. Al-Moumen's documentation in respect of his involvement with Patient 2's care did not meet the expected standard of care.
- (c) In respect of his care of Patient 3, which involved a surgical procedure performed on October 12, 2022, Dr. Al-Moumen contravened the Standards of Practice of Medicine and the Code of Ethics, and/or committed acts of professional misconduct, and/or displayed a lack of knowledge, skill, and judgment in that he did not meet the expected standard of care in his treatment of Patient 3 respecting deficient dictation and documentation regarding his involvement with Patient 3's care.
- (d) In respect of his care of Patient 4, which involved a surgical procedure performed on July 11, 2022, Dr. Al-Moumen contravened the Standards of Practice of Medicine and the Code of Ethics, and/or committed acts of professional misconduct, and/or displayed a lack of knowledge, skill, and judgment in that his documentation in respect of his involvement in Patient 4's care, including the operative reports for the initial July 11 surgery and a subsequent surgery that day to address a bleed, did not meet the expected standard of care.

4. The hearing proceeded in the presence of Dr. Al-Moumen, his legal counsel, and in the presence of counsel for the Investigation Committee of CPSM (herein "CPSM"). Dr. Al-Moumen admitted his membership in CPSM and confirmed the Panel had jurisdiction over the matters at issue. Dr. Al-Moumen also acknowledged service upon him of the Amended Notice of Inquiry.

5. At the commencement of the hearing, counsel for CPSM made a motion pursuant subsection to 122(2)(b) of the Act, for an order protecting the identity of all patients, and any third parties who may be referred to in the proceedings or in any of the exhibits filed in the proceedings. This motion was consented to by Dr. Al-Moumen. The Panel, being satisfied that the desirability of avoiding public disclosure of the identities of patients and other third parties outweighed the desirability of the identities of the patients and other third parties being made public, granted the order.

#### **GUILTY PLEA AND JOINT RECOMMENDATION**

6. Dr. Al-Moumen waived the reading of the Amended Notice of Inquiry and entered a plea of guilty to the charges. By doing so, he admitted the truth of all of the allegations and of the factual particulars in support of the allegations in the Amended Notice of Inquiry.

7. The Panel reviewed and considered the following documents, all of which were filed as exhibits in the proceedings by consent:

- (a) Amended Notice of Inquiry dated April 1, 2025 (Exhibit 1);
- (b) Statement of Agreed Facts (Exhibit 2);
- (c) Book of Agreed Documents (Exhibit 3);
- (d) Joint Recommendation (Exhibit 4);
- (e) Impact Statements from Patient 2 and her family members (Exhibits 5, 6, 7);
- (f) Letters of Support from Drs. Jackson, Aboulhoda, Boroditsky (Exhibits 8, 9, 10); and

- (g) Summary of Pulse 360 Remote Feedback & Tele-Coaching Program (Exhibit 11).

8. The Panel has considered the guilty plea of Dr. Al-Moumen having regard to the exhibits, evidence, admissions, and the submissions of counsel for CPSM and counsel for Dr. Al-Moumen. The Panel is satisfied all the charges set forth in the Amended Notice of Inquiry and the particulars contained therein have been proven on a balance of probabilities.

9. CPSM and Dr. Al-Moumen proceeded by way of a Joint Recommendation as to the disposition of this matter as follows:

- An Order reprimanding Dr. Al-Moumen pursuant to subsection 126(1)(a) of the Act;
- An Order that Dr. Al-Moumen's entitlement to practice medicine will be limited in accordance with terms and conditions as set out in an Agreement and Undertaking to be executed by Dr. Al-Moumen, pursuant to section 126(1)(f)<sup>1</sup>;
- An Order that Dr. Al-Moumen will pay the costs incurred by CPSM to monitor compliance with the Agreement and Undertaking, pursuant to section 126(5);
- An Order that Dr. Al-Moumen pay to CPSM costs of the investigation in the amount of \$22,000 pursuant to subsection 127(1)(a), to be paid in full on or before April 21, 2025<sup>2</sup>;
- An Order that Dr. Al-Moumen pay to CPSM costs of the inquiry within three (3) months of the Panel's order pursuant to section 127(1)(a).

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<sup>1</sup> The terms and conditions of the Agreement and Undertaking is attached to this Decision at Schedule A.

<sup>2</sup> The Panel was advised this payment had been made by Dr. Al-Moumen.

10. The Panel is satisfied the Joint Recommendation is sound and appropriate and is accepted. The Panel's reasons for its decision are as follows.

## **EVIDENCE**

### Count 1 - Investigation IC6229 - Patient 1

11. Patient 1 was referred by her primary care provider to Dr. Al-Moumen in January 2020 regarding a high-grade squamous intraepithelial lesion (HSIL). Dr. Al-Moumen performed a colposcopy which showed no visible abnormalities. A repeat PAP smear confirmed the ongoing presence of HSIL. However, biopsies and an endocervical curettage showed no abnormality, and consequently, the location of the lesion remained uncertain. Dr. Al-Moumen decided to perform a Cold-Knife Cone (CKC) biopsy to sample, and ideally, excise the HSIL.

12. The CKC procedure was performed on July 3, 2020. The procedure was complicated by Dr. Al-Moumen's scalpel cutting through the cervix at the posterior position.

13. It was Dr. Al-Moumen's recollection that he disclosed the complication to Patient 1, something she denies occurred. However, there was no documentation in the patient record of Dr. Al-Moumen having made the disclosure. Dr. Al-Moumen relied on clinical observation to assess whether a bowel injury had occurred. Clinical observation relies on the patient and others being aware of a concern and what to do if symptoms arise.

### Count 2 – Investigation IC7391 – Patient 2

14. Patient 2 underwent fibroid removal (hysteroscopic myomectomy) and endometrial ablation performed by Dr. Al-Moumen on August 11, 2022. The surgery was complicated by a bowel injury caused by uterine perforation.

15. While performing the surgery, Dr. Al-Moumen noted an intraoperative complication, being a "blunt uterine perforation". He did not observe any other signs of injury. Dr. Al-Moumen used a resectoscope to assess, cut, and remove pieces of the

fibroid. He then performed the ablation, which involved cutting and removing part of the endometrial cavity.

16. Dr. Al-Moumen stated that, post-operatively, he advised the other members of the healthcare team of the need to monitor Patient 2's complication. Although there was some documentation made by the nurses in the nursing records that suggested they were aware of the complication, Dr. Al-Moumen acknowledged that, as the responsible surgeon, his own documentation could have been better with respect to the complication and the monitoring plan.

17. The operative report noted said disclosure after the surgery, with no time indicated. Dr. Al-Moumen's evidence was that he disclosed the complication shortly after Patient 2 awoke. Patient 2 said disclosure was made by phone shortly after her surgery. Dr. Al-Moumen examined Patient 2 at 4:00 p.m., about two hours after the surgery was concluded. She was released at 8:50 p.m. without further examination by Dr. Al-Moumen but was examined by the RN, who relayed information about her clinical status to Dr. Al-Moumen.

18. The following day, Patient 2 presented at hospital in severe pain. She was assessed and found to have peritonitis secondary to bowel injury. She required emergency surgery, which included removing part of the bowel. The remaining rectum was sealed, creating what is known as Hartmann's pouch. The remaining colon was redirected to a colostomy.

19. Upon learning Patient 2 was in hospital, Dr. Al-Moumen immediately contacted her and spoke to the emergency physician to provide relevant medical history and to assist with the coordination of care.

20. An external consultant retained by CPSM noted several deficiencies in the care Dr. Al-Moumen provided, with the primary concern being his management of the surgical complication, including a lack of adequate attention to address a possible bowel injury. The approach to the surgery was acceptable up to the point of discovering the



perforation. In the consultant's opinion, it was not reasonable for Patient 2 to be discharged having regard to her clinical circumstances. In particular, the consultant concluded:

[Patient 2] required an urgent abdominal exploration with either laparoscopy or laparotomy. A general surgery consult was indicated. The return to the OR should have been with a general surgeon present. At the very minimum, [Patient 2] should have been admitted overnight and monitored. Her symptoms and vital signs should have been watched closely. Her labs should have been repeated to watch her HB and lytes. With a known complication, Dr. Al-Moumen should be on alert for the specific risks of perforation with an electric instrument.

21. In terms of documentation, the consultant observed a lack of detail in Dr. Al-Moumen's July 5, 2022 encounter note and in Dr. Al-Moumen's operative report.

22. As part of his reply to CPSM, Dr. Al-Moumen committed to more detailed OR notes and to consult and consider a laparoscopy or laparotomy in future if there is any doubt of suspension of bowel or other organ injury. He advised he has been performing the procedure at issue for approximately 20 years and estimates that he performs approximately five a year. This is the only known procedure that resulted in a surgical complication.

### Count 3 - Investigation IC8665 – Patient 3

23. This investigation began when concerns were raised by the Central Standards Committee about the care provided by Dr. Al-Moumen to Patient 3 in October of 2022 at Hospital A. Patient 3 had a sacrospinous suspension on October 12, 2022, after which time she was readmitted on October 22, 2022, with necrotizing fasciitis that required extensive debridement and treatment by other surgeons. The concerns raised related to the use of an HP drain that was placed near Patient 3's buttock and into the vaginal vault space. Questions were raised about the need for a drain in these circumstances.

24. A consultant retained by CPSM noted that they could not say if Dr. Al-Moumen had carried out the procedure in accordance with the expected standards due to the operating report lacking precise details respecting instruments used, anatomy, and significant steps.

Count 4 - Investigation IC8665 – Patient 4

25. During the investigation related to Patient 3, CPSM became aware of an adverse event regarding Patient 4.

26. Patient 4 was admitted to hospital on July 11, 2023, for total laparoscopic hysterectomy and bilateral salpingectomy to be performed by another surgeon, followed by sacrospinous suspension and enterocele repair to be performed by Dr. Al-Moumen. The surgery was complicated by serious intra-operative bleeding. Following post-surgery complications, Patient 4 underwent a further operation.

27. A consultant report obtained by CPSM concluded there were deficiencies in Dr. Al-Moumen's dictation and documentation. The deficiencies made it difficult for the consultant to follow the details of the procedures that were performed.

28. In particular, there was a lack of significant details, including steps taken during the procedure to avoid complications and steps taken to address those which occurred. Dr. Al-Moumen did not properly identify entering the peritoneum or the bleeding as complications. Details surrounding surgical technique in addressing these issues were described as lacking. The operative report did not contain sufficient detail about the source of bleeding, when it was encountered, whether it was felt to be arterial or venous, or efforts to control bleeding.

29. In respect of Patient 4's return to the operating room, the consultant noted exceptional difficulty in determining what Dr. Al-Moumen did during the second operation.

## **ANALYSIS**

30. The Canadian Medical Association *Code of Ethics and Professionalism* articulates the ethical and professional commitments and responsibilities of the medical profession.

31. Part A – *Virtues Exemplified by the Ethical Physician* provides:

Prudence – A prudent physician uses clinical and moral reasoning and judgment, considers all relevant knowledge and circumstances, and makes decisions carefully, in good conscience, and with due regard for principles of exemplary medical care.

32. Part B – *Fundamental Commitments of the Medical Profession* provides:

Commitment to the well-being of the patient

- Consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient.
- Provide appropriate care and management across the care continuum.
- Take all reasonable steps to prevent or minimize harm to the patient; disclose to the patient if there is a risk of harm or if harm has occurred.
- Recognize the balance of potential benefits and harms associated with any medical act; act to bring about a positive balance of benefits over harms.

33. An adequate patient record is essential to proper patient care. It allows for another member of the healthcare team participating in that care to be sufficiently informed of the details of the case, including, but not confined to, details of care already provided.

34. Where a record is inadequate, it puts into doubt appropriate care was provided or that risks were adequately discussed with a patient.

35. The importance of an adequate patient record was confirmed by the Manitoba Court of Appeal in *Ahluwalia v. College of Physicians and Surgeons*, 2017 MBCA 15, wherein the Court cited with approval the finding of the Inquiry Panel that record keeping is “concerned with proper medical practice and patient care, and not merely managerial or administrative functions”.

36. CPSM Standard of Practice – *Good Medical Care*, effective January 1, 2019, sets out the requirements of good medical care in addition to those described in section 3 of *The College of Physicians and Surgeons of Manitoba Standards of Practice Regulation* (the “Regulation”). Section 3(1)(h) of the Regulation, as incorporated into the Standard of Practice, requires that a member must provide good medical care to a patient and include in the medical care that he provides “the documentation of the patient record at the same time as the medical care is provided or as soon as possible after the care is provided”.

37. CPSM Standard of Practice - *Patient Records*, effective January 1, 2019 to February 14, 2022, sets out the requirements for patient records in addition to those described in sections 10 and 11 of the Regulation. Sections 10 of the Regulation provides:

#### Record of Appointments

10(1) A member must keep a record of his or her appointments with patients and those persons seeking medical care indicating, for each day, the names persons seen and patients for whom medical care was provided.

10(2) The record of appointments must be retained by the member, or another member who has possession of them, for at least 10 years after the date the record was made.

38. CPSM Standard of Practice – Documentation in Patient Records, effective February 15, 2022 provides:

Overarching principles for documentation

2.1. Documentation is an essential component of safe and competent medical care. Sections 5 and 11 of the Standards Regulation establish that members:

*Must appropriately document the provision of patient care in a record specific to each patient.*

And:

*When a member and one or more other health care providers are involved in the health care of a patient, the member must ... document, on the patient record, the member's contribution to the patient's care.*

2.2. To meet this Standard and satisfy the requirements of the Standards Regulation, care must be documented in the patient record in a manner that facilitates:

2.2.1. maintenance of the expected standard of care over time;

2.2.2. other members or health care professionals acting on significant information in the patient record as and when required, and

2.2.3. a meaningful review or audit of the care provided by others including by CPSM and other authorized health authorities when required.

2.3. For each encounter, documentation should be adequate for another member to take over care of the patient if needed.

39. Dr. Al-Moumen breached the Code of Ethics and Standards of Practice having regard to his care of Patients 1, 2, 3, and 4.

40. Having regard to Patient 1, Dr. Al-Moumen failed to record the complication that arose was discussed with the patient. A potential bowel injury was important to document and record.

41. Having regard to Patient 2, Dr. Al-Moumen did not meet the standard of care with respect to his assessment of Patient 2's bowel. Dr. Al-Moumen's decision to attempt to do so with laparoscopy through the perforation did not meet the required standard of care.

42. Post-operatively, prolonged monitoring by Dr. Al-Moumen and the care team was warranted because of the patient's complication. Dr. Al-Moumen's decision to discharge Patient 2 on the evening of August 11, 2022 did not meet the expected standard of care.

43. Dr. Al-Moumen's documentation of his involvement in Patient 2's care did not meet the expected standard. Dr. Al-Moumen acknowledges his documentation could have been better having regard to the injury that occurred and the appropriate plan to address the injury. Proper documentation is particularly key for surgical complications and the failure to do so can cause further issues for subsequent medical providers.

44. Dr. Al-Moumen's lack of documentation for Patient 3 made it complicated to assess the standard of care executed was appropriate. Detailed operative reports are needed to assess potential complications that can arise post-operation. Similarly for

Patient 4, the patient record was less than satisfactory and did not meet the standard of care regarding an operative report and subsequent surgery.

45. The Panel accepts the admissions of Dr. Al-Moumen and are satisfied the allegations set out in the Amended Notice of Inquiry have been established. It therefore makes a corresponding order under section 124(2) of the Act.

### **THE JOINT RECOMMENDATION**

46. The primary purpose of the Act is the protection of the public. Where a finding and subsequent order is made under section 124(2) of the Act, the Inquiry Panel is to consider the appropriate disposition under section 126(1) of the Act.

47. The Court of Appeal in *Dhalla v. College of Physicians and Surgeons*, 2022 MBCA 7, reiterated the oft cited objectives and purposes to be considered when determining an appropriate penalty. The Court found at paragraphs 78 and 79:

78 In considering penalty, the panel reviewed the objectives and purposes of the various orders that it could make. It stated that these include (a) the primary purpose of the protection of the public, (b) the punishment of the physician involved, (c) specific deterrence, (d) general deterrence, (e) preservation of the public trust, (f) the rehabilitation of the physician involved, (g) proportionality of the penalty in light of the specific misconduct, and (h) consistency in sentencing achieved through the imposition of similar penalties for similar conduct.

79 It also considered (a) the nature of the misconduct and the circumstances in which it occurred, (b) the impact of the misconduct on those affected by it, (c) whether or not the appellant had acknowledged the seriousness of what had occurred, and (d) the presence or absence of mitigating or aggravating circumstances.

48. The Panel received and reviewed the impact statements prepared by Patient 2, her parents, and her sister. Patient 2's sister also read her statement out loud

at the hearing to the Panel. Such statements allow for the Panel to appreciate the severe and prolonged impact this experience has had on Patient 2 and her entire family.

49. The Panel heard from Dr. Al-Moumen who acknowledged the adverse consequences Patient 2 experienced and how it impacted her life. In accepting the gravity of the impact on Patient 2 and her family, the Panel believes Dr. Al-Moumen showed genuine remorse and acknowledged the deficiencies in his care for Patient 2.

50. The Panel also appreciated reading the support Dr. Al-Moumen has received from his colleagues, demonstrating that the deficiencies of care identified in this Decision, while serious, do not represent the entirety of Dr. Al-Moumen 's medical practice. His dedication to his work and willingness to accept responsibility are acknowledged.

51. The primary purpose of Orders made under section 126 of the Act is the protection of the public, including the protection of patients and others with whom the physician will come into contact, and the protection of the public more generally by the maintenance of high standards of competence and integrity among physicians.

52. Significant mitigating factors in the present case were a lack of previous discipline history and a willingness and undertaking on the part of Dr. Al-Moumen to take pro-active steps to improve his practice. This includes being willing to take pre-approved remedial education regarding record keeping and participation in PULSE 360, which is a program known for being extensive and robust.

53. The Joint Recommendation, in addition to denouncing Dr. Al-Moumen's conduct and requiring remedial education, calls for Dr. Al-Moumen's undertaking to continue his practice in-line with his ethical and professional commitments, including relating to surgical planning, collaborative and team-based care, and documentation. The Joint Recommendation also places restrictions on certain surgical procedures and a framework for modifying or removing those restrictions when appropriate in the future. Finally, the Joint Recommendation calls for Dr. Al-Moumen to be liable for costs that are not insignificant.



54. The Joint Recommendation, having regard to the mitigating factors, takes a restorative approach that is intended to specifically address and correct the issues that gave rise to the charges before the Panel. It should not be seen as a lesser penalty as it does not include a suspension of Dr. Al-Moumen's practice. Rather, having regard to the Undertaking and Agreement that Dr. Al-Moumen has agreed to, the work to be done on the part of Dr. Al-Moumen will be significant. The approach allows for Dr. Al-Moumen to continue to provide needed medical services while ensuring protection of the public.

55. A joint submission on penalty must satisfy the fundamental penalty principles. The penalty should express the Panel's denunciation of the misconduct and act as a deterrent, both to the member and to the profession. The penalty should also be proportionate to the misconduct. See *College of Physicians and Surgeons of Ontario v. Khan*, 2021 ONCPSD 32.

56. It is a well-established point of law that a Panel should not depart from a Joint Recommendation unless the proposed recommendation would bring the administration into disrepute or is otherwise contrary to the public interest, see *R. v. Anthony-Cook*, 2016 SCC 43<sup>3</sup>. This is an exceptionally high bar, and an Inquiry Panel should only consider departing from a joint recommendation in the most exceptional circumstances.

57. The Panel was provided with case law from both parties as well as received their oral submissions having regard to the appropriateness of the recommendation made to the Panel. The case law supported the sanction being recommended, see for example *Re: Ghuamman*, 2017 ONCPSD 34,

58. Having considered the evidence, the case law, the impact statements, the letters of support, and submissions of counsel, the Panel is of the view that the objectives and purpose of an Order under section 126 is satisfied by the Joint Recommendation and therefore accepts the recommendation, in that:

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<sup>3</sup> See also, *College of Physicians and Surgeons of Ontario v Alexander*, 2022 ONPSDT 41

- (a) An order of reprimand pursuant to subsection 126(1)(a) of the Act is a formal denunciation of Dr. Al-Moumen's misconduct;
- (b) An order that Dr. Al-Moumen's entitlement to practice medicine will be limited in accordance with terms and conditions detailed in an Agreement and Undertaking (schedule A), pursuant to subsection 126(1)(f), reassures the public that Dr. Al-Moumen's continued practice will be improved with education and, for as long as appropriate, limited and monitored, with a view to maintaining professional standards and public safety;
- (c) The Joint Recommendation acts not only as a specific deterrent to Dr. Al-Moumen but also as a general deterrent in that it imposes serious punishment for serious misconduct, which serves as a warning and education to the public and other physicians as to the consequences of such misconduct;
- (d) The Joint Recommendation also imposes a significant financial consequence against Dr. Al-Moumen by being responsible for costs related to the investigation, the inquiry, and monitoring compliance with the Agreement and Undertaking; and
- (e) The Joint Recommendation agreed to by Dr. Al-Moumen reflects his acceptance of his guilt in these matters, which avoided a lengthy hearing, negated the necessity for the Patients to have to give evidence related to their personal health, and allowed for the reallocation of important resources for CPSM.

## **CONCLUSION**

59. The Joint Recommendation made by CPSM and by Dr. Al-Moumen is accepted. The Panel hereby issues an Order, as more particularly set forth in the Resolution and Order issued concurrently herewith.

**DATED June 30, 2025.**

**IN THE MATTER OF:** *The Regulated Health Professions Act,  
C.C.S.M., c. R117, Part 8*

**AND IN THE MATTER OF:** **DR. ZAKARIA MOHAMMAD ABDULLAH AL-  
MOUMEN** a Registrant of the College of Physicians  
and Surgeons of Manitoba

**AND IN THE MATTER OF:** an Amended Notice of Inquiry dated April 1, 2025

**INQUIRY PANEL:**

Dr. James Price, Chairperson

Dr. Bonnie Cham

Ryan Gaudet, Public Representative

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**RESOLUTION AND ORDER OF AN INQUIRY PANEL OF THE  
COLLEGE OF PHYSICIANS AND SURGEONS OF MANITOBA**

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**RESOLUTION AND ORDER OF THE INQUIRY PANEL**

**WHEREAS** Dr. Zakaria Mohammad Abdullah Al-Moumen (“Dr. Al-Moumen”), a registrant of the College of Physicians and Surgeons of Manitoba (“CPSM”) was charged with professional misconduct; contravening CPSM’s By-Laws, the Standards of Practice of Medicine, practice directions, and/or the Code of Ethics; and with displaying a lack of skill, knowledge, or judgment in the practice of medicine, as more particularly outlined in an Amended Notice of Inquiry, dated April 1, 2025.

**AND WHEREAS** Dr. Al-Moumen was summoned and appeared before an Inquiry Panel (the “Panel”) of CPSM with legal counsel on April 21, 2025 for the purpose of conducting an inquiry (the “Inquiry”) pursuant to Part 8 of the Act into the allegations against Dr. Al-Moumen as set out in the Amended Notice of Inquiry;

**AND WHEREAS** the Inquiry proceeded in the presence of Dr. Al-Moumen and his counsel, and in the presence of counsel for the Investigation Committee of CPSM, and counsel for the Panel;

**AND WHEREAS** an Amended Notice of Inquiry, April 1, 2025, outlining the charges and particularizing the allegations against Dr. Al-Moumen was filed as an exhibit in the hearing before the Panel;

**AND WHEREAS** Dr. Al-Moumen waived a reading of the charges as set out in the Amended Notice of Inquiry and entered a plea of guilty to all of the counts relating to all the charges outlined in the Amended Notice of Inquiry;

**AND WHEREAS** counsel for CPSM made a motion pursuant to subsection 122(2)(b) for an order protecting the identity of all patients and third parties who may be referred to in the proceedings or in any of the Exhibits filed and Dr. Al-Moumen consented to the motion;

**AND WHEREAS** the Panel reviewed the exhibits filed, including a detailed Statement of Agreed Facts and the contents of an Agreed Book of Documents, and heard submissions from counsel for CPSM and submissions from counsel for Dr. Al-Moumen, and received a Joint Recommendation as to Disposition of the charges and allegations outlined in the Amended Notice of Inquiry;

**AND WHEREAS** the Panel received and heard impact statements from patients of Dr. Al-Moumen;

**AND WHEREAS** the Panel received and reviewed letters of support in favour of Dr. Al-Moumen;

**AND WHEREAS** the Panel accepted Dr. Al-Moumen's guilty plea and determined the Joint Recommendation as to Disposition was appropriate in the circumstances;

**NOW THEREFORE BE IT AND IT IS HEREBY RESOLVED AND ORDERED THAT:**

1. Pursuant to subsection 122(2)(b) of the Act, there shall be no disclosure of the names or other identifying information of any patients or other third parties referred to in the proceedings or in any of the exhibits filed in the proceedings.
2. Pursuant to subsection 124(2)(a),(b), and (d) of the Act, Dr. Al-Moumen is guilty of committing acts of professional misconduct; contravening the Standards of Practice and the Code of Ethics; and has displayed a lack of knowledge, skill, and judgment in the practice of medicine with respect to his care of Patient 1, having inaccurate and/or incomplete documentation in the patient record regarding a surgical procedure performed on July 3, 2020, as particularized in Count 1 of the Amended Notice of Inquiry.
3. Pursuant to subsection 124(2)(a),(b), and (d) of the Act, Dr. Al-Moumen is guilty of committing acts of professional misconduct; contravening the

Standards of Practice and the Code of Ethics; and has displayed a lack of knowledge, skill, and judgment in the practice of medicine with respect to his care of Patient 2 regarding a surgical procedure performed on August 11, 2022, as particularized in Count 2 of the Amended Notice of Inquiry.

4. Pursuant to subsection 124(2)(a),(b), and (d) of the Act, Dr. Al-Moumen is guilty of committing acts of professional misconduct; contravening the Standards of Practice and the Code of Ethics; and has displayed a lack of knowledge, skill, and judgment in the practice of medicine with respect to his care of Patient 3, having deficient dictation and documentation of his involvement in the patient record regarding a surgical procedure performed on October 12, 2022, as particularized in Count 3 of the Amended Notice of Inquiry.

5. Pursuant to subsection 124(2)(a),(b), and (d) of the Act, Dr. Al-Moumen is guilty of committing acts of professional misconduct; contravening the Standards of Practice and the Code of Ethics; and has displayed a lack of knowledge, skill, and judgment in the practice of medicine with respect to his care of Patient 4, having inadequate and/or incomplete documentation in the patient record regarding a surgical procedure performed on July 11, 2022, as particularized in Count 4 of the Amended Notice of Inquiry.

6. Pursuant to subsection 126 of the Act:

- (a) Dr. Al-Moumen is hereby reprimanded by the Panel [ss. 126(1)(a)];
- (b) Dr. Al-Moumen's entitlement to practice medicine will be limited in accordance with the terms and conditions set out in the Agreement and Undertaking attached hereto as Schedule A [ss. 126(1)(f)].

7. Pursuant to section 126(5) of the Act, Dr. Al-Moumen will pay the costs incurred by CPSM in monitoring compliance of the Agreement and Undertaking attached hereto as Schedule A.

8. Pursuant to section 127(1)(a) of the Act, Dr. Al-Moumen shall pay to CPSM costs associated with the investigation in the amount \$22,000, payable on or before April 21, 2025.

9. Pursuant to section 127(1)(a) of the Act, Dr. Al-Moumen shall pay the costs of the Inquiry, including fees for retaining a reporter, remuneration and reasonable expenses to members of the Panel, and costs incurred by CPSM in providing counsel for the Panel, within three months of the date of this Resolution and Order.

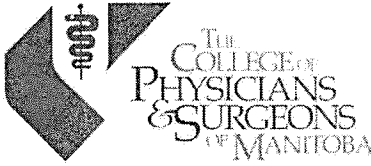
10. If there is any disagreement between the parties respecting any aspect of this Order, the matter may be remitted by either party to a panel of the Inquiry Committee for further consideration, and the Inquiry Committee hereby expressly reserves jurisdiction for the purpose of resolving any such disagreement. Costs may be ordered in accordance with section 127 of the Act.

**DATED June 30, 2025**

SCHEDULE A

SEE ATTACHED





1000 – 1661 Portage Avenue  
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### **AGREEMENT AND UNDERTAKING**

I, Dr. Zakaria Mohammad Abdullah Al-Moumen, a registrant of the College of Physicians and Surgeons of Manitoba ("CPSM"), agree and undertake as follows:

#### **Acknowledgements:**

1. On March 27, 2024, CPSM issued a Notice of Inquiry outlining numerous allegations against me. The Notice of Inquiry includes allegations related to my professionalism and ethics, clinical skills, knowledge and judgment, and compliance with CPSM requirements. On April 1, 2025, the Notice of Inquiry was amended.
2. During the investigations giving rise to the Notice of Inquiry, conditions were imposed on my practice by the Chair of the Investigation Committee, including respecting a list of 'Restricted Procedures'.
3. I am committed to remediation, rehabilitation, and identifying opportunities for professional growth in my practice and addressing areas requiring improvement. This Agreement and Undertaking contains education requirements, and a Remediation Plan and Framework designed for lifting restrictions on my practice. It is intended to form part of the resolution of the ongoing matter before the Inquiry Committee.
4. I have read, understand, and commit to following CPSM's Professional Practice and Inactivity Practice Direction.
5. This Agreement and Undertaking will be monitored by the Assistant Registrar, Quality ("Assistant Registrar").

#### **Practice setting:**

6. I understand that, for monitoring purposes, the Assistant Registrar and my Practice Supervisor will need to be aware of my full scope of practice, including the practice setting(s) where I practice medicine. In that regard:
  - 6.1. I am currently practicing obstetrics and gynecology at the following locations:
    - 6.1.1. The Winnipeg Clinic,
    - 6.1.2. Bridgwater Medical Centre,
    - 6.1.3. The Women's Hospital at the Health Sciences Centre ("HSC") in Winnipeg,
    - 6.1.4. Emergency Gynecological cases in the main operating room at HSC,
    - 6.1.5. The Victoria Hospital in Winnipeg,
    - 6.1.6. St. Anthony's General Hospital in The Pas, and

- 6.1.7. Brandon Regional Health Centre in Brandon.
- 6.2. If I cease to practice at any of these locations, I will promptly notify the Assistant Registrar.
- 6.3. I will not change locations or add a new practice location without prior written consent of the Assistant Registrar.

Conditions on my ability to engage in the practice of medicine:

- 7. Subject to the Remediation Plan and Framework attached as **Schedule B**:
  - 7.1. I shall not perform any of the procedures listed in **Schedule A** to this undertaking, referred to herein as "Restricted Procedures", unless an appropriately skilled co-surgeon is in attendance while I am involved in performing the procedure. In this regard, I will schedule assistance from a co-surgeon well in advance. If I have any questions about whether a particular procedure requires assistance from a co-surgeon, I will seek a second opinion from the site lead for gynecology where I plan to operate.
    - 7.1.1. For the purposes of this practice condition, an appropriately skilled co-surgeon refers to a specialist or subspecialist who has recognized advanced training to perform these procedures and/or an Approved Surgeon.
  - 7.2. If an intraoperative complication involving repair of cystotomy, enterotomy, or vascular injury requiring retroperitoneal dissection occurs, a co-surgeon must be called immediately for a phone consultation for me to describe the injury or complication and discuss the appropriate course of action, including whether a definitive repair must be done immediately or whether it would be more appropriate for a temporizing procedure to be done as an interim measure. The consulted co-surgeon may determine whether it is necessary for them to attend to assist. It is expected I will collaborate with my practice settings regarding logistics underlying this condition.
- 8. I understand the above conditions may only be varied in accordance with the Remediation Plan and Framework (**Schedule B**).

Professional commitments:

- 9. With respect to the gynecologic surgeries I perform, I commit to the following:
  - 9.1. I will follow a patient-centered approach that embraces shared decision-making, considers the patient's quality of life, and ensures that the recommended course of action aligns with the patient's needs and expectations. In this regard, I recognize that care decisions should be made based on the patient's specific medical condition, and their values, goals, and preferences.
  - 9.2. I will ensure patients fully understand their options, including potential risks, benefits, and alternatives to the proposed surgery. This includes discussing non-surgical treatments, seeking second opinions, and making sure the patient has the

necessary information to make an autonomous and well-informed decision. Discussion of alternatives should include the availability of subspecialty services, as appropriate.

- 9.3. I will clearly document my rationale for recommending surgery, including the indication for surgery and my surgical plan.
- 9.4. I understand that complex surgical decisions should not be made in isolation. As appropriate, I will engage in a collaborative, team-based, and multi-disciplinary approach to care. I recognize this is key to prudent decision making and sound assessments of feasibility and safety to proceed.
- 9.5. Particularly with rare procedures and those at the edge of my available professional scope of practice, I recognize that consulting with more experienced specialists and subspecialists is essential. This helps ensure that alternatives are explored, risks are minimized, and that patient care is comprehensive and in alignment with current standards.
- 9.6. I will always consider whether referral to another surgeon is in the patient's best interests.
- 9.7. I acknowledge that if I lack the necessary expertise to perform surgery safely, then referring the patient to a qualified provider is both an ethical and professional obligation.
- 9.8. In the context of unexpected findings or complications arising during surgery, I understand and appreciate my duty to consult with or request the assistance of a qualified co-surgeon as necessary in clinical circumstances.
- 9.9. In the context of any complications, I understand and appreciate the importance of documenting communications with other medical providers and patients.

#### Remediation:

10. Without unreasonable delay, I will engage in a course of remedial education targeted at multi-disciplinary care planning, communication, and team-based care. The Quality PULSE 360° course has been pre-approved for this purpose. An equivalent program that must be pre-approved by the Assistant Registrar, Quality ("Assistant Registrar"), may be considered.
11. At my own expense, I will participate in a continuing medical education course that is targeted at medical record-keeping skills. I shall plan to attend and participate in the course without unreasonable delay and will promptly provide to the Assistant Registrar proof of completion. The specific course must be pre-approved by the Assistant Registrar.

#### Release of information and monitoring by CPSM:

##### *Respecting the Remediation Plan and Framework*

12. I authorize and direct CPSM to share with third parties all information and records reasonably necessary for the purposes and implementation of the Remediation Plan and Framework.

13. I consent to the release of relevant information and records to CPSM by those directly involved with the Remediation Plan and Framework. I confirm that I have been advised that, including respecting other registrants of CPSM:
- 13.1. irrespective of my consent to release information, the physicians who are associated with the plan have legal and ethical obligations to notify CPSM if, in their opinion, I may not be able to practice medicine safely or there appears to be a serious risk of harm to a third party,
  - 13.2. physicians who are associated with the plan are registrants of CPSM and may be required pursuant to *The Regulated Health Professions Act*, subsections 99(1)(e) and (f) to produce any records, documents, or things in their possession or under their control that may be relevant to any investigation of me or to attend for an interview with respect to matters relevant to an investigation of me, and
  - 13.3. any person associated with the plan may be required pursuant to *The Regulated Health Professions Act*, subsections 99(1)(e) and (f) to produce any records, documents or things in their possession or under their control that may be relevant to any investigation of me or to answer any questions or provide any information that the investigator considers relevant to any investigation.

*Practice settings and monitoring*

14. I authorize CPSM to provide a copy of this Agreement and Undertaking to:
- 14.1. any Practice Supervisor appointed pursuant to this Agreement and Undertaking,
  - 14.2. the Chief Medical Officer of any health region in which I have privileges,
  - 14.3. the medical regulatory authority in any other jurisdiction where I am registered to practice medicine,
  - 14.4. the Medical Director of any medical clinic where I practice, and
  - 14.5. any person who requests a Certificate of Professional Conduct from CPSM.
15. I understand that the Assistant Registrar will monitor my compliance with this Agreement and Undertaking on an ongoing basis and I hereby give my consent to CPSM to make appropriate inquiries of any other person or institution who may have relevant information for the Assistant Registrar to monitor my compliance with the terms of this Agreement and Undertaking, and hereby irrevocably authorize the release of such information to CPSM. I also agree:
- 15.1. to cooperate with any audits or inspections of my practice the Assistant Registrar deems appropriate as part of monitoring this undertaking, and
  - 15.2. to provide the Assistant Registrar with any information or records in my custody relevant to their monitoring.
16. I confirm that I have been advised that:
- 16.1. irrespective of my consent to release of information, regulated health professionals will usually have legal and ethical reporting obligations, including the duty to report if they believe I am unable to practice medicine safely; and

16.2. CPSM may, in the context of a regulatory investigation, compel any person to produce any records, documents, or things in their possession or under their control that may be relevant to any investigation.

17. I understand and agree that the authority for release of information contained in this Agreement and Undertaking is irrevocable.

Notification by the registrant:

18. While this Agreement and Undertaking remains in effect, I will provide a copy of it to the following individuals and institutions as applicable:

- 18.1. the Chief Medical Officer of any Regional Health Authority where I apply for privileges,
- 18.2. the Medical Director of any non-institutional practice setting where I practice, and
- 18.3. the supervisor or chief executive officer at any facility or business whatsoever where I obtain employment or act as an independent contractor.

Duration:

19. This Agreement and Undertaking will remain in effect until it is modified or rescinded in writing by the Assistant Registrar. I understand and agree that the Assistant Registrar will consider any requests by me to delete or to revise any term of this Agreement and Undertaking, provided that the onus will be on me to demonstrate to the satisfaction of the Assistant Registrar that such term is no longer required to ensure that I am able to practice medicine safely.

Costs:

20. I undertake to pay all costs arising out of this Agreement and Undertaking, including costs for remedial education, costs (if any) for an Approved Surgeon, and costs for any reports provided to the Assistant Registrar pursuant to the terms of this Agreement and Undertaking. CPSM will not be responsible for any costs incurred in this regard.

Breach:

21. In the absence of an explanation considered acceptable to the Assistant Registrar, a breach of this Agreement and Undertaking shall be deemed to constitute an act of professional misconduct and grounds for disciplinary action by CPSM.

Independent Legal Advice:

22. I confirm that I have obtained independent legal advice with respect to the terms of this undertaking and confirm that this undertaking is executed by me voluntarily.

Signed by me at the Town/City of Winnipeg, Manitoba, this 15 day of April, 2025.



\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
Dr. Zakaria Al-Moumen