IN THE MATTER OF:	***The Regulated Health Professions Act,* C.C.S.M., c.R117, Part 8**
AND IN THE MATTER OF:	**DR. NAZMUN NAHAR BHUIYAN, a registrant of the College of Physicians and Surgeons of Manitoba**
AND IN THE MATTER OF:	**Notice of Inquiry, dated October 25, 2023**

INQUIRY PANEL:

Dr. James Price, Chairperson

Dr. Michael Leonhart

Ryan Gaudet, Public Representative

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 November 20, 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. Nazmun Nahar Bhuiyan ("Dr. Bhuiyan"), a registrant of CPSM, as set forth in a Notice of Inquiry dated October 5, 2023.

2. The Notice of Inquiry charges Dr. Bhuiyan with professional misconduct and/or conduct unbecoming, with contravening the *Code of Ethics*, CPSM by-laws, the Standards of Practice of Medicine, with displaying a lack of skill, knowledge and judgment in the practice of medicine, and demonstrating an unfitness to practice medicine.

3. A summary of the allegations set out in the Notice of Inquiry are as follows:

   (i) On or about August 16, 2021, in respect of her care of Patient A, during a walk-in clinic visit, Dr. Bhuiyan displayed a lack of knowledge, skill and judgment in the practice of medicine, and/or contravened CPSM by-laws, Standards of Practice of Medicine and/or *Code of Ethics* in the assessment of the patient in that:

      a. There was an inadequate physical examination; and

      b. There was a failure to obtain a full pertinent history.

   (ii) In written communication, dated September 14, 2021, with CPSM, Dr. Bhuiyan committed acts of professional misconduct and engaged in conduct unbecoming a member by misrepresenting her interactions with Patient A.

   (iii) On or about October 20, 2021, in respect of her care of Patient B, during an office visit, Dr. Bhuiyan displayed a lack of knowledge, skill and judgment in the practice of medicine, and/or contravened CPSM by-laws, Standards of Practice of Medicine, and/or *Code of Ethics* in that:

      a. There was an inadequate physical examination;

      b. There was a failure to obtain a full pertinent history; and

c. There was inadequate communication with the patient about future care and treatment options.

(iv) In written communication with CPSM, dated December 8, 2021 and during interviews with the CPSM investigator on January 6, 2023, and on March 9, 2023, Dr. Bhuiyan committed acts of professional misconduct and engaged in conduct unbecoming a member by misrepresenting her interactions with Patient B.

(v) On or about June 14, 2022, in respect of the care of Patient C, a minor child, during a walk-in clinic visit, Dr. Bhuiyan displayed a lack of knowledge, skill and judgment in the practice of medicine, and/or contravened CPSM by-laws, Standards of Practice of Medicine, and/or *Code of Ethics*, and or engaged in professional misconduct in that:

a. The patient was not placed in an examination room;

b. All communication with the patient and guardian took place through a member of the office staff;

c. There was no proper assessment or physical examination of the patient prior to providing two prescriptions for medication; and

d. In not placing the patient and guardian in an examination room, personal health information was openly discussed in the presence of others, breaching the patient's right to confidentiality.

(vi) In written communication, dated August 19, 2022, with CPSM and during an interview with the CPSM investigator on January 6, 2023, Dr. Bhuiyan committed acts of professional misconduct and engaged in conduct unbecoming a member by misrepresenting her interactions with Patient C.

(vii) During the course of her practice, Dr. Bhuiyan contravened the CPSM *Code of Ethics* by creating a false and misleading medical record related to Patient C.

(viii) On or about September 8, 2022 and February 16, 2023, in respect of the care of Patient D, during a walk-in clinic visit, Dr. Bhuiyan displayed a lack of knowledge, skill and judgment in the practice of medicine, and/or contravened CPSM by-laws, Standards of Practice of Medicine, and/or *Code of Ethics* in that:

a. Dr. Bhuiyan failed to answer the patient's questions and abruptly ended the appointment;

b. Directed the patient, who was an adult, to bring her mother to the next appointment; and

c. Refused to see the patient at the next visit since the mother was not in attendance.

(ix) In written communication dated February 24, 2023, with CPSM and during an interview with the CPSM investigator on March 9, 2023, Dr. Bhuiyan committed acts of professional misconduct and engaged in conduct unbecoming a member by misrepresenting her interactions with Patient D.

(x) On or between March 8, 2022 and March 9, 2022, in respect of the care of Patient E, who had been receiving psychiatric medication through Dr. Bhuiyan for several years, Dr. Bhuiyan displayed a lack of knowledge, skill and judgment in the practice of medicine, and/or contravened CPSM by-laws, Standards of Practice of Medicine, and/or *Code of Ethics*, and or engaged in professional misconduct in her dismissal of the patient.

(xi) In an interview with the CPSM investigator on March 9, 2023, Dr. Bhuiyan committed acts of professional misconduct and engaged in conduct unbecoming a member by misrepresenting her interactions with Patient E.

4. The hearing proceeded in the presence of Dr. Bhuiyan, her legal counsel and in the presence of counsel for the Investigative Committee of CPSM (hereafter "CPSM"). Dr. Bhuiyan admitted her membership in CPSM and confirmed the Panel had jurisdiction over the matters at issue. Dr. Bhuiyan also acknowledged service upon her of the Notice of Inquiry.

5. At the commencement of the hearing, counsel for CPSM made a motion pursuant to subsection 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. The motion was consented to by Dr. Bhuiyan. The Panel, being satisfied that the

desirability of avoiding public disclosure of the identities of the patients and other third parties being made public, granted the order.

GUILTY PLEA AND JOINT RECOMMENDATION

6. Dr. Bhuiyan waived reading of the Notice of Inquiry and entered a plea of guilty to the charges. In doing so, she admitted the truth of the allegations, and the factual particulars in support of the allegations in the Notice of Inquiry.

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

(i) Notice of Inquiry, dated October 5, 2023 (Exhibit 1)

(ii) Statement of Agreed Facts (Exhibit 2)

(iii) Agreed Book of Documents (Exhibit 3)

(iv) Joint Recommendation with attached Undertaking (Exhibit 4)

In addition, two victim impact statements were filed with the Panel.

8. The Panel has considered the guilty plea of Dr. Bhuiyan, the exhibits, evidence, admissions, and submissions of counsel for CPSM and counsel for Dr. Bhuiyan. The Panel is satisfied that all charges set forth in the Notice of Inquiry and the particulars contained therein have been proved on a balance of probabilities.

9. CPSM and Dr. Bhuiyan proceeded by way of a Joint Recommendation as to disposition of this matter as follows:

- An Order reprimanding Dr. Bhuiyan pursuant to subsection 126(1)(a) of the Act;

- An Order that Dr. Bhuiyan's entitlement to practice medicine will be limited in accordance with the terms and conditions as set out in an Agreement and Undertaking, pursuant to s. 126(1)(f), and attached to these reasons as Schedule A.

- An Order that Dr. Bhuiyan will pay the costs incurred by CPSM to monitor compliance with the Agreement and Undertaking, pursuant to s. 126(5).

- An Order that Dr. Bhuiyan will pay the costs of the investigation and inquiry in the amount of $30,000, which costs are payable in 30 installments of $1,000 per month, with the first instalment to be paid on or before March 1, 2026, and thereafter, on or before the first of every month, until paid in full.

- An Order that if there is any disagreement between the parties respecting any aspect of the Inquiry Panel's Order, the matter may be remitted by either party to a panel of the Inquiry Committee for further consideration, and the Inquiry Committee expressly reserves jurisdiction to resolve any such disagreement. Costs may be ordered in accordance with s. 127 of the Act.

10. The Panel is satisfied that the Joint Recommendation is sound and appropriate and in the public interest. The Joint Recommendation is accepted. The Panel's reasons for its decisions are set out below.

EVIDENCE

11. The following is a summary of the evidence that is set out in the Statement of Agreed Facts.

Count 1 – Patient A – Investigation IC6069

12. On August 16, 2021, Patient A attended Dr. Bhuiyan's clinic on a walk-in basis, with concerns about a lesion on her genitalia. This was her first time at the clinic and first time being seen by Dr. Bhuiyan.

13. Patient A described the lesion as looking similar to a cold sore and expressed concern that it might be a sexually transmitted infection ("STI"). Dr. Bhuiyan did not do a physical exam. She did not record any history about Patient A other than that there was one lesion present that was not painful.

Count 2- Misleading CPSM – Investigation IC6069

14. On September 14, 2021, Dr. Bhuiyan submitted a written response to CPSM regarding Patient A's complaint. Dr. Bhuiyan included the following statements in her response, which were inaccurate:

- Dr. Bhuiyan stated that she took a history from Patient A and considered several differential diagnoses. An appropriate history was not taken, and no differential diagnoses were documented or discussed with Patient A. Dr. Bhuiyan stated that she explained the symptoms of various infections, and that Patient A's description did not match any of them. This discussion did not occur.
- Dr. Bhuiyan stated that she provided Patient A with a leaflet about herpes so she could compare this information with her own symptoms. No such leaflet was provided though a poster was pointed out and referenced by Dr. Bhuiyan.
- Dr. Bhuiyan stated that after having reviewed the leaflet, Patient A advised that she did not have any of the symptoms indicated. As set out above, no leaflet was provided.
- Dr. Bhuiyan stated that she enquired whether Patient A had any STI concerns, and that the patient responded in the negative. This did not occur.

Count 3 – Patient B – Investigation IC6544

15. On October 20, 2021, Patient B attended the clinic regarding pain she was experiencing in her leg and numbness that went down to her toes. The patient gave some information to the receptionist including that she could only sit for a few minutes and that this had been happening for a few months.

16. Upon examination, the patient felt that Dr. Bhuiyan was not listening to her and repeated her symptoms. Dr. Bhuiyan did not conduct a physical exam. She gave the patient a requisition for an x-ray but provided inadequate information as to the reason for the test and no information on follow-up care or treatment options.

Count 4 – Misleading CPSM – Investigation IC6544

17. On December 8, 2021, Dr. Bhuiyan submitted her written response to CPSM regarding Patient B's complaint. Dr. Bhuiyan included the following statements in her response which were inaccurate and misleading:

- Dr. Bhuiyan stated that she conducted a physical examination of Patient B. This did not occur.
- Dr. Bhuiyan stated that she explained to Patient B that the purpose of the x-ray was to rule out bone or joint abnormality, and upon review of the x-ray, could determine if a CT or MRI would be required. This was not adequately explained to the patient.
- Dr. Bhuiyan stated that she was advised by her receptionist that Patient B was verbally abusive. The receptionist did indicate that the patient had been rude following the appointment, but not that she had been abusive.

18. On January 6, 2023, Dr. Bhuiyan attended an interview with the CPSM investigator. During the interview, Dr. Bhuiyan made the following statements, which were inaccurate and misleading:

- Dr. Bhuiyan stated that she followed her usual practice with patients with back pain and did a thorough exam. Dr. Bhuiyan's records do not reflect this examination and Patient B says this did not occur.
- Dr. Bhuiyan stated that Patient B was rude, loud, disrespectful, verbally abusive and physically intimidating. This exaggerated what the receptionist reported.

Count 5 – Patient C- IC7279

19. On June 14, 2022, Patient C and her mother attended the clinic on a walk-in basis. The mother explained to the receptionist that the child had been experiencing asthma symptoms for several days.

20. Approximately 10 minutes later, the receptionist approached the mother and gave her a prescription for a puffer. The mother then asked if she would be seeing the doctor as the child usually took two medications and she required a prescription for the second, as well. The receptionist returned shortly with a second prescription that was for a higher dose than previously prescribed. There was no physical examination of the child.

21. All of the discussions of the child's medical needs took place in the reception area in the presence of others.

Count 6 – Misleading CPSM – IC7279

22. On August 19, 2022, Dr. Bhuiyan submitted her written response to CPSM, regarding this complaint. Dr. Bhuiyan included the following statements in her response which were inaccurate and misleading:

- Dr. Bhuiyan stated that the mother was confrontational with her. This was not true as the two did not meet.
- Dr. Bhuiyan stated that the mother was unwilling to have the child examined. This was not accurate as the mother had specifically requested to see the doctor.
- Dr. Bhuiyan stated that the prescription for the second medication was provided at a higher dose at the request of the mother. This was not accurate.
- Dr. Bhuiyan stated that she wrote the prescriptions because she felt intimidated by the mother. This was inaccurate as the two did not meet.
- Dr. Bhuiyan said that she had handed the first prescription to the mother. This was not accurate.

23. On January 6, 2023, Dr. Bhuiyan attended an interview with CPSM's investigator. During that interview, Dr. Bhuiyan made the following statements regarding her encounter with Patient C and her mother that were inaccurate and misleading:

- Dr. Bhuiyan stated that she heard a loud conversation between the mother and a staff member and that the mother was being confrontational with staff. The staff member did not report the conversation as either loud or confrontational.
- Dr. Bhuiyan stated that she heard the mother say that she wasn't comfortable with the child being seen in an examination room. This was misleading, as Dr. Bhuiyan had not heard a conversation but rather this was what she thought had been relayed to her by staff.
- Dr. Bhuiyan stated that she heard the mother say that she only wanted a prescription for a puffer, without seeing a doctor. The mother never made this statement.
- Dr. Bhuiyan stated that the mother was unwilling to have the child examined. This was not accurate, and the mother had specifically requested an examination.

Count 7 – Creating a False and Misleading Medical Record – IC7279

24. Dr. Bhuiyan created a misleading medical record in relation to the June 14, 2022 encounter. Specifically, Dr. Bhuiyan documented that she did not examine Patient C as a result of the mother stating it did not need to be done. In fact, the mother had requested to see the doctor and was confused as to why this had not occurred.

Count 8 – Patient D – IC8028

25. Patient D was a patient of Dr. Bhuiyan, born in 2002. She came to the clinic on September 8, 2022, as a walk-in with concerns about a rash on her hands and feet. She was seeking a referral to a dermatologist. Dr. Bhuiyan met with the patient but abruptly ended the meeting despite the patient having further questions. Dr. Bhuiyan then told the patient to bring her mother to any subsequent appointments, despite Patient D being an adult.

26. On February 15, 2023, Patient D returned to the clinic for an unrelated matter. She told clinic staff that she was in severe pain. Dr. Bhuiyan refused to see the patient without her mother being present. The patient left the clinic without being seen.

Count 9 – Misleading CPSM – IC8028

27. Dr. Bhuiyan provided a written response to the complaint of Patient D on February 24, 2023 and was interviewed about the matter on March 9, 2023. She advised that she had spoken to Patient D's mother and had requested that she accompany her daughter on subsequent visits. This conversation never occurred.

Count 10 – Patient E- IC7088

28. Dr. Bhuiyan had been treating Patient E since March 2020. Patient E had been diagnosed with bipolar disorder and was being treated with psychiatric medications prescribed by her psychiatrist. Dr. Bhuiyan was aware that Patient E faced barriers in attending the clinic in person. Dr. Bhuiyan's care involved prescribing Patient E's psychiatric medications with input from the psychiatrist.

29. On March 8, 2022, during a telephone appointment, Dr. Bhuiyan informed the patient that she was no longer comfortable prescribing the medications.

30. On March 9, 2022, Patient E attended the clinic to obtain a renewal of her prescription. Dr. Bhuiyan refused to fill the prescription due to the patient's failure to attend for lab work and a physical examination. Dr. Bhuiyan advised Patient E to find a new physician, due to the patient's non-compliance.

Count 11 – Misleading CPSM- IC7088

31. On January 6, 2023, Dr. Bhuiyan was interviewed by CPSM regarding Patient E. She denied that she had dismissed Patient E from her medical practice. This statement was inaccurate and misleading and contrary to what was documented on Patient E's chart.

ANALYSIS

32. The Notice of Inquiry contains eleven charges. These can be grouped into three categories. There are five charges dealing with the care of patients; one charge dealing with creating a false and misleading medical record; and five charges dealing with misleading the CPSM during the investigation.

33. The over-arching responsibilities of Manitoba physicians is set out in *The College of Physicians and Surgeons of Manitoba Standards of Practice Regulation* (the "Regulation").

34. Section 3(1) of the Regulation deals with the requirement to provide quality medical care and states:

> 3(1) A member must provide good medical care to a patient and include in the medical care that he or she provides
>
> (a) an assessment of the patient that includes the recording of a pertinent history of symptoms and psychological and social factors for the purpose of making an appropriate diagnosis, when required;
>
> (b) the physical examination of the patient that is required to make or confirm a diagnosis;
>
> (c) the consideration of the patient's values, preferences and culture;
>
> (d) sufficient communication with the patient or his or her representative about the patient's condition and the nature of the treatment and an explanation of the evidence-based conventional treatment options, including the material risks, benefits and efficacy of the options in order to enable informed decision-making by the patient;
>
> (e) timely communication with the patient about the care;
>
> (f) a timely review of the course and efficacy of treatment;
>
> (g) the referral of the patient to another member or health care professional, when appropriate; and
>
> (h) 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.

35. The Regulation also speaks to the need to keep patient records, stating in s.11(1) that:

> 11(1) A member must appropriately document the provision of patient care in a record specific to each patient.

36. Further, the Regulation deals with ending a member-patient professional relationship in s.12 as follows:

> 12. A member who ends a professional relationship with a patient must give notice to the patient or his or her representative, have reasonable grounds for doing so and must document those reasons on the patient record.

37. In addition to the Regulation, the Canadian Medical Association *Code of Ethics and Professionalism,* articulates the ethical and professional commitments and responsibilities of the medical profession.

38. Part A of the *Code* is entitled the Virtues Exemplified by the Ethical Physician. It sets out important values such as Compassion, Honesty, Integrity and Prudence. These are defined as follows:

> Compassion – A compassionate physician recognizes suffering and vulnerability, seeks to understand the unique circumstances of each patient and to alleviate the patient's suffering, and accompanies the suffering and vulnerable patient.
>
> Honesty – An honest physician is forthright, respects the truth, and does their best to seek, preserve, and communicate that truth sensitively and respectfully.
>
> Integrity - A physician who acts with integrity demonstrates consistency in their intentions and actions and acts in a truthful manner in accordance with professional expectations, even in the face of adversity.
>
> Prudence – A prudent physician uses clinical and moral reasoning and judgement, considers all relevant knowledge and circumstances, and makes decisions carefully, in good conscience, and with due regard for principles of exemplary medical care.

39. Part B of the *Code of Ethics* is entitled Fundamental Commitments of the Medical Profession. Included within its terms are the requirement of the physician to:

- 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.
- Always treat the patient with dignity and respect the equal and intrinsic worth of all persons; and
- Practice medicine competently, safely and with integrity; avoid any influence that could undermine your professional integrity.

40. Part C of the *Code of Ethics* is entitled Professional Responsibilities. Included among its provisions are the following obligations placed on the physician:

> 2. Having accepted professional responsibility for a patient, continue to provide services until these services are no longer required or wanted or until another suitable physician has assumed responsibility for the patient, or until after the patient has been given reasonable notice that you intend to terminate the relationship.
>
> 5. Communicate information accurately and honestly with the patient in a manner that the patient understands and can apply, and confirm the patient's understanding.
>
> 18. Fulfill your duty of confidentiality by keeping patient information confidential . . .
>
> 21. Avoid health care discussions, including in personal, public, or virtual conversations that could reasonably be seen as revealing confidential or identifying information or as being disrespectful to patients, their families, or caregivers.

41. In addition to the overarching principles set out in the Regulation and *Code of Ethics,* there are specific practice standards that the CPSM has adopted to regulate medical practice.

42. Section 3(1) of the Regulation, set out above, has been incorporated into the CPSM Standard of Practice – *Good Medical Care,* effective January 1, 2019.

43. There is also a CPSM Standard of Practice dealing with medical records, *Documentation in Patient Records,* effective February 15, 2022, which states in s.2.1 that:

> 2.1 Documentation is an essential component of safe and competent medical care. Sections 5 and 11 of the Standards Regulation establish that registrants:
>
> *Must appropriately document the provision of patient care in a record specific to each patient.*

44. Further, there is a CPSM Standard of Practice – *Practice Management,* effective January 1, 2019, that expands upon the responsibilities of a physician when terminating the physician-patient relationship. These include the obligation set out in s. 2.4.2 to "give the patient sufficient time to obtain an alternative physician" and in s. 2.5.4 to "provide or arrange for any ongoing medications for a reasonable period of time."

45. Having considered all the evidence, the Panel has concluded that Dr. Bhuiyan breached the Regulation, the Standards of Practice and the *Code of Ethics* in her care of patients A, B, C, D, and E.

46. In respect of Patient A, Dr. Bhuiyan failed to conduct an adequate examination of the genital lesion, failed to take a pertinent history, and failed to provide the patient with adequate information regarding further care. In so doing, Dr. Bhuiyan violated s.3 of the Regulation dealing with the duty to provide good medical care and the Standard of Practice for Good Medical Care. Further, Dr. Bhuiyan violated the *Code of Ethics* in failing to communicate information accurately and honestly with the patient.

47. In respect of Patient B, Dr. Bhuiyan failed to conduct an adequate examination of the leg and back pain, failed to take a pertinent history, and failed to provide the patient with adequate information regarding the x-ray requisition and potential follow-up. In so doing, Dr. Bhuiyan violated the *Code of Ethics* Part C, the Regulation, s.3, and the Standards of Practice for Good Medical Care.

48. In respect of Patient C, Dr. Bhuiyan failed to conduct any examination, failed to take any history, and changed the dosage of a medication without any explanation being provided to the patient's mother. Further, Dr. Bhuiyan violated the patient's right to confidentiality by having all of the interactions take place in the public waiting room. In so doing, Dr. Bhuiyan violated multiple provisions in the *Code of Ethics,* including failing to act with prudence and compassion, failing to consider the well-being of the patient, and failing to protect the patient's confidentiality. Dr. Bhuiyan also violated s.3 of the Regulation and the CPSM Standard of Practice for Good Medical Care.

49. Also, in respect of Patient C, Dr. Bhuiyan violated the Regulation and the Standard of Practice for Documentation in Patient Records in failing to keep an accurate record of her interaction with Patients C and Patient C's guardian.

50. In respect of Patient D, Dr. Bhuiyan failed to answer the patient's questions and provide adequate information. Dr. Bhuiyan also disrespected and demeaned the patient, who was an adult, by requiring the patient to be accompanied in the future by her mother. In so doing, Dr. Bhuiyan violated multiple provisions of the *Code of Ethics,* including failing to act with compassion, failing to consider the well-being of the patient, failing to treat the patient with dignity, and failing to communicate information accurately and honestly. Further, Dr. Bhuiyan's actions violated the s.3 of the Regulation and the Standard of Practice for Good Medical Care.

51. In respect of Patient E, Dr. Bhuiyan terminated the patient's medical care without making adequate arrangements for the patient to receive her medication. In so doing, Dr. Bhuiyan violated multiple provisions of the *Code of Ethics,* including failing to act with compassion, failing to consider the well-being of the patient and failing to provide services until another suitable physician has assumed responsibility. Further, Dr. Bhuiyan's actions violated the Regulation and the Standard of Practice requiring good medical care; see Regulation s.3 and Standard of Practice for Good Medical Care. More specifically, Dr. Bhuiyan's actions violated the particular provisions set out in the Regulation and Standard of Practice that detail the

process for terminating the physician-patient relationship; see Regulation s.12, Standard of Practice for Practice Management, s. 2.4.2 and 2.5.4.

52. In regard to the five charges related to making false or misleading statements to the CPSM during its investigations, it is important to recognize that Manitoba physicians enjoy the privilege of self-governance. Central to the ability of the CPSM to regulate the medical profession is the concomitant duty of the members to cooperate in the investigation of their actions. As stated by Montgomery, J. of the Ontario Divisional Court in *Arthinian v. College of Physicians and Surgeons (Ontario),* (1990), 73 O.R. (2d) 704 at 707 (Div. Ct.), "Fundamentally, every professional has an obligation to co-operate with his self-governing body."

53. It is axiomatic that cooperation with the regulator means that members must give truthful and fulsome information that will allow the regulator to make reasoned decisions so that it may fulfill its mandate to protect the public.

54. In her communications with CPSM regarding patients A, B, C, D, and E, Dr. Bhuiyan provided misleading information.

- In respect of Patient A, Dr. Bhuiyan stated that she had provided services to Patient A that were not provided.
- In respect of Patient B, Dr. Bhuiyan stated that she had provided services to the patient that were not provided, and she exaggerated the nature of the encounter that Patient B had had with a staff member.
- In respect of Patient C, Dr. Bhuiyan inaccurately described her encounters with the patient and the patient's mother.
- In respect of patient D, Dr. Bhuiyan provided a false account of a meeting with the patient's mother, when, in fact no such meeting occurred; and
- In respect of Patient E, she provided false information to the effect that she had not terminated the physician-patient relationship, when in fact her records showed the opposite to be true.

55. In making multiple false and misleading statements to the CPSM, Dr. Bhuiyan violated one of the core values set out in the *Code of Ethics,* that is, the duty of honesty.

56. Therefore, considering the totality of the evidence, together with Dr. Bhuiyan's admissions, the panel accepts that the allegations set out in the Notice of Inquiry have been established. It therefor makes a corresponding order under s. 124(2) of the Act.

THE JOINT RECOMMENDATION

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

58. The Manitoba 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 sanction. The Court stated 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.

59. In this proceeding, the Panel greatly benefited from [redacted] report, that were requested by the CPSM and with which Dr. Bhuiyan cooperated in having completed. The reports provided great insight into some of the challenges faced by Dr. Bhuiyan, [redacted]

60. Through no fault of any of the parties, the original date for the hearing of this matter was delayed. While delay is to be discouraged, in this matter it proved to be beneficial. [redacted]

61. Further, the delay has meant that Dr. Bhuiyan has been practicing since January 2023 under very similar conditions as are being proposed in the Joint Recommendation. Counsel for the CPSM advised that there had been no further problems with Dr. Bhuiyan's practice during this period.

62. The primary purpose of an order under s. 126 of the Act is protection of the public. There are two aspects of this protection. It includes the protection of patients with whom the physician will come into contact. It also includes protection of the public more generally by ensuring that the medical profession maintains high standards of competence and integrity.

63. The reprimand set out in the Joint Recommendation serves to denounce Dr. Bhuiyan's conduct. It is a significant punishment for a professional to have been judged by colleagues to have breached practice standards and ethics.

64. Further, the Joint Recommendation provides significant protection to the public. It requires Dr. Bhuiyan to enter into an Agreement and Undertaking that includes, among other commitments:

- [redacted]
- A requirement to practice under the supervision of a Practice Monitor.
- A requirement to limit the volume of practice.
- A requirement to limit the scope of practice to matters determined by the Assistant Registrar.
- An obligation to report weekly to CPSM regarding compliance with the agreement.

65. The Agreement and Undertaking also specifies that an audit of Dr. Bhuiyan's practice will be undertaken within six months of the signing of the Agreement, to be conducted by the Quality Assurance Department of CPSM. Further, the Agreement, is open-ended in duration and will remain in effect until it is modified or rescinded by the Assistant Registrar. These conditions also serve to protect the public.

66. It is well-established law that a professional discipline panel should not depart from a joint recommendation unless the proposed recommendation would bring the administration of justice into disrepute or is otherwise contrary to the public interest: see *R. v. Anthony-Cook,* 2016 SCC 43; *Bradley v. Ontario College of Teachers,* 2021 ONSC 2303 (Div. Ct.).

67. In this case the Panel has considered the evidence filed, the submissions of counsel, the relevant authorities and the victim impact statements. The Panel is satisfied that the Joint Recommendation meets the objectives and purposes of a penalty as described by the Manitoba Court of Appeal in *Dhalla,* (above), in that:

(a) An order of reprimand under s.126(a) of the Act is a formal denunciation of Dr. Bhuiyan's conduct.

(b) An order that Dr. Bhuiyan's entitlement to practice medicine will be limited in accordance with the terms and conditions set out in an Agreement and Undertaking, pursuant to s. 126 (f) of the Act, protects the public and assures the public that Dr. Bhuiyan's practice will be monitored with the view of ensuring professional standards and public safety.

(c) An order that Dr. Bhuiyan will pay the costs associated with monitoring compliance with the Agreement, under s. 126(5) of the Act, and the costs of the investigation and discipline proceedings under s. 127(1)(a) of the Act meets the goals of specific and general deterrence in that it imposes a significant financial consequence on Dr. Bhuiyan.

CONCLUSION

68. The Joint Recommendation agreed to by Dr. Bhuiyan reflects her acceptance of her guilt in these matters. This avoided a lengthy hearing and the expenditure of significant resources. It also negated the necessity of the patients and others to give evidence about highly personal matters. For these reasons, joint recommendations are to be encouraged. They are vitally important to the administration of justice, including in the realm of professional discipline.

69. The Panel accepts the Joint Recommendation made by CPSM and Dr. Bhuiyan. The Panel hereby issues an Order, as more particularly set forth in the Resolution and Order issued concurrently herewith.

DATED the 5th **day of** December**, 2026**

Dr. James Price – Chairperson

Dr. Michael Leonhart

Ryan Gaudet