

VIRGINIA:

BEFORE THE BOARD OF MEDICINE

**IN RE: ABDUL W. DURRANI, M.D.
 License No.: 0101-028628**

ORDER

In accordance with the provisions of Sections 54.1-105, 54.1-110, 2.2-4020, and 2.2-4021 of the Code of Virginia (1950), as amended ("Code"), a formal administrative hearing was convened before the Virginia Board of Medicine ("Board"), on February 18, 2016, in Henrico, Virginia, to receive and act upon Dr. Durrani's Application for Reinstatement of License to Practice Medicine, and to receive and act upon evidence that grounds exist to deny the petition for reinstatement. These matters are set forth in the Board's Notice of Hearing and Statement of Particulars dated May 12, 2015.

Pursuant to Section 54.1-2400(11) of the Code, the hearing was held before a panel of the Board with a member of the Board presiding. Erin Barrett, Assistant Attorney General, was present as legal counsel for the Board. The proceedings were recorded by a certified court reporter. The case was presented by Tracy E. Robinson, Adjudication Specialist. Dr. Durrani appeared at the formal administrative hearing and was represented by Michael L. Goodman, Esquire and Eileen M. Talamante, Esquire.

FINDINGS OF FACT

Now, having properly considered the evidence and testimony presented, the Board makes the following findings by clear and convincing evidence:

1. Abdul W. Durrani, M.D., was issued license number 0101-028628 by the Board to

practice medicine and surgery in the Commonwealth of Virginia on September 10, 1977. Said license was suspended by Consent Order of the Board, entered September 12, 2012.

2(a). Dr. Durrani has demonstrated a lack of competence both as a general practitioner and as a psychiatrist, as evidenced by the following information submitted as part of his petition for reinstatement:

i. A Form B Activity Questionnaire Form submitted by the Chief of Psychiatry at a facility at which Dr. Durrani practiced from June of 1978 until September of 2012 rated Dr. Durrani as “fair” or “poor” in professional knowledge, clinical judgment, patient relations, ethical/professional conduct, and ability to communicate.

ii. The Chief of Family Practice at a facility where Dr. Durrani had practiced from June of 2000 until September of 2012 rated Dr. Durrani as poor in ethical/professional conduct, and noted a long history of poor ethical behavior and poor record keeping, and further suggested that if Dr. Durrani’s license was to be reinstated, the license should include a prohibition regarding prescribing controlled substances.

iii. The Chief of Staff at one of the facilities at which Dr. Durrani practiced from June of 1978 until September of 2012 rated Dr. Durrani as “poor” in clinical judgment, ethical/professional conduct, interest in work, and ability to communicate. Further, this individual did not recommend reinstatement, stating that Dr. Durrani is “...unable to deliver what is expected of an internist/physician.”

b. Dr. Durrani has not practiced medicine since his license was indefinitely suspended by the Board on September 12, 2012.

3. Dr. Durrani is unable to practice medicine with reasonable skill or safety, as evidenced by a competency assessment conducted in 2012 that evaluated his clinical knowledge and skills, psychiatric/psychological health, and physical health. The results of Phase I (September 17-18, 2012) and Phase II (October 1-5, 2012) of the Physician Assessment and Clinical Education (PACE) Program at the University of California at San Diego were consistent with a grade of “fail,” as set forth below.

a. Phase I - Mock Patient History and Physical: It was noted that Dr. Durrani’s physical examination was neither extensive nor systematic, and that he had to repeat himself several times because the patient had difficulty understanding him.

b. Phase I - Cognitive Screening Test: Dr. Durrani performed in the low average range on the information processing speed, information processing accuracy, attention/mental control, and spatial processing indices. Dr. Durrani performed in the below average range on the general cognitive functioning, general cognitive proficiency, and reasoning/calculation indices. As a result of these performances, it was recommended that Dr. Durrani undergo further neuropsychological evaluation.

c. A Phase I oral clinical examination in psychiatry was performed by a clinical professor of psychiatry to assess Dr. Durrani’s clinical competency. Dr. Durrani failed to achieve a passing score of 7.0 on clinical competency in the following areas:

- i. Ability to Elicit Relevant History – Score: 5.0
Dr. Durrani’s overall ability to elicit relevant history was below average. He failed to assess history of depressive symptoms, and to screen other psychiatric disorders such as anxiety, psychosis, or mania.
- ii. Case Formulation – Score: 5.5
Dr. Durrani’s overall fund of knowledge in this area was below average, as he

was not able to focus on the history and development of psychopathology.

iii. Diagnosis – Score: 5.0

Dr. Durrani's overall ability to list possible diagnoses for the presented clinical case was below average. He failed to recognize all of the differential diagnoses, especially for substance abuse, his mental status examination was below average, he missed memory aspects of sensorium, and he was weak in identifying the presentation of affect and mood.

iv. Treatment Plan – Score: 5.5

Dr. Durrani was unable to propose an appropriate treatment plan for the clinical case, he was unable to cover the psychological, biological, and sociological aspects of treatment, and he was weak in proposing recommendations for psychotherapy. Dr. Durrani was also deemed to be weak in the area of psychopharmacology, dealing with medication side effects, and different drug interactions.

d. The Phase I evaluation of seven of Dr. Durrani's handwritten medical

records concluded that:

His handwriting was not clear and [was] illegible at times. He [failed] to document important factors such as the purpose for the visit, medical/psychiatric history, mental status examination, medication consent of benefits and risks, and long-term treatment plan. There was no proper documentation format for all the records reviewed.

e. The Phase I evaluation of the results of three written multiple-choice examinations created by the National Board of Medical Examiners (NBME®), concluded that Dr. Durrani failed to demonstrate any areas of strength, scoring in the lowest percentiles on each of the following examinations: Ethics and Communication; Pharmacotherapeutics with Behavioral Care Focus; and Family Medicine Clinical Science, which Dr. Durrani was unable to finish within the prescribed time limit.

f. Phase I surveys were conducted with co-workers at facilities where Dr. Durrani had practiced, and with colleagues at his former practice, with the following

results:

- i. Former hospital co-workers rated Dr. Durrani below average in seeking to resolve conflict, praising others, giving information, and managing time. Dr. Durrani was rated well below average in flexibly adapting, teaching others, encouraging best work, as well as in all but two of his general core competencies.
- ii. Dr. Durrani's former practice colleagues rated him well below average in medical knowledge and practice-based learning and improvement. They also rated Dr. Durrani as below average in patient care, systems-based practice, and treatment skills.
- g. The Phase II completion of three standardized psychiatry patient encounters

concluded that:

Overall, Dr. Durrani's performance on this part of the Competency Assessment Phase II was unsatisfactory. His professional attitude and demeanor were distant with very poor eye contact with the patient throughout, and with very long pauses of silence during which time he seemed to be cognitively slow or struggling to find the correct words. His clinical decision making [sic] reflected out-of-date information...and his assessments of the patients missed many important issues. The combination of these issues could put patients at risk of adverse outcomes.

- h. Phase II family medicine evaluation rated Dr. Durrani's medical knowledge and ability to access evidence based medicine as unsatisfactory. The evaluator's comments included:

[H]e was unable to describe ways in which to assess control of asthma including symptom based control, spirometry findings, or biomarkers. His ability to list a differential diagnosis was very limited in multiple

patient encounters. In a patient presenting with leg pain his differential [diagnosis] was limited to just lumbar back pain...[where] it would have been appropriate to discuss claudication symptoms.

When asked about how to locate information about a particular treatment options [sic] about a particular disease he responded that he was unable to use a computer. When asked what book he would prefer to look up the information in, he failed to note any standard text. His response was that he would ask a staff member to look up information. This inability to locate treatment information when presented with a novel issue suggests a significant barrier to being an effective clinician in the 21st century.

- i. The overall summary and recommendations from the entire PACE program included the following observations:

Overall, Dr. Durrani's performance on the Phase I, two-day assessment was unsatisfactory. ...[H]is physical exam was not systematic. On the oral exam in psychiatry, Dr. Durrani failed to demonstrate an ability to integrate the bio-psycho social elements of treatment to formulate an adequate diagnosis and treatment plan. [The evaluator] commented that he does not feel Dr. Durrani is able to effectively manage patients' care at this time. Additionally, Dr. Durrani's chart notes were illegible at times with no proper documentation format....

Dr. Durrani received mixed reviews from the UCSD Family Medicine faculty.... [O]ne reviewer felt he had deficits in his medical knowledge as well as his ability to access evidence based medicine. He performed unsatisfactorily on the Standardized Patient Encounter in Psychiatry. [The evaluator] noted that Dr. Durrani seemed to be cognitively slow, and during the assessments of the patients he missed many important issues.... [O]n the family medicine oral clinical exam...[the evaluator] noted that Dr. Durrani needs to be more thorough when taking a history of present illness and ought to be more up to date on management of common medical conditions, such as diabetes.

Following Dr. Durrani's comprehensive assessment, we have serious concerns about his ability to practice medicine safely. We are particularly concerned with his cognitive health given his performance on the Microcog as well as the reviews from his colleagues on the PULSE Survey, which also note cognitive concerns. Therefore, we recommend Dr. Durrani obtain a full neuropsychological evaluation by a qualified

neuropsychologist.

Dr. Durrani's overall performance on our comprehensive, seven day physician assessment is consistent with a **Fail**.

4. Dr. Durrani is unable to practice medicine and surgery with reasonable skill and safety and is unfit for the performance of his professional duties due to neuropsychological issues. Specifically, as recommended by the PACE evaluators, Dr. Durrani underwent a neuropsychological evaluation that was conducted at a facility in Virginia on January 24 and January 29, 2013, at which time a comprehensive battery of tests was administered, with the following observations: Dr. Durrani's structured word list fluency was within the mildly impaired range; category fluency was within the moderately to severely impaired range; and confrontation naming ability was within the moderately to severely impaired range. Further, another test conducted indicated a 76% probability of clinically significant problems with sustained visual attention/concentration, as well as concerns for impulsivity and inattentiveness. Simple timed visual motor sequencing was found to be within the severely impaired range, and, in a more complex task of timed visual motor sequencing, Dr. Durrani was also determined to be within the severely impaired range. The results of an additional test of executive functioning indicated that Dr. Durrani was unable to complete any of the six categories of the test. Dr. Durrani has not demonstrated the ability to pass all aspects of the PACE program, nor has he documented any attempt to re-enroll in the PACE program seeking a passing grade.

5. The Board heard testimony from Dr. Durrani's testing neuropsychologist, who testified that from a neurocognitive standpoint, many of Dr. Durrani's tests in 2013 and 2015 were normal. The neurocognitive test results did not resolve the Board's concerns regarding Dr.

Durrani's clinical competency as demonstrated by the two failed PACE evaluations.

6. Dr. Durrani has not satisfied his burden to prove that he is safe and competent to practice medicine in the Commonwealth.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes that Finding of Fact Nos. 2, 3, and 4 constitute violations of Section 54.1-2915.A(4) of the Code.

ORDER

WHEREFORE, based on the foregoing Findings of Fact and Conclusions of Law, the Petition for Reinstatement of the license of Abdul W. Durrani, M.D., is hereby DENIED. It is hereby ORDERED that Dr. Durrani's license be CONTINUED on INDEFINITE SUSPENSION.

It is further ORDERED that Dr. Durrani cannot reapply for reinstatement of his license until he takes and passes a comprehensive clinical competency assessment at a nationally recognized program that encompasses and evaluates his clinical knowledge and skills, psychiatric/psychological health, and physical health. The assessment shall be conducted by a nationally recognized program capable of conducting such an assessment, e.g., the Center for Personalized Education of Physicians (CPEP) or the Physician Assessment and Clinical Education (PACE). Further, Dr. Durrani shall comply with any recommendations that result from the assessment.

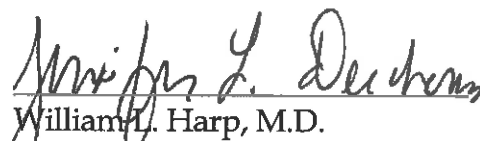
Should Dr. Durrani seek reinstatement of his license upon satisfaction of the foregoing requirements, he shall be noticed to appear before the Board in accordance with the Administrative Process Act. As petitioner, Dr. Durrani will have the burden of proving his competency and fitness to practice medicine and surgery in the Commonwealth of Virginia in a safe and competent manner. Dr. Durrani shall ensure that a complete copy of the assessment report,

along with proof of his compliance with any recommendations that result from the assessment, is submitted with his application for reinstatement.

As provided by Rule 2A:2 of the Supreme Court of Virginia, Dr. Durrani has thirty (30) days from the date of service (the date he actually received this decision or the date it was mailed to him, whichever occurred first) within which to appeal this decision by filing a Notice of Appeal with William L. Harp, M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233. In the event that this decision is served by mail, three (3) days are added to that period.

Pursuant to Sections 2.2-4023 and 54.1-2400.2 of the Code, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection and copying upon request.

FOR THE BOARD:

for 
William L. Harp, M.D.
Executive Director
Virginia Board of Medicine

ENTERED: 3/31/2016