COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

IN THE MATTER OF
A HEARING UNDER THE *HEALTH PROFESSIONS ACT*,
RSA 2000, c. H-7

AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF DR. STUART WILKINSON

# DECISION OF THE HEARING TRIBUNAL OF THE COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

**August 1, 2025**

## I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Dr. Stuart Wilkinson on June 16, 2025. The members of the Hearing Tribunal were:

   Dr. Randall Sargent as Chair;
   Dr. Don Yee;
   Mr. Geoffrey Coombs (public member);
   Ms. Dianna Jossa (public member).

2. Appearances:

   Mr. Amin Ben Khaled, legal counsel for the Complaints Director;
   Dr. Stuart Wilkinson;
   Ms. Karen Pirie, legal counsel for Dr. Wilkinson;
   Ms. Julie Gagnon acted as independent legal counsel for the Hearing Tribunal.

## II. PRELIMINARY MATTERS

3. Neither party objected to the composition of the Hearing Tribunal or its jurisdiction to proceed with the hearing. There were no matters of a preliminary nature.

4. The hearing was open to the public pursuant to section 78 of the *Health Professions Act*, RSA 2000, c. H-7 ("**HPA**"). Neither party brought an application to close the hearing.

## III. CHARGES

5. The Notice of Hearing listed the following allegations (the "**Allegations**"):

   1. That you did demonstrate a lack of knowledge of or lack of skill and judgment in the provision of professional services when you used your authority as a physician to order a blood test for [redacted] which was conducted on or about April 21, 2021, particulars of which include one or more of the following:
      a. You had not seen [redacted] before ordering the test;
      b. You did not follow up with [redacted] after you received the test result to inform her of the results showing an elevated level of DHEA-S; and
      c. You failed to direct any further investigation or arrange care to address the elevate DHEA-S level in [redacted].
      d. You failed to create any record of your involvement or the basis for ordering of the blood test.

2. That you did demonstrate a lack of knowledge of or lack of skill and judgment in the provision of professional services when you used your authority as a physician to order an abdominal ultrasound for [redacted] which was conducted on or about June 11, 2021, particulars of which include one or more of the following:
    a. You had not seen [redacted] before ordering the ultrasound imaging;
    b. You did not follow up with [redacted] after you received the ultrasound imaging report to inform her of the findings and the radiologist's recommendation for gynecological consultation;
    c. You failed to direct any further investigation or arrange for a referral to a gynecologist.
    d. You failed to create any record of your involvement or the basis for ordering of the ultrasound imaging.

6. Dr. Wilkinson admitted that Allegations 1 and 2 were proven and that his conduct constituted unprofessional conduct under the HPA.

## IV. EVIDENCE

7. The following Exhibits were entered into evidence during the hearing:

**Exhibit 1:** Agreed Exhibit Book

**Tab 1:** Notice of Hearing dated November 19, 2024

**Tab 2:** CPSA Complaint Form from [redacted] dated July 21, 2021

**Tab 3:** Dr. Wilkinson response letter, with records, to CPSA dated August 22, 2022

**Tab 4:** [redacted] from AHS email to CPSA dated December 1, 2022 confirming no billings

**Tab 5:** Dr. [redacted] charts for Patient [redacted].

**Tab 6:** Dr. [redacted] expert opinion submission dated September 7, 2023

**Tab 7:** CMA Code of Ethics and Professionalism

**Tab 8:** CPSA Standard of Practice on Continuity of Care

**Exhibit 2:** Signed Admission and Joint Submission Agreement dated March 12, 2025.

## V. SUBMISSIONS REGARDING THE ALLEGATIONS

### Submissions on Behalf of the Complaints Director

8. Mr. Ben Khaled made submissions on behalf of the Complaints Director. He stated that the hearing was proceeding on the basis of admission by Dr. Wilkinson to the Allegations in the Notice of Hearing dated November 19, 2024.

9. Mr. Ben Khaled reviewed Dr. Wilkinson's admissions and provided brief submissions on the background of the Complaint. He stated that the Complaint was made by a family physician upon learning that Dr. Wilkinson had ordered tests for her patient despite not having seen the patient [redacted]. Further, Dr. Wilkinson did not follow up with [redacted], even though the tests showed abnormal results.

10. Mr. Ben Khaled highlighted that Dr. Wilkinson ordered ultrasound imaging and blood testing (the "**Tests**") for [redacted] without examining or meeting [redacted]. Dr. Wilkinson ordered the Tests for [redacted] while she was being treated by a naturopathic doctor. Dr. Wilkinson was a consulting medical doctor for [redacted]'s naturopathic doctor (the "**Naturopath**"). Mr. Ben Khaled submitted that the Allegations include a breach by Dr. Wilkinson of the standard of care which arose when he ordered the Tests for [redacted], whom he had never met, and failed to follow up with [redacted] despite the Tests showing abnormal results.

11. Mr. Ben Khaled pointed out that while Dr. Wilkinson has admitted to the Allegations, under section 70 of the HPA, a Hearing Tribunal must be satisfied that there is sufficient evidence to support Dr. Wilkinson's admission as amounting to unprofessional conduct.

### Submissions on Behalf of Dr. Wilkinson

12. Ms. Pirie outlined that Dr. Wilkinson had been working with the Naturopath for approximately 10 years. Ms. Pirie explained that Dr. Wilkinson believed that by ordering the Tests for the Naturopath, he was assisting the Naturopath and was engaging in collaborative care. The Naturopath could not order the Tests on her own, but was the primary care provider for [redacted].

13. Ms. Pirie also clarified that Dr. Wilkinson did not order the Tests in a vacuum or without any communication with the Naturopath. Ms. Pirie stated that Dr. Wilkinson reviewed the results from the Tests with the Naturopath but left it to the Naturopath to communicate the results of the Tests to [redacted]. Ms. Pirie advised that Dr. Wilkinson now understands that by doing this, he did not meet his professional obligations to meet with [redacted] and record such encounters.

14. Ms. Pirie stated that Dr. Wilkinson acknowledges that his behavior amounts to unprofessional conduct as alleged, therefore obviating the need for the

complainant, the Naturopath, or [redacted] to attend the hearing and to proceed with a full hearing.

15. Ms. Pirie submitted that [redacted] was not completely unknown to Dr. Wilkinson. Rather, Ms. Pirie submitted that Dr. Wilkinson was involved with [redacted]'s continuity of care, even though he had not assessed and documented [redacted] himself.

**Questions from the Hearing Tribunal**

16. The Hearing Tribunal requested submissions from the parties on which section of the definition of "unprofessional conduct" applied to Dr. Wilkinson.

17. Counsel for the Complaints Director, Mr. Ben Khaled, submitted that Dr. Wilkinson's conduct was considered "unprofessional conduct" under sections 1(1)(pp)(i) and (ii) of the HPA, due to a display of lack of skill, knowledge or judgment, and the Canadian Medical Association's Code of Ethics Section C, c(5) and (6) and the CPSA's Standards of Practice: Continuity of Care, section 1(a) to (d). Mr. Ben Khaled also submitted that it was open to the Hearing Tribunal to find that section 1(pp)(xii) of the HPA was engaged if it found that Dr. Wilkinson's conduct harmed the integrity of the profession.

18. Ms. Pirie, counsel for Dr. Wilkinson, did not take issue with the Complaints Director's submissions regarding the sections of the HPA that were engaged by Dr. Wilkinson's conduct, except for section 1(pp)(xii). Ms. Pirie submitted that Dr. Wilkinson's conduct amounted to a technical breach and poor judgment due to his involvement in collaborative care with a healthcare provider who was in contact with the patient, when he should have also been recording his involvement with the patient and conducting his own follow-up.

19. Ms. Pirie also submitted that [redacted] did not raise concerns about her care, nor did she complain. Rather, she was grateful to have her concerns investigated when they were not initially investigated by her family physician. In Ms. Pirie's submission, Dr. Wilkinson's conduct cannot be said to have harmed the integrity of the medical profession.

## VI. DECISION REGARDING ALLEGATION

20. The Hearing Tribunal considered the submissions of the parties and the evidence before it. The Hearing Tribunal accepted Dr. Wilkinson's admission of the Allegations in the Notice of Hearing and found all aspects of the Allegations to be proven. The Hearing Tribunal found that Dr. Wilkinson's conduct constitutes unprofessional conduct as defined by section 1(1)(pp)(i) and (ii) of the HPA as displaying a lack of knowledge or of a lack of skill or judgment in the provision of professional services and contravention of the Canadian Medical Association's Code of Ethics and Standards of Practice: Continuity of Care relating to Continuity of Care. The Hearing Tribunal also found that Dr. Wilkinson's conduct harmed the integrity of the profession, pursuant to section 1(1)(pp)(xii) of the HPA.

## VII. FINDINGS AND REASONS

21. The Hearing Tribunal considered Dr. Wilkinson's admission under section 70 of the HPA. An admission of unprofessional conduct on the part of the physician may only be acted upon if it is acceptable to the Hearing Tribunal. The admission was acceptable to the Hearing Tribunal, and the Hearing Tribunal considered whether the admitted conduct was unprofessional conduct.

22. Dr. Wilkinson admitted that Allegations 1 and 2 were proven and that his conduct constituted unprofessional conduct under the HPA. The Hearing Tribunal accepted the admissions made by Dr. Wilkinson and the documents in the Agreed Exhibit Book to find that the Allegations were proven on a balance of probabilities.

23. The facts and evidence before the Hearing Tribunal support the Allegations that the Tests ordered for [redacted] were ordered by Dr. Wilkinson and that Dr. Wilkinson did not contact [redacted] after the testing and imaging reports were received. Dr. Wilkinson is a physician who has professional obligations to see and follow up with patients under his care.

24. The Hearing Tribunal found that the conduct constituted a lack of knowledge, or a lack of skill or judgment in the provision of professional services. It is a fundamental principle to the medical profession that a physician will meet with patients and discuss treatment, testing and results. Dr. Wilkinson demonstrated a lack of knowledge, skill or judgment in ordering tests without meeting with the patient, following up with the patient, directing any further investigation or referral and in failing to create records. The conduct constitutes unprofessional conduct under section 1(1)(pp)(i) of the HPA.

25. The Hearing Tribunal found that the following provisions of the Canadian Medical Association's Code of Ethics were breached:

    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.*

    6. *Recommend evidence-informed treatment options; recognize that inappropriate use or overuse of treatments or resources can lead to ineffective, and at times harmful, patient care and seek to avoid or mitigate this.*

26. The Hearing Tribunal found that the following provisions of the Standards of Practice: Continuity of Care were breached:

    1. A regulated member who orders an investigation **must**:

        a. explain the reason and implication(s) of the investigation to the patient and document the discussion in the patient's record, in accordance with the *Patient Record Content* standard of practice;

b. for patients who have a risk of receiving a clinically significant investigation result, have a system in place to track results when they are not received when expected;

c. review investigation results and consultation reports in a timely manner;

d. arrange and notify the patient of any necessary follow-up care.

27. Dr. Wilkinson breached the above-noted provisions of the Canadian Medical Association's Code of Ethics and the Standards of Practice: Continuity of Care. The breaches are serious and constitute unprofessional conduct under section 1(1)(pp)(ii) of the HPA.

28. The Hearing Tribunal disagreed that Dr. Wilkinson's conduct can be characterized as a technical breach. The Hearing Tribunal considered Dr. Wilkinson's misconduct to be serious, as it relates to a fundamental standard of practice and basic expectations for physicians as it relates to the physician-patient relationship.

29. Despite Ms. Pirie's submission that Dr. Wilkinson was involved in [redacted]'s care, there was no evidence before the Hearing Tribunal that [redacted] was known to Dr. Wilkinson or that he met with [redacted] at any point during the course of her care or had any intention or plan to directly follow up with her regarding her test results, despite the results being abnormal.

30. The Hearing Tribunal found that Dr. Wilkinson attempted to minimize the gravity of his conduct, and found the conduct was serious in nature and had the potential for negative patient outcomes. Such conduct harms the integrity of the profession and is unprofessional conduct under section 1(1)(pp)(xii) of the HPA.

## VIII. SUBMISSIONS ON SANCTION

### Submissions on Behalf of the Complaints Director

31. Mr. Ben Khaled presented a Brief of Law on Joint Submissions summarizing the case law in Canada. Mr. Ben Khaled emphasized that the CPSA has consistently followed the Supreme Court of Canada's decision in *R. v. Anthony-Cook*, which states that considerable deference should be given to a joint submission on sanction. The Hearing Tribunal should only reject a joint submission if it is not in the public interest or would bring the administration of justice into disrepute.

32. Mr. Ben Khaled also referenced the factors in *Jaswal v Medical Board* (Nfld.), 1996 CanLII 11630 (NL SC) regarding sanctions and pointed out that Dr. Wilkinson is an experienced physician and as such, he cannot use inexperience as an excuse for his conduct. Mr. Ben Khaled also highlighted that [redacted]'s results from the Tests showed abnormalities that could have resulted in serious harm to [redacted] if gone unnoticed, which is concerning considering Dr. Wilkinson's lack of follow up.

33. Mr. Ben Khaled also referred to several cases that highlight the importance of continuity of care and record keeping in the medical profession, including cases involving complaints that were resolved by admission and joint agreement:

    a. Dr. Ladak was found guilty of unprofessional conduct for failing to report abnormal findings on a patient's CT scan and failing to order a follow up investigation. Dr. Ladak was reprimanded and ordered to pay 50% of the costs of the investigation and hearing.

    b. Dr. Mailo was found guilty of failing to follow up with a patient he treated in the emergency department after radiology reports recommended that the patient undergo further imaging for a suspected hip fracture. Dr. Mailo was reprimanded and was ordered to successfully complete a patient interaction course, and to develop a personal learning plan on follow up investigations generated in the emergency department. He was also ordered to pay two thirds of the investigation and hearing costs.

    c. Dr. Mazeroll (a Nova Scotia physician) was found guilty of unprofessional conduct for failing to review a patient's ultrasound report in follow-up, and for failing to order an MRI for the solid hepatic mass as per the radiologist's recommendation. Dr. Mazeroll was reprimanded, ordered to complete an educational course, complete a record keeping course, and to pay a portion of the costs.

    d. Dr. Darwish-Uhtoman was found guilty of unprofessional conduct because he failed to monitor a patient's blood pressure, failed to follow up on findings and conduct adequate physical examinations, and failed to make a timely referral. Dr. Darwish was reprimanded, ordered to participate in an Individual Practice Review, complete a records keeping course, and to pay 75% of costs.

**Submissions on Behalf of Dr. Wilkinson**

34. Ms. Pirie echoed Mr. Ben Khaled's remarks on the importance of the deference that the Hearing Tribunal should give to Joint Submissions. Ms. Pirie also highlighted that it is an important element of the complaint process that joint submissions will be upheld when negotiated.

35. Ms. Pirie highlighted that this is not a case of a failure to follow up. Rather, this was a case wherein the follow-up was performed by a different care provider than the individual who ordered the investigative tests. The Naturopath was on holiday at the time the test results were returned, which caused a delay of one or two weeks before a follow-up could occur. Ms. Pirie further submitted that this is not a case where a physician was not reviewing test results or following up with the patient. She clarified that Dr. Wilkinson did follow up, but his follow up was with the Naturopath and not [redacted].

36. Ms. Pirie submitted that Dr. Wilkinson's age and experience are a neutral factor for the purpose of sanctions.

37. Regarding the nature and gravity of the conduct, Ms. Pirie submitted that since Dr. Wilkinson's conduct arose in the circumstances of an attempted collaborative care model that was found to be inappropriate, it amounted to an improper judgment call that rose to the level of unprofessional conduct. However, in Ms. Pirie's submission, Dr. Wilkinson's failure to discuss the results of the Tests with [redacted] directly should not be on the extreme or high end of the spectrum of unprofessional conduct.

38. Ms. Pirie also submitted that [redacted] did not experience any adverse outcome or consequence as a result of Dr. Wilkinson's conduct, and that [redacted] was not unhappy with the care, which could be considered a mitigating factor.

39. Ms. Pirie advised that Dr. Wilkinson is no longer working with naturopaths in a collaborative care model and has acknowledged that the care model he was working under with the Naturopath was inappropriate. Ms. Pirie submitted that because of this, maintaining public confidence in the profession is not a risk that arises.

40. Ms. Pirie advised that no fee was charged to Alberta Health Services for Dr. Wilkinson's involvement in [redacted]'s care.

41. Ms. Pirie submitted that while there is no other case exactly like this one, the range of sentences in similar cases are analogous to what is provided in the Joint Submissions.

42. In response to Mr. Ben Khaled's submissions regarding the Darwish case, Ms. Pirie submitted that Darwish is of little assistance because that case involved a lengthy series of breaches that are dissimilar to the present case.

43. Dr. Wilkinson has agreed to complete a medical record keeping course. Ms. Pirie also noted that the proposed condition on Dr. Wilkinson's practice permit demonstrates his commitment not to repeat his behaviour and would usually be achieved through remediation and education. The proposed condition essentially says that Dr. Wilkinson will do what he is supposed to do already as a physician. Ms. Pirie submitted that this additional penalty is greater than what has been issued in other cases presented to the Complaints Director and as such, Dr. Wilkinson should not be subject to anything beyond what has been agreed to by the parties.

## IX. DECISION REGARDING SANCTION

44. The Hearing Tribunal carefully considered the submissions of the parties and the Joint Submission on Sanction. The Hearing Tribunal determined that the proposed sanction is reasonable and accepts the proposed Joint Submission on Sanction.

## X. FINDINGS AND REASONS FOR SANCTION

45. The Hearing Tribunal's decision to accept Dr. Wilkinson's admission of unprofessional conduct is based on the investigation findings and the submissions of the parties.

46. Dr. Wilkinson's admitted conduct was serious. Dr. Wilkinson did not have a care relationship with [redacted], and he failed to follow up with [redacted] after ordering blood work and an ultrasound in the course of her care by the Naturopath, despite the tests showing abnormal results that could have resulted in adverse outcomes to [redacted]. The Hearing Tribunal wishes to emphasize that it is critical that Dr. Wilkinson sees and confers with any patient for which he orders tests or imaging in the future, as this is a vital aspect of continuity of care and a key standard of practice for physicians.

47. The Hearing Tribunal considered Ms. Pirie's submissions that Dr. Wilkinson expected the Naturopath to meet with and follow up on [redacted]'s care regarding the results, but that Dr. Wilkinson had no plan himself to meet with [redacted] despite the test results being outside the normal range.

48. The Hearing Tribunal considered the effect of the findings of unprofessional conduct on the integrity and reputation of the profession. The Hearing Tribunal has serious concerns regarding the shared clinic arrangement that Dr. Wilkinson was engaged in, emphasizing the risk for the patient. The Hearing Tribunal heard submissions that Dr. Wilkinson is no longer working in the shared clinic with the Naturopath and noted that the condition on his practice permit will ensure he is practicing in accordance with the Practice Standards for ordering test and diagnostic imaging.

49. The Hearing Tribunal has considered the sanctions proposed by the parties and the submissions of the parties on sanctions and found the proposed sanctions to be consistent with the authorities cited by the parties in their Joint Submissions.

50. The Hearing Tribunal recognized that Dr. Wilkinson's admission to the Allegations and the Joint Submission on sanction saved the time and expense of proceeding with a contested hearing.

51. The Hearing Tribunal found that the reprimand was warranted in this case.

52. The Hearing Tribunal is satisfied that the required coursework will provide Dr. Wilkinson with additional understanding of the importance of record keeping and will address the lack of record keeping and support the other sanctions.

53. The Hearing Tribunal is satisfied that a condition on Dr. Wilkinson's practice directing that he will only order tests and imaging for a person he has accepted as a patient and is responsible for if follow-up is required will ensure continuity of care and will protect the public.

54. Finally, the Hearing Tribunal considered that an order for costs was appropriate and that deference should be given to the costs agreed to by the parties.

55. Overall, the Hearing Tribunal found the Joint Submission to be reasonable and appropriate in its proportion and details after review of relevant case law presented in the parties' submissions.

56. The Hearing Tribunal understands that deference is owed to the Joint Submission unless it is contrary to the public interest or would bring the administration of justice into disrepute. Given the Hearing Tribunal's findings and reasons above, the Hearing Tribunal concludes that the sanctions proposed in the Joint Submission are reasonable and meet the public interest test.

## XI. ORDERS

57. The Hearing Tribunal hereby orders pursuant to section 82 of the HPA:

    a. Dr. Wilkinson shall receive a reprimand.

    b. Dr. Wilkinson shall, at his own cost, complete a records keeping course acceptable to the Complaints Director.

    c. Dr. Wilkinson shall have a practice permit condition that he shall not order any laboratory test or diagnostic imaging for a person he has not accepted as his patient and would be responsible for if follow up was required of the test or imaging results.

    d. Dr. Wilkinson shall be responsible for costs of the investigation and hearing in the amount of $10,000.00, which shall be paid in twelve equal monthly installments commencing one month from the date of the decision issued by the Hearing Tribunal, or on terms acceptable to the Complaints Director.

Signed on behalf of the Hearing Tribunal by the Chair:

Dr. Randall Sargent

Dated this 1st day of August, 2025.