

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. SUBRATA CHAKRAVARTY

**DECISION OF THE HEARING TRIBUNAL OF
THE COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA
March 3, 2025**

I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Dr. Subrata Chakravarty on October 31, 2024. The members of the Hearing Tribunal were Dr. Brinda Balachandra as Chair; Dr. Neelan Pillay; Glen Buick as a Public Member; and Barbara Rocchio as a Public Member.
2. In attendance at the hearing were Dr. G■■■■ G■■■■, Complaints Director of the College of Physicians and Surgeons of Alberta (the "College"); B■■■■ G■■■■ Associate Complaints Director of the College; and Craig Boyer, legal counsel for the Complaints Director. Also present was Dr. Subrata Chakravarty, accompanied by his legal counsel, James Heelan, KC.
3. Derek Cranna, KC acted as independent legal counsel for the Hearing Tribunal.

II. PRELIMINARY MATTERS

4. Neither party objected to the composition of the Hearing Tribunal or its jurisdiction to proceed with the hearing. The parties did not apply to close the hearing to the public, and there were no other preliminary matters raised by the parties.

III. ALLEGATIONS

5. The Amended Notice of Hearing listed the following allegations:
 1. During the period of January to December 2022, you did demonstrate inappropriate conduct towards ■■■■, a medical office assistant in the clinic where you worked, particulars of which include one or more of the following;
 - a. You would stare at ■■■■'s body,
 - b. You asked ■■■■ if she had tattoos that were covered by her clothing,
 - c. You asked ■■■■ to show you her tattoo that was not visible,
 - d. You sexualized topics in your conversations with ■■■■,
 - e. You asked ■■■■ if she uses toys while having sex,
 - f. You asked ■■■■ what were her sexual preferences.
 2. During the period of May to December 2022, you did demonstrate inappropriate conduct towards ■■■■, a medical office assistant in the clinic where you worked, particulars of which include one or more of the following;
 - a. You would stare at ■■■■'s body,
 - b. You asked ■■■■ if she had tattoos or piercings on any part of her body that was covered by clothing,

- c. You discussed piercing of female and male genitals and that this was done for attaining sexual pleasure,
- d. You sexualized topics in your conversations with ■■■■,
- e. You suggested masturbation as a way of alleviating stress,
- f. You told her about when you would masturbate,
- g. You asked if ■■■■ what she wore to bed, including if she wore a bra and panties,
- h. You asked ■■■■ if she used toys while having sex,
- i. You asked ■■■■ what were her sexual preferences,
- j. You sent ■■■■ text messages that were sexualized,
- k. You asked ■■■■ when you could resume sending her text messages after she had blocked you on social media,

ALL OF WHICH is contrary to the Canadian Medical Association Code of Conduct and Professionalism and the College of Physicians and Surgeons of Alberta Standards of Practice, which constitutes unprofessional conduct under the *Health Professions Act*, RSA 2000, c. H-7.

- 6. The matter proceeded by way of an Admission and Joint Submission Agreement. As part of that Agreement Dr. Chakravarty admitted that the allegations described above were true, and that his conduct constituted unprofessional conduct within the meaning of the *Health Professions Act* ("HPA").

IV. EXHIBITS

- 7. The parties entered a book of exhibits into evidence by agreement as Exhibit 1 ("Exhibit Book"), containing:
 - Amended Notice of Hearing dated April 3, 2024;
 - Letter of complaint from ■■■■;
 - Letter of complaint from ■■■■;
 - Memorandum to Complaints Director, Dr. D. H ■■■■, by Dr. J. B ■■■■ dated January 27, 2023;
 - Undertaking to Withdraw from Practice by Dr. Chakravarty dated May 11, 2023;
 - Letter of Response by Dr. Chakravarty dated May 17, 2023;
 - Investigation Report dated March 18, 2015;
 - Terms of Resolution dated November 5, 2015;
 - Report from the Gabbard Center dated August 15, 2015;

- Hearing Tribunal decision dated February 25, 2018;
- Report from Comprehensive Occupational Assessment Program dated December 14, 2018;
- Letter from J. Heelan dated August 15, 2023 with Discharge Report from Pine Grove Professional Enhancement Program;
- Physician Health Monitoring Agreement for Dr. Chakravarty dated October 10, 2023;
- Undertaking by Dr. Chakravarty dated October 16, 2023 with conditions on practice;
- Alberta Health billing records for Dr. Chakravarty for the period of January to May 2023.

8. The parties submitted additional exhibits including:

Exhibit 2: Admission and Joint Submission Agreement executed by Dr. Chakravarty

Exhibit 3: Alberta Health billing information, January to November 2023

Exhibit 4: Impact statement from [REDACTED]

Exhibit 5: Impact statement from [REDACTED]

9. The parties also provided a brief of law respecting joint submissions, as well as case authorities supporting the proposed penalty. Last, Mr. Boyer provided a document estimating the costs for the investigation and hearing.

V. SUBMISSIONS REGARDING THE ALLEGATIONS

10. Mr. Boyer advised the Hearing Tribunal that the parties had reached an agreement regarding admissions to the allegations in the Amended Notice of Hearing. He proceeded to introduce the first three of the exhibits noted above, with the agreement of Mr. Heelan, and provided an overview of the information they contained.
11. Mr. Boyer then submitted that pursuant to section 70 of the *Health Professions Act*, the Hearing Tribunal could accept Dr. Chakravarty's admissions of unprofessional conduct provided the Tribunal was satisfied that there is sufficient evidence upon which to base those admissions. Mr. Boyer concluded by stating that the Tribunal should be confident that the tendered evidence, in tandem with Dr. Chakravarty's admissions, should be sufficient to accept the allegations of unprofessional conduct described in the Amended Notice of Hearing.

12. Mr. Heelan confirmed his agreement with Mr. Boyer's submissions, and in particular agreed that the Tribunal should make findings of unprofessional conduct based on the materials before it.

VI. EVIDENCE

13. The Hearing Tribunal carefully considered Dr. Chakravarty's admissions and the submissions by counsel, as well as the evidence summarized below. The Hearing Tribunal determined that it would accept Dr. Chakravarty's admissions to both allegations.
14. To summarize the circumstances of Dr. Chakravarty's unprofessional conduct, he was involved in a number of interactions throughout 2022 with two staff members at the clinic he worked at. These interactions included in-person occurrences, both at the office and specifically at a Christmas function, but also via Instagram and digital messaging.
15. █████ filed a complaint against Dr. Chakravarty to the clinic management team describing the interactions between them. She described voluntarily sharing a personal issue with Dr. Chakravarty in June 2022, as well as confirming that he could follow her on Instagram. However, beginning in late June 2022 she perceived that their interactions were progressively becoming "weirder", in that they became more personal and sexualized, as particularized in the amended allegations respecting █████. █████ described her intense discomfort with these interactions, which eventually including physical symptoms, and described the impacts on her personally and professionally.
16. █████ also filed a complaint against Dr. Chakravarty to the clinic management team. She began her work at the clinic in January 2022, and at first viewed Dr. Chakravarty as a friendly colleague and akin to a father figure. She also allowed Dr. Chakravarty to follow her on social media. Her initial concern arose when she confided to Dr. Chakravarty that she had been feeling overwhelmed, and he asked her about "the other kind of relaxation", which she took to mean masturbation. She stated that Dr. Chakravarty would often make comments with double meanings, and noted incidents where he commented about her tattoos and would stare at her body. █████ described uncomfortable interactions up to and including the Christmas function mentioned above, and as particularized in the amended allegations.
17. The clinic management team lead physician discussed the complaints with Dr. Chakravarty and he was dismissed from the clinic soon after. Dr. Chakravarty and the clinic lead physician, who was also a practice monitor for Dr. Chakravarty, independently informed the CPSA about the complaints in January 2023.
18. The nature of these interactions and communications are appropriately described in the particulars for each allegation in the Amended Notice of Hearing, each of which Dr. Chakravarty has admitted.

VII. DECISION OF THE HEARING TRIBUNAL - ALLEGATIONS

19. The Hearing Tribunal is required to review the allegations in the Amended Notice of Hearing and determine whether the allegation is factually proven on a balance of probabilities and then determine whether the alleged conduct is unprofessional conduct as defined by the HPA.
20. Exhibit 2 contains Dr. Chakravarty's admission and joint submission agreement, in which he has admitted to the truth of all allegations in the Amended Notice of Hearing and further admitted that the described conduct amounts to unprofessional conduct under the HPA. Pursuant to s. 70 of the HPA, Dr. Chakravarty may make such admissions, but they may not be acted on unless it is acceptable in whole or in part to the Hearing Tribunal.
21. With Dr. Chakravarty's admission of the truth of the allegations in the Amended Notice of Hearing, the Hearing Tribunal accepted that these allegations are factually proven. In turn, the Hearing Tribunal considered the nature of Dr. Chakravarty's conduct in the context of the HPA's definitions of unprofessional conduct, particularly s. 1(1)(pp)(ii) (contravention of the Act, a code of ethics or standards of practice) and s. 1(1)(pp)(xii) (conduct that harms the integrity of the regulated profession).
22. Dr. Chakravarty's conduct did not involve patients. However, physicians are also expected to treat colleagues appropriately. The CPSA Code of Conduct requires physicians to respect the boundaries of co-workers, and to "refrain from unwanted physical contact, sexual overtures and behaviours or remarks of a sexual nature." The CMA Code of Ethics and Professionalism also requires physicians to treat colleagues "with dignity and as persons worthy of respect." Both [REDACTED] and [REDACTED] were medical office assistants at the clinic. In the Hearing Tribunal's view, Dr. Chakravarty's repeated, sexualized interactions with [REDACTED], and [REDACTED] were unwanted, demeaning, and failed to respect them as individuals and as professionals. As a result, the Hearing Tribunal finds that Dr. Chakravarty engaged in unprofessional conduct as defined in s. 1(1)(pp)(ii) of the HPA.
23. Further, the Hearing Tribunal's view is that Dr. Chakravarty's conduct harms the integrity of the medical profession. The admitted allegations would damage the public's perception of the professionalism and respect that should be demonstrated by physicians to all individuals. A medical clinic is intended to ensure the well-being of patients. Patients are best served by physicians and colleagues when they work as a team within a respectful and professional workplace. Dr. Chakravarty's admitted behaviour undermined the integrity of the profession, and the Hearing Tribunal finds that Dr. Chakravarty engaged in unprofessional conduct as defined in s. 1(1)(pp)(xii) of the HPA.
24. As a result, the Hearing Tribunal found that the allegations are factually proven on a balance of probabilities, and the conduct alleged in the Amended Notice of Hearing is unprofessional conduct as defined by the HPA.

VIII. SUBMISSIONS ON SANCTIONS

25. As a part of Dr. Chakravarty's admissions, the parties also presented the Hearing Tribunal with a joint submission agreement that proposed the following sanctions:
 1. Dr. Chakravarty's practice permit be suspended for six months with credit for the time he has been out of practice between January 2023 and November 2023 (greater than six months);
 2. The practice conditions as outlined in the October 16, 2023 Undertaking shall remain in place until the Assistant Registrar of Continuing Competence is satisfied that each of the practice conditions can be modified or removed;
 3. Dr. Chakravarty shall be responsible for the full costs of the investigation and hearing costs.
26. Mr. Boyer also provided the Hearing Tribunal with a brief of law addressing the import and appropriate handling of joint submissions from the parties. Adapted to the administrative law context, a Hearing Tribunal should not refuse a joint submission on sanction unless the proposed sanction would bring the administration of justice into disrepute or would otherwise be contrary to the public interest. As outlined by Mr. Boyer, the intended benefits of joint submissions accrue to all participants in the process:
 1. The member benefits, as the recommended sentence is likely to be more lenient than the member might expect after a contested merits or sentencing hearing;
 2. Victims and witnesses benefit, as joint submissions minimize the stress associated with trials;
 3. The prosecution benefits, as joint submissions provide a level of certainty. There is less risk the public interest will be undercut;
 4. The administration of justice benefit, as joint submissions also minimize the legal costs of trials.
27. The Hearing Tribunal bore these principles in mind when considering the submissions of the parties and their decision.
28. On behalf of the Complaints Director, Mr. Boyer entered the impact statements for each complainant as exhibits and provided a summary of the law respecting joint submissions. He then referred to *Jaswal v. Medical Board (Nfld.)* and that case's often-cited, non-exhaustive list of factors relevant to sanction. Mr. Boyer provided a number of cases that he submitted were comparable to Dr. Chakravarty's circumstances and briefly reviewed each of

them. He noted those instances where a physician's behaviour had involved patients, or colleagues, as well as the severity of the behaviour.

29. In particular, Mr. Boyer submitted that *College of Physicians and Surgeons of Ontario v. Lambert*, a case involving derogatory, demeaning or insulting remarks with sexual connotations, but not involving sexual assault or intercourse, suggested that the high end of the range of sanction would be 6 months of suspension.
30. Mr. Boyer referenced the fact that Dr. Chakravarty had a prior disciplinary history, described in more detail in Exhibit 1. He submitted that was one reason why he would be required to serve a full 6-month suspension.
31. With respect to mitigating features, Mr. Boyer stated that Dr. Chakravarty should be given some credit for the time that he had already been out of practice. He advised that Dr. Chakravarty had been out of practice for approximately 10.5 months in 2023 – a withdrawal from practice that was related to these two complaints, with a duration longer than the proposed 6 months of suspension. One of the *Jaswal* factors speaks to the consequences to the physician as the result of the misconduct, and those consequences included the time out of practice and the resulting financial outcomes.
32. Mr. Boyer went through the conditions on return to practice, which are described in the October 2023 undertaking to the CPSA. He advised that those conditions would continue and would not be subject to change or removal unless and until the Assistant Registrar is satisfied that each condition can be modified or removed.
33. Last, Mr. Boyer spoke to the final condition of the joint submission, which is that Dr. Chakravarty would be responsible for the full costs of the investigation and the hearing. Mr. Boyer submitted that an order for full costs would be appropriate given the circumstances, which included the fact that Dr. Chakravarty was not a first-time offender.
34. On behalf of Dr. Chakravarty, Mr. Heelan first advised that Dr. Chakravarty was deeply embarrassed to be before the Hearing Tribunal. He submitted that Dr. Chakravarty had admitted his misconduct and had undertaken extensive negotiations with the College in order to reach the joint submission that reflected a suitable penalty.
35. In addition to the 6 months of suspension, Mr. Heelan submitted that the ongoing terms of the October 16, 2023 undertaking were very comprehensive and provided significant restrictions and oversight of Dr. Chakravarty's practice, including limitations on his interactions and the use of chaperones. Dr. Chakravarty would also be subject to a health monitoring agreement with the College.

36. Mr. Heelan urged the Hearing Tribunal to accept the joint submission as the very high bar for declining it was not met. He then took the Hearing Tribunal through some additional *Jaswal* factors he thought pertinent, including greater detail on the handling of Dr. Chakravarty's prior disciplinary history. A distinction between his prior discipline and the current matter was his assessment by Acumen Assessment in April 2023, followed by inpatient treatment at the Pine Grove Professional Enhancement Centre for approximately 9 months. Mr. Heelan submitted that Dr. Chakravarty had ensured that he had taken appropriate treatment and time away from the profession to address the issues giving rise to the misconduct.
37. Mr. Heelan agreed that the cases provided to the Hearing Tribunal supported the proposed suspension, and noted that while his behaviour was inexcusable, it was not directed at patients. However, Mr. Heelan stated that there was no question Dr. Chakravarty's behaviour had a profound effect on the two complainants, and due to his prior disciplinary history he had agreed to pay 100% of the investigation and hearing costs as a result.
38. Mr. Heelan concluded by submitting that the joint submission on sanction carefully accounted for the relevant *Jaswal* factors, including specific and general deterrence. The 6-month suspension would send a strong message; Dr. Chakravarty had been out of practice for nearly one year, he had taken the necessary steps for treatment, and he would remain under the scrutiny and oversight of the College.
39. In response to questions from the Hearing Tribunal, the following issues were canvassed:
 - a) If the joint submission was accepted, the practice conditions described in the October 16 2023 undertaking would continue until the Assistant Registrar determined otherwise;
 - b) With respect to the programming at Pine Grove, where Dr. Chakravarty took treatment, Mr. Heelan advised that it was intensive inpatient therapy that required Dr. Chakravarty to live at the residence facility and involved both individual and group therapy. Mr. Boyer indicated that the Continuing Competence department accepted that Pine Grove met their expectations for treatment. In the same vein, Mr. Boyer noted that the referral to Pine Grove came from Acumen Assessments. The Complaints Director had confidence in Acumen and their assessments, and if that assessment recommended Pine Grove, Mr. Boyer saw some support there as well;
 - c) Chaperones will typically have undergone a training program offered by the CPSA, and all chaperones are vetted by the College beforehand. The costs of a chaperone are borne by the physician. Dr. Chakravarty has provided weekly logs of his activities to the College;

- d) Mr. Boyer supplied the Hearing Tribunal with an estimate of the investigation and hearing costs, not including the hearing day itself, which totaled approximately \$18,200. In response to a further question from the Hearing Tribunal respecting Dr. Chakravarty's loss of revenue during his 10 months outside of practice, Mr. Heelan estimated that loss at approximately \$500,000. He also noted that Dr. Chakravarty paid his own costs to attend assessments;
- e) With respect to Dr. Chakravarty's conditions of practice, Mr. Heelan advised that he was currently practicing at an inner-city facility in addictions medicine. Despite the fact that these allegations did not involve patients, the Hearing Tribunal nonetheless questioned whether Dr. Chakravarty's prior conduct could give rise to concerns when interacting with and treating a vulnerable population.

In response, Mr. Heelan noted the significant number of controls on Dr. Chakravarty's practice. At the workplace, a practice monitor agreeable to the CPSA was in place, as well as a practice mentor that Dr. Chakravarty would regularly meet with. Mr. Heelan also noted the chaperone requirements discussed above. More broadly, Dr. Chakravarty was taking regular attendances with a psychiatrist and his personal physician, as well as individual therapy with a psychologist. All of the above-named professionals were obliged to advise the College if they saw any issues or instances of non-compliance. Last, Mr. Heelan indicated that Dr. Chakravarty had been required to return to Pine Grove for reassessment following 6 months back in practice, which he completed successfully, and he was further required to undergo polygraph testing on a regular basis respecting boundary issues.

- f) Mr. Heelan submitted that Dr. Chakravarty would be subjected to a much more robust process than had occurred in the past, now with the benefit of full assessment and intensive treatment. He stated that he would be unable to work as an anesthesiologist due to the restrictions on his practice; if he was unable to work in addictions medicine his career as a physician would effectively be over.
40. Following the questions from the Hearing Tribunal and responses from counsel, the impact statements from each of [REDACTED] and [REDACTED] were read into the record. In particular, each of the complainants discussed the emotional toll that Dr. Chakravarty's conduct took on them. Each statement reflected the authors' feelings of disgust, betrayal, and deep upset due to Dr. Chakravarty's behaviour. Both statements described the loss of trust and feelings of anger at Dr. Chakravarty's conduct. [REDACTED] described missing classes at university, dropping classes, withdrawing from courses and missing work as a result of Dr. Chakravarty's conduct. Both individuals expected a physician should be a safe person to speak with; the complainants certainly lost confidence in Dr. Chakravarty, but also lost respect for physicians.

41. The Hearing Tribunal found the impact statements to be both articulate and courageous in describing the consequences of Dr. Chakravarty's conduct.

IX. DECISION AND REASONS ON SANCTION

42. As discussed above, the Hearing Tribunal bears in mind the significance of joint submissions from the parties on sanction. An agreed sanction is owed deference and should not be rejected unless it would bring the administration of justice into disrepute or would otherwise be contrary to the public interest.
43. The Hearing Tribunal carefully reviewed the evidence in this matter, the submissions of counsel, and the case authorities provided. While significant deference is owed to joint submissions, a Hearing Tribunal is also entitled to probe and question the bargain reached by the parties to determine its potential impacts on the administration of justice or the public interest.
44. As reflected in the Amended Notice of Hearing, and the impact statements from the two complainants, Dr. Chakravarty's unprofessional conduct is serious. His behaviour involved two members of the clinic staff and a pattern of inappropriate, sexualized comments over a period of months. That behaviour occurred in the context of two prior complaints to the CPSA regarding Dr. Chakravarty's conduct. The first complaint was in September 2015 regarding conduct with medical learners that resulted in an investigation and joint resolution which included participation in physician health monitoring program and assessments at the Gabbard Center. The second complaint resulted in a disciplinary finding in 2018 involving a learner that he admitted he had inappropriately touched and made a suggestive remark to. Dr. Chakravarty admitted his misconduct. The sanction for that behaviour was a 6-month suspension, a continuing care agreement with the College's Assistant Registrar, restrictions on his practice, and 75% of the costs of that investigation and hearing.
45. The conduct at issue here clearly had significant negative impacts on the complainants which they have described in their impact statements. The complainants looked up to Dr. Chakravarty as a physician and as someone they initially perceived to be a fatherly figure and a safe harbour for personal discussions. Dr. Chakravarty took advantage of that perceived role in order to seek out his own gratification. Dr. Chakravarty and the profession must understand that this type of behaviour is unacceptable and intolerable, regardless of whether it is directed to a patient or a colleague. The CPSA Code of Conduct and the CMA Code of Ethics and Professionalism each make that abundantly clear, and breaches require a serious response.
46. In considering mitigating factors, the Hearing Tribunal found that Dr. Chakravarty's admission of his unprofessional conduct to be most significant. His acknowledgement of the underlying facts, and his willingness to recognize his behaviours and proactively seek intensive treatment for them, is also a

mitigating feature. While not a mitigating factor, the joint submission of the parties also requires deference.

47. The two key issues for the Hearing Tribunal are the import of Dr. Chakravarty's prior disciplinary history for a related misconduct, and the terms of his continuing practice. To paraphrase its inquiry respecting his prior discipline, the Hearing Tribunal questioned what might be different on this occasion. The Hearing Tribunal has heard that Dr. Chakravarty has now been thoroughly assessed, has taken intensive inpatient treatment for the issues underlying his unprofessional conduct, and that his treatment remains ongoing. The joint submission and the submissions of counsel indicate that these intervening courses of assessment and treatment appropriately respond to the concern about repeated instances of this kind of unprofessional conduct, and are distinct from what has occurred before. Dr. Chakravarty has also agreed to pay 100% of the investigation and hearing costs, a further acknowledgement of his prior discipline history.
48. With respect to Dr. Chakravarty's ongoing practice, Mr. Heelan comprehensively summarized the practice restrictions, protections, and obligations that would attend to Dr. Chakravarty's activities. The presence of a monitor, a mentor, and chaperones are intended to appropriately manage and support Dr. Chakravarty in the workplace. Dr. Chakravarty will maintain regular consultations with his health care providers to ensure ongoing treatment for his behaviours. All of the health care professionals fulfilling these roles for Dr. Chakravarty would be obliged to advise the College if there were any issues or examples of non-compliance. The terms of the October 16 2023 undertaking would remain in effect unless and until the Assistant Registrar might modify them. These are extensive checks and balances to supervise and restrain Dr. Chakravarty's practice to ensure the protection of the public and Dr. Chakravarty's colleagues, and the Hearing Tribunal views them as reasonable and appropriate.
49. Taking into account all of the evidence, submissions, and the proposed sanctions, the Hearing Tribunal accepts the joint submission on sanction.

X. ORDERS

50. Pursuant to s. 82 of the HPA, the Hearing Tribunal orders the following:
 1. Dr. Chakravarty's practice permit shall be suspended for six months with credit for the time he has been out of practice between January 2023 and November 2023 (greater than six months);
 2. The practice conditions as outlined in the October 16, 2023 Undertaking shall remain in place until the Assistant Registrar of Continuing Competence is satisfied that each of the practice conditions can be modified or removed;

3. Dr. Chakravarty shall be responsible for the full costs of the investigation and hearing costs.

Signed on behalf of the Hearing Tribunal by its Chair:



Dr. Brinda Balachandra