

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. WILLIAM HAN

**DECISION OF THE HEARING TRIBUNAL OF  
THE COLLEGE OF PHYSICIANS  
& SURGEONS OF ALBERTA  
May 22, 2025**

## **I. INTRODUCTION**

1. The Hearing Tribunal held a hearing into the conduct of Dr. William Han on April 23, 2025. The members of the Hearing Tribunal were:

Dr. Don Yee as Chair;  
Dr. John Pasternak;  
Ms. Barbara Rocchio (public member);  
Mr. Glen Buick (public member).

2. Appearances:

Mr. Craig Boyer, legal counsel for the Complaints Director;  
Dr. William Han, Investigated Person;  
Ms. Alison Gray, legal counsel for Dr. William Han.

Ms. Julie Gagnon acted as independent legal counsel for the Hearing Tribunal.

## **II. PRELIMINARY MATTERS**

3. There were no preliminary issues raised. There were no objections to the composition of the Hearing Tribunal or the jurisdiction of the Hearing Tribunal to proceed with the hearing.
4. The hearing was open to the public pursuant to section 78 of the *Health Professions Act*, RSA 2000, c. H-7 ("HPA"). There was no application to close the hearing.

## **III. CHARGES**

5. The November 19, 2024 Notice of Hearing lists the following allegation:
  1. That you did fail or refuse to comply with the requirements of the Continuing Competence Program of the College of Physicians & Surgeons of Alberta, particulars of which include one or more of the following:
    - a. fail to follow the guidance and advice of your mentor, Dr. [REDACTED], as it related to your prescribing of opioids and benzodiazepines;
    - b. fail to comply with the restriction on prescribing that you agreed to effective September 6, 2022 in that you would be restricted from prescribing all opioids, benzodiazepines, methadone and cannabinoids.

## **IV. EVIDENCE**

6. 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:** Letter from Dr. [REDACTED] to Dr. [REDACTED] dated December 20, 2022

**Tab 3:** Agreement between the College of Physicians and Surgeons of Alberta ("College" or "CPSA") and Dr. Han re prescribing restrictions dated December 20, 2022

**Tab 4:** Letter of Response from Dr. Han dated September 29, 2023

**Tab 5:** List of Medications monitored through the Triplicate Prescription Program –September 2021

**Tab 6:** Agreement between CPSA and Dr. Han re mentoring for Dr. Han dated March 31, 2022

**Tab 7:** CPSA letter to Dr. Han regarding prescribing restrictions dated September 2, 2022

**Tab 8:** Agreement between CPSA and Dr. Han re prescribing restrictions dated September 6, 2022

**Tab 9:** Compilation of prescriptions issued by Dr. Han for Benzodiazepines since September 6, 2022

**Tab 10:** Compilation of prescriptions issued by Dr. Han for Opioids since September 6, 2022

**Tab 11:** CPEP Assessment report regarding Dr. Han dated September 2021

**Exhibit 2:** Signed Admission and Joint Submission Agreement dated April 22, 2025

**V. SUBMISSIONS REGARDING THE ALLEGATION****Submission on Behalf of the Complaints Director**

7. Mr. Boyer thanked Ms. Gray for her cooperation and assistance that allowed for this hearing to take place on the basis of agreement. He stated that the hearing was proceeding on the basis of admission by Dr. Han to the allegation in the Notice of Hearing dated November 19, 2024.
8. Mr. Boyer specified that the allegation involves a failure by Dr. Han to comply with requirements of the Continuing Competence Program which included to follow the advice of his practice and prescribing mentor Dr. [REDACTED] and to follow restrictions placed on his prescribing practices in an agreement he signed with the CPSA on September 6, 2022.

9. Mr. Boyer provided some background information and highlighted materials in Exhibit 1. He explained that prior to the present matter Dr. Han had dealings with the CPSA. Dr. Han was participating in a Continuing Competence Program based on conduct that relates originally under Part 3 of the HPA. He had undergone a Center for Personalized Education for Physicians Probe (CPEP) assessment which identified some deficiencies in his skills and knowledge leading to program implementation including a practice mentor. The program was designed to improve his skills and a number of practice aspects including prescribing of opioids and benzodiazepines.
10. Mr. Boyer highlighted a letter from Dr. [REDACTED] to Dr. [REDACTED] dated December 20, 2022. Dr. [REDACTED] at the time was the Assistant Registrar of Continuing Competence. The letter outlined Dr. Han's involvement with the Continuing Competence department at CPSA. Dr. [REDACTED] raised concerns regarding Dr. Han's non-adherence to a prior restriction and advice from his prescribing mentor and referred the matter to Professional Conduct to determine if he engaged in unprofessional conduct. A revised signed agreement which placed further prescribing and practice restrictions on Dr. Han dated December 20, 2022 was noted.
11. Dr. [REDACTED] letter acted as a formal complaint about Dr. Han's conduct. Dr. Han provided a written reply to the complaint dated September 29, 2023. Dr. Han's signed agreement with the CPSA for a prescribing mentor and implementing ongoing prescribing practice improvement dated March 31, 2022 were highlighted.
12. Mr. Boyer highlighted a letter from Dr. [REDACTED] to Dr. Han dated September 2, 2022 where Dr. [REDACTED], acting as Deputy Registrar of Continuing Competence, raised concerns regarding Dr. Han's failure to comply with his March 31, 2022 agreement and failure to follow his prescribing mentor's advice and guidance. In this letter, Dr. [REDACTED] requested Dr. Han's voluntary agreement to restrict his prescribing of all opioids, benzodiazepines, methadone and cannabinoids effective immediately. Dr. Han signed this agreement on September 6, 2022.
13. Mr. Boyer highlighted a compendium of prescriptions issued by Dr. Han after he entered the September 2022 prescribing agreement with the CPSA. He pointed out this list does include benzodiazepines and opioids including triplicate prescriptions for opioids. The prescriptions are issued to a number of patients.
14. Mr. Boyer summarized that Dr. Han was in a remediation program overseen by the CPSA under Part 3 of the HPA with the Continuing Competence Program along and had a signed prescribing agreement with the CPSA. He failed to comply with his practice mentor's guidance and his prescribing agreement. He stated Dr. Han's conduct harms the integrity of the medical profession as it represents failure to comply with an agreement with his

professional regulatory body, specifically with the Continuing Competence department. Mr. Boyer stated that Dr. Han's conduct amounts to unprofessional conduct.

15. Mr. Boyer pointed out that while Dr. Han has admitted to the allegation, under Section 70 of the HPA, a Hearing Tribunal must be satisfied that there is sufficient evidence to support Dr. Han's admission as amounting to unprofessional conduct.
16. Mr. Boyer submitted that there is more than ample evidence to support Dr. Han's admission. He stated that a violation of any agreement with the regulator is a serious matter and amounts to unprofessional conduct. He pointed to a number of previous CPSA decisions provided to the Hearing Tribunal which are more relevant for sanction, but some of them involve findings of unprofessional conduct for violations of agreements with the regulator.

#### **Submissions on Behalf of Dr. Han**

17. Ms. Gray outlined that Dr. Han was being followed by the Continuing Competence Program and had entered two agreements with the CPSA relating to restrictions on his prescribing practices and cooperation with a practice and prescribing mentor. She stated that Dr. Han admits to the allegation outlined in the Notice of Hearing; namely, that he didn't follow the advice or guidance of Dr. [REDACTED] and that he did prescribe benzodiazepines and some opioids after the prescribing restrictions came into place.
18. Ms. Gray stated that Dr. Han also acknowledges that his behaviour amounts to unprofessional conduct. She pointed out that Dr. Han is regretful of his behaviour in this matter.

#### **VI. DECISION REGARDING ALLEGATION**

19. The Hearing Tribunal adjourned to review Exhibits 1 and 2 and consider the submissions by the parties. The Hearing Tribunal accepted Dr. Han's admission of the allegation in the Notice of Hearing and found all aspects of the allegation to be proven. The Hearing Tribunal found that Dr. Han's conduct constitutes unprofessional conduct as defined by section 1(1)(pp)(vi)(A) of the HPA as a failure or refusal to comply with the requirements of the Continuing Competence Program and as defined by section 1(1)(pp)(xii) of the HPA as conduct that harms the integrity of the medical profession for the reasons set out below.

#### **VII. FINDINGS AND REASONS**

20. The Hearing Tribunal considered Dr. Han'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.

21. The allegation against Dr. Han in the Notice of Hearing that is dated November 19, 2024 is that he failed to comply with requirements of a Continuing Competence Program with the College of Physicians and Surgeons of Alberta including:
  - a. Failing to follow the guidance and advice of his mentor, Dr. [REDACTED], as it related to his prescribing of opioids and benzodiazepines;
  - b. Failing to comply with the restriction on prescribing that he agreed to effective September 6, 2022 in that he would be restricted from prescribing all opioids, benzodiazepines, methadone and cannabinoids.
22. Dr. Han admitted to the allegation and that his conduct was unprofessional conduct.
23. Dr. Han signed an agreement with the CPSA dated March 31, 2022 where he agreed to have a prescribing mentor and implement ongoing prescribing practice improvements.
24. In a letter to Dr. Han dated September 2, 2022, Dr. [REDACTED], the then Deputy Registrar for the CPSA Continuing Competence department, raised concerns regarding Dr. Han's failure to comply with his March 31, 2022 agreement and failure to follow his prescribing mentor's advice and guidance. In this letter, Dr. [REDACTED] requested Dr. Han's voluntary agreement to restrict his prescribing of all opioids, benzodiazepines, methadone and cannabinoids effective immediately. Dr. Han signed this further agreement on September 6, 2022.
25. The compendium of prescriptions issued by Dr. Han after September 6, 2022 includes multiple prescriptions issued for different benzodiazepines and triplicate opioid medications for multiple patients.
26. Dr. [REDACTED], the CPSA Assistant Registrar for Continuing Competence, wrote a letter to Dr. [REDACTED] dated December 20, 2022 which raised concerns regarding Dr. Han's non-adherence to the prior restriction and advice from his prescribing mentor and referred the matter to Professional Conduct to determine if Dr. Han engaged in unprofessional conduct. Dr. [REDACTED] letter outlined specific patient cases of concern including a patient death. A revised signed agreement which placed further prescribing and practice restrictions on Dr. Han was signed by Dr. Han on December 20, 2022.
27. In his September 29, 2023 written reply to the complaint Dr. Han admitted that he issued prescriptions that did not comply with the prescribing restrictions he agreed to effective September 6, 2022. He elaborated on some of the clinic circumstances surrounding the issuance of the prescriptions. He also outlined some of the personal and professional issues

he experienced in the latter half of 2022 that he felt contributed to his conduct including stress from a heavy clinical workload and a mental health crisis that culminated in an emergency admission to hospital in early 2023.

28. The Hearing Tribunal considered Dr. Han's admitted conduct in light of the professional agreements he made with the CPSA to restrict his prescribing practices and work with a practice and prescribing mentor to improve his practice. Dr. Han had already been involved with the Continuing Competence department to improve issues raised about his clinical practice. With time, further concerns were identified regarding his prescribing practices and subsequent restrictions on his prescribing practices were made.
29. Dr. Han was already involved with the CPSA Continuing Competence department to improve aspects of his practice when further concerns were raised about aspects of his prescribing practice, in particular prescribing of drugs associated with substance abuse disorders, namely benzodiazepines and opioids. The concerns were significant enough that Dr. Han was asked to sign a further agreement with the CPSA which placed restrictions on his prescribing of opioids, benzodiazepines, methadone and cannabinoids. Dr. Han was also expected to continue to work with his practice and prescribing mentor to improve his competence and practice.
30. The Hearing Tribunal found that in failing to comply with the prescribing restrictions and the advice of his practice and prescribing mentor, Dr. Han failed to uphold an agreement he had with his professional regulatory body and the requirements of the Continuing Competence Program, constituting unprofessional conduct pursuant to section 1(1)(pp)(vi)(A) of the HPA. Significant concerns were raised about Dr. Han's prescribing practice, and the prescribing restrictions placed on his practice were implemented as a measure for the CPSA to meet its ultimate mandate which is to protect the public.
31. Keeping agreements one makes with their professional regulatory body is essential so that a regulator such as the CPSA can uphold its mandate to protect the public. In this case, Dr. Han entered into practice-related agreements with the CPSA with the ultimate goal of improving his prescribing practices for drugs associated with substance abuse disorders. His non-compliance resulted in him continuing to issue these medications to patients, potentially placing his patients in harm's way. The breaches by Dr. Han were serious and such conduct also harms the integrity of the profession, constituting unprofessional conduct pursuant to section 1(1)(pp)(xii) of the HPA.
32. The Hearing Tribunal therefore finds that Dr. Han's conduct constitutes unprofessional conduct as defined by section 1(1)(pp)(vi)(A) and (xii) of the HPA as a failure or refusal to comply with the requirements of the Continuing Competence Program and conduct that harms the integrity of the medical profession.

33. Given this finding, the Hearing Tribunal invited the parties to make submissions on sanction.

## **VIII. SUBMISSIONS ON SANCTION**

### **Submissions on Behalf of the Complaints Director**

34. Mr. Boyer presented a Brief of Law on Joint Submissions. This summarizes the case law in Canada, in particular, the Supreme Court of Canada decision in *R. v. Anthony-Cook*, that considerable deference should be given to a joint submission on sanction. The Hearing Tribunal should only reject a joint submission if it is manifestly unjust and would not be in the public interest to do so. The Brief of Law summarizes a number of cases where *R. v. Anthony-Cook* has been applied in professional discipline. Mr. Boyer stated the Tribunal can be very confident in applying *R. v. Anthony-Cook* to the joint submission and the deference being owed to it.
35. Mr. Boyer stated the Joint Submission meets the requirements of remediation and deterrence, both specific to Dr. Han and to the profession at large, in that it communicates the importance of professional standards in behaviour and conduct and sends a message that is consistent with previous decisions that have been issued by CPSA discipline tribunals.
36. Mr. Boyer referenced the *Jaswal* factors when pointing out that Dr. Han is an experienced physician, and this matter involves his prescribing of drugs with the potential for abuse and addiction.
37. Mr. Boyer reviewed the cited case law involving prior cases of physician non-compliance with agreements entered with a regulator and/or complaints resolved by admission and joint agreement:
  - a. Dr. Wachlter was found guilty of improper prescribing in 2007. His sanction included a suspension, restriction of his prescribing privileges, requirement to take a prescribing course, undergo a competency assessment, and payment of costs of the investigation and hearing along with ongoing practice monitoring. By 2008, the CPSA had discovered that he was not adhering to his practice permit conditions and this matter was considered in a subsequent hearing in 2010 where Dr. Wachlter was again found guilty of the allegations he faced. He received a 6-month suspension, requirement of regular practice audits and peer review upon his return to practice and payment of the costs of the audits and reviews along with 75% of the costs of the investigation.
  - b. Dr. Barr was found guilty of unprofessional conduct after failing to comply with a Terms of Resolution which required that he respond promptly to all correspondence from the CPSA. He received a 30-day



suspension and was required to pay full costs of the investigation and hearing.

- c. Dr. Kriel provided written confirmation to the CPSA that he would not perform cosmetic blepharoplasties or any procedures requiring sedation but continued to perform these procedures and falsely claimed otherwise on his CPSA Renewal Information form. His conduct continued for years after he told the CPSA otherwise. Dr. Kriel admitted to unprofessional conduct and made a joint submission with the CPSA on sanction. He was suspended from practice for 12 months, signed an undertaking confirming he will not perform any procedures that must be provided in an accredited NHSF and paid the full costs of the investigation and hearing.
- d. Dr. Stewart did not contest charges that he did not follow a condition placed on his practice permit which required he have a chaperone present when he saw female patients. In a 2022 decision, a hearing tribunal accepted a joint submission on sanction where Dr. Stewart received a 6-month suspension with three months considered served and the remaining 3 months held in abeyance, required a CPSA-approved chaperone present for all encounters with female patients, was required to pay 100% of the costs of the investigation and hearing and was required to undergo an assessment by a forensic psychiatrist to assess his risk of re-offending.
- e. Dr. Silverman was found guilty in 2021 of inappropriately accessing Netcare records of someone who was not her patient, providing advice and referrals for complementary and alternative medical treatment without approval and providing advice that was contradictory and belittling toward the treatment plan and physician advice given by a patient's specialist. Dr. Silverman was suspended for 3 months, required to unconditionally pass the CPEP PROBE course and was required to pay 75% of the costs of the investigation and hearing.
- f. In a 2022 case, Dr. Ovueni admitted to hugging and air-kissing a member of his medical office staff without her consent. He received a reprimand, a 3-month suspension with two-and-a-half months held in abeyance, requirement to complete and unconditionally pass the CPEP course, a \$3000 fine, and was required to pay the full cost of the investigation and hearing.
- g. In a case from 2023, Dr. Sari admitted to kissing a patient and asking a patient about masturbation when there was no medical reason to. He received a 6-month suspension of which 3 months were held in abeyance, requirement to unconditionally pass the CPEP PROBE course, ongoing imposition of conditions outlined in restrictions on his practice permit and requirement to pay 75% of the cost of the investigation and hearing.

38. Mr. Boyer reviewed the Joint Submission on sanction for Dr. Han. The parties jointly propose a 3-month suspension starting on a date acceptable to the Complaints Director but no later than 3 months after the date of the Hearing Tribunal decision, a requirement to pass the CPEP PROBE course and payment of 2/3 of the costs of the investigation and hearing. The timing of the suspension allows Dr. Han to make sure his patients have coverage during his suspension. His prescribing restrictions are to continue under Part 3 until the Assistant Registrar of Continuing Competence is satisfied that those conditions can be modified or removed.
39. Mr. Boyer noted that the costs up until March 2025 were approximately \$6,700. Mr. Boyer explained that, if Dr. Han fails to obtain an unconditional pass on the CPEP Probe course, he will undertake a one-on-one ethics remediation course with Dr. [REDACTED]. In this case the medical ethicist would be provided with a copy of the Hearing Tribunal decision, final report from the CPEP course and the exhibits in this matter. The Hearing Tribunal would retain final authority in the event there is any disagreement regarding nature, scope or duration of any practice permit conditions or the application of the terms of the Hearing Tribunal order.

#### **Submissions on Behalf of Dr. Han**

40. Ms. Gray stated *Anthony-Cook* is the leading case on joint submissions, which established that a joint submission should not be lightly rejected. The Supreme Court of Canada stated a trial judge should not depart from a joint submission on sentence unless the proposed sentence would bring the administration of justice into disrepute or would otherwise be contrary to the public interest. This is a very high standard. The Court emphasized that for joint submissions to be possible, the parties must have a high degree of confidence that they will be accepted. Subsequent case law, as set out in Mr. Boyer's brief, have confirmed that the *Anthony-Cook* test applies to disciplinary tribunals like this one.
41. Ms. Gray stated the case law set out in Mr. Boyer's brief also sets forth important principles relating to joint submissions, including that they are to be encouraged, and not ignored, that they are in the public interest, that they help avoid lengthy discipline hearings which result in increased costs which are borne by members of the profession, and that a high level of certainty is required in order to induce accused persons to waive their rights to a contested trial or hearing.
42. Ms. Gray referenced the *Jaswal* Factors in the context of Dr. Han's case. Dr. Han has made an unqualified admission to the allegation in his reply to the CPSA complaint and his CPSA interview. She stated Dr. Han fully accepts that his actions constitute unprofessional conduct. He provided his admission in his written response to the complaint and in his interview with the College

investigator. She stated his role in acknowledging what has occurred is a mitigating factor to be considered pursuant to *Jaswal*.

43. Ms. Gray referenced specific circumstances outlined in Dr. Han's written response to the CPSA. In late January 2023 Dr. Han required hospitalization for a serious mental health issue resulting in him being away from medical practice until early April 2023.
44. In retrospect Dr. Han feels his admitted conduct in this matter is at least in part related to the events during the last six months of 2022 which led to his mental health crisis. The circumstances are not meant to excuse his behaviour or diminish the seriousness of the conduct. Dr. Han would like the Tribunal to know his actions at the time are not emblematic of his approach to his practice or who he is as a physician or how seriously he takes his responsibilities to the College and the profession.
45. Dr. Han now also realizes he did not take care of his mental health during this time and should have sought assistance in dealing with his stresses earlier, which included the College proceedings, the continuing competence issues, having a large patient panel, providing care for many complex chronic pain patients and working long hours. Dr. Han now realizes that he was overwhelmed and unable to truly focus to ensure he was properly following his prescribing mentor's advice and that he was complying with his practice restrictions.
46. Dr. Han wishes to confirm that while he did learn from Dr. [REDACTED], he now regrets he was not in a position to fully learn and benefit from his practice and prescribing mentor and ensure his patients' safety.
47. Ms. Gray submitted Dr. Han's mental health issues in the latter half of 2022 should be considered a specific mitigating circumstance pursuant to *Jaswal*. She pointed out that Dr. Han has since completed his Alberta Physician Assessment and Support Services (APASS) program in early 2024. Dr. Han now realizes that the restrictions on his practice permit such as a limit on the number of patients he can see in a day, are positive for him. He has a reduced patient panel and no longer provides care for chronic pain patients. As such, he can focus more on preventative care for his patients. Overall, his medical practice is less stressful than it was in 2022 and he has improved work-life balance. Ms. Gray submitted this should be considered as a mitigating factor pursuant to *Jaswal*.
48. Ms. Gray explained that Dr. Han has asked for a delay in serving his three-month suspension so that he can be available to help a new colleague get their practice established and ensure continuity of care for his own patients. She pointed out that the joint submission has continuation of the previous prescribing restrictions.

49. Ms. Gray pointed out that the proposed costs, a 3 month suspension and cost of the PROBE course in the Joint Submission have significant financial consequences for Dr. Han. The sanction satisfies the goal of promoting both specific and general deterrence in an effort to protect the public and serves to maintain the public's confidence in the integrity of the medical profession.
50. Overall, Ms. Gray submitted that the Joint Submission is reasonable, is in the public interest, promotes the integrity of the medical profession and ought to be accepted by this Hearing Tribunal.

## **IX. DECISION REGARDING SANCTION**

51. The Hearing Tribunal accepts the Joint Submission and makes the following orders:
  - a. Dr. Han's practice permit shall be suspended for a three-month period starting on a date acceptable to the Complaints Director, being no later than three months after the date of the hearing before the Hearing Tribunal.
  - b. Dr Han's practice permit shall be subject to the prescribing conditions as outlined in the September 6, 2022 restricted prescribing agreement, and clarified in the December 20, 2022 restricted prescribing agreement, until the Assistant Registrar responsible for Continuing Competence is satisfied that the conditions may be modified or removed.
  - c. Dr. Han shall, at his own expense, undertake and unconditionally pass the CPEP Probe course (<https://www.cpepdoc.org/cpep-courses/probe-ethics-boundaries-program-canada>) by December 31, 2025.
  - d. If Dr. Han fails to obtain an unconditional pass on the CPEP Probe course, he shall then undertake, at his own expense, a one-on-one ethical remediation course with a medical ethicist acceptable to the Complaints Director, such as Dr. [REDACTED], which shall commence no later than February 28, 2026 and be completed no later than June 30, 2026. If the medical ethicist cannot accommodate these deadlines, then the commencement and completion dates can be altered to accommodate the medical ethicist's schedule in a manner acceptable to the Complaints Director.
  - e. The medical ethicist shall be provided with a copy of the Hearing Tribunal decision in this matter, the final report from CPEP and the Exhibits in this matter.
  - f. In the event that there is any disagreement regarding the nature, scope or duration of any practice permit conditions or the application of

the terms of the Hearing Tribunal order, the Hearing Tribunal shall retain jurisdiction to determine such issues.

- g. Dr. Han shall pay two-thirds of the costs of the investigation and hearing.

## **X. FINDINGS AND REASONS FOR SANCTION**

52. The Hearing Tribunal considered the submissions of the parties and the factors set out in the *Jaswal* case referenced by Mr. Boyer and Ms. Gray. The Brief of Law on Joint Submissions was also reviewed. Dr. Han's admitted conduct was serious, as he failed to comply with restrictions on his prescribing practice and with a requirement that he follow advice and guidance of his practice and prescribing mentor. These CPSA interventions were designed with an aim to improve Dr. Han's practice and ultimately to protect the public.
53. The Hearing Tribunal found that Dr. Han's admitted unprofessional conduct was serious unprofessional conduct. A failure to comply with an agreement with CPSA and the requirements of the continuing Competence Program undermines the public's trust in the medical profession and the overall integrity and dignity of the medical profession.
54. The Hearing Tribunal also considered that Dr. Han is an experienced physician who in the process of trying to provide care for a large number of patients, many of whom are complex chronic pain patients, failed to focus on his concurrent obligations to comply with agreements he made with his regulatory body. Dr. Han's circumstances ultimately culminated in a mental health emergency which forced Dr. Han to be away from his medical practice for a period of months. The Hearing Tribunal recognized that Dr. Han's efforts were concentrated on continuing to provide care out of a sense of duty to his patients. None of his admitted conduct involved drug seeking or any fraudulent behaviour.
55. The Hearing Tribunal recognized that Dr. Han's admission to the allegation and the Joint Submission on sanction saved the time and expense of proceeding with a contested hearing.
56. The Hearing Tribunal was reassured that Dr. Han has taken steps to improve his mental health and create a less stressful medical practice, ultimately providing him with improved work-life balance.
57. The Hearing Tribunal was satisfied that the required coursework will provide Dr. Han further insight into this matter. The Hearing Tribunal considered the scale of the financial cost imposed in the sanction. The conduct at issue is serious, and the sanction is reasonable in the circumstances. The Hearing Tribunal also considered that it is appropriate that Dr. Han bears some of the costs of the investigation and hearing.

58. Overall, the Hearing Tribunal found the Joint Submission reasonable and appropriate in its proportion and details after review of relevant case law presented in the submissions from the parties.
59. The Hearing Tribunal does understand its obligation to defer to the Joint Submission unless it is contrary to the public interest or would undermine the administration of justice. Given the Hearing Tribunal's findings and reasons above, the Hearing Tribunal concludes the sanctions proposed in the Joint Submission are reasonable and meet the public interest tests.

## **XI. ORDERS**

60. The Hearing Tribunal hereby orders pursuant to section 82 of the HPA:
  - a. Dr. Han's practice permit shall be suspended for a three-month period starting on a date acceptable to the Complaints Director, being no later than three months after the date of the hearing before the Hearing Tribunal;
  - b. Dr Han's practice permit shall be subject to the prescribing conditions as outlined in the September 6, 2022 restricted prescribing agreement, and clarified in the December 20, 2022 restricted prescribing agreement, until the Assistant Registrar responsible for Continuing Competence is satisfied that the conditions may be modified or removed;
  - c. Dr. Han shall, at his own expense, undertake and unconditionally pass the CPEP Probe course (<https://www.cpepdoc.org/cpep-courses/probe-ethics-boundaries-program-canada>) by December 31, 2025;
  - d. If Dr. Han fails to obtain an unconditional pass on the CPEP Probe course, he shall then undertake, at his own expense, a one-on-one ethical remediation course with a medical ethicist acceptable to the Complaints Director, such as Dr. [REDACTED], which shall commence no later than February 28, 2026 and be completed no later than June 30, 2026. If the medical ethicist cannot accommodate these deadlines, then the commencement and completion dates can be altered to accommodate the medical ethicist's schedule in a manner acceptable to the Complaints Director;
  - e. The medical ethicist shall be provided with a copy of the Hearing Tribunal decision in this matter, the final report from CPEP and the Exhibits in this matter;
  - f. In the event that there is any disagreement regarding the nature, scope or duration of any practice permit conditions or the application of the terms of the Hearing Tribunal order, the Hearing Tribunal shall retain jurisdiction to determine such issues; and

g. Dr. Han shall pay two-thirds of the costs of the investigation and hearing.

Signed on behalf of the Hearing Tribunal by the Chair:

A handwritten signature in blue ink, appearing to be 'Don Yee', with a large, sweeping initial 'D'.

Dr. Don Yee

Dated this 22<sup>nd</sup> day of May, 2025.