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. DANIEL MCKENNITT

# DECISION OF THE HEARING TRIBUNAL OF THE COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA
# May 4, 2026

## I. INTRODUCTION

1. The Hearing Tribunal of the College of Physicians & Surgeons of Alberta (the "**College**" or "**CPSA**") held a hearing into the conduct of Dr. Daniel McKennitt on April 22, 2026. The members of the Hearing Tribunal were:

   Ms. Patricia Matusko as Chair and public member;
   Dr. Adam Oster;
   Dr. Sandi Culo;
   Mr. Geoffrey Coombs, public member.

2. Appearances:

   Mr. Craig Boyer, legal counsel for the Complaints Director;
   Dr. Daniel McKennitt;
   Ms. Valerie Prather and Ms. Sabrina Sandu, legal counsel for Dr. McKennitt;
   Ms. Julie Gagnon acted as independent legal counsel for the Hearing Tribunal.

## II. PRELIMINARY MATTERS

3. The parties confirmed that they had no objection to the composition of the Hearing Tribunal or its jurisdiction to proceed with the hearing.

4. Mr. Boyer advised that there was a joint application to hold the hearing in private pursuant to section 78 of the *Health Professions Act,* RSA 2000, c. H-7 ("**HPA**"). Mr. Boyer noted the extremely sensitive personal health information and noted that it would be appropriate to close the hearing to the public so that there could be discussion and the ability to fully address any questions of the Hearing Tribunal. Ms. Prather noted that the expert addressed the impact of a public hearing in these types of circumstances.

5. The Hearing Tribunal adjourned to consider the request of the parties that the hearing be closed to the public. The Hearing Tribunal considered that the application was brought jointly by both parties. Further, given the nature of the information in the Agreed Exhibit Book, the Hearing Tribunal was satisfied that confidential health information would be discussed during the hearing. The Hearing Tribunal consider section 78 of the HPA and determined that holding the hearing in private was appropriate and that protecting the confidential health information of Dr. McKennitt outweighed having the hearing open to the public.

6. There were no other matters of a preliminary nature.

## III. CHARGES

7. The Notice of Hearing listed the following allegations:

1. You did fail to comply with your practice restriction that you participate in and fully cooperate with the College of Physicians & Surgeons of Alberta (CPSA) health monitoring program, including the restrictions and duties set out in your Agreement with the CPSA signed by you on October 14, 2022 and the terms of your Agreement to Engage in Health Monitoring signed by you on April 9, 2024, [redacted]

[redacted]

[redacted]

[redacted]

8. Mr. Boyer confirmed that the parties were proceeding by admission and joint submission agreement.

## IV. EVIDENCE

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

**Exhibit 1** – Agreed Exhibit book

| | |
|---|---|
| Tab 1 | Notice of Hearing dated November 21, 2025 |
| Tab 2 | CPSA Website profile for Dr. McKennitt re current practice conditions |
| Tab 3 | CPSA Physician Health Monitoring records [redacted] |
| Tab 4 | Agreement between CPSA and Dr. McKennitt dated October 14, 2022 |
| Tab 5 | Agreement for Monitoring dated April 9, 2024 |
| Tab 6 | Report by Dr. [redacted] dated November 20, 2024 |
| Tab 7 | Report by Dr. [redacted] dated February 20, 2025 |
| Tab 8 | Report by [redacted] dated February 22, 2025 |
| Tab 9 | Report by [redacted] dated March 25, 2026 |
| Tab 10 | Reference letter from [redacted] dated March 11, 2026 |
| Tab 11 | Reference letter from [redacted] dated March 12, 2026 |
| Tab 12 | Reference letter from [redacted] dated March 31, 2026 |

Tab 13 [redacted] – discharge summary dated April 4, 2011
Tab 14 [redacted] – discharge summary dated February 18, 2016
Tab 15 [redacted] – discharge summary dated November 17, 2021
Tab 16 [redacted] – discharge summary dated June 24, 2024

**Exhibit 2** – Admission and Joint Submission Agreement

## V. SUBMISSIONS

Submissions on behalf of the Complaints Director

10. Mr. Boyer thanked Ms. Prather and Dr. McKennitt for their cooperation in reaching the agreement. He noted that as part of the agreement, Allegation 1(a) and (b) were admitted and Allegation 1(c) was withdrawn.

11. Mr. Boyer noted that Dr. McKennitt is the subject of a prior decision from 2018 and is currently subject to practice restrictions. He reviewed the documents in the Agreed Exhibit Book.

12. Mr. Boyer pointed to section 1(1)(pp)(vi) of the HPA for a finding that the conduct is unprofessional conduct on the basis of a failure to comply with the requirements of the Continuing Competence Program.

13. Mr. Boyer stated that there was more than adequate evidence to support the admission and encouraged the Hearing Tribunal to accept the admissions.

Submissions on behalf of the Investigated Person

14. Ms. Prather noted support from the joint submission and the admission made and indicated that Dr. McKennitt wishes to make a statement.

15. Dr. McKennitt stated that he formally admitted Allegation 1(a) and (b) and that the conduct constitutes unprofessional conduct. He stated he was making a sincere and unqualified apology, noting that his behaviour fell short of what was expected of him. He had let down his family, his indigenous community, his patients and his profession. He stated that at the time of the conduct, he was unwell [redacted], which is not an excuse but explains the context. He recognized that responsibility for his actions rests with him. He stated that he has matured significantly [redacted].

Hearing Tribunal Question

16. The Hearing Tribunal asked for clarification in relation to section 1(1)(pp)(vi) of the HPA and whether the nature of the continuing competence program in relation to Allegation 1(a) and (b).

17. Mr. Boyer clarified that the physician health monitoring program is under the purview of the Continuing Competence Program within the College. The original requirement to be in the monitoring program came out of the 2018 order of the Hearing Tribunal. The current monitoring program is from 2022. Ms. Prather confirmed that the physician health monitoring program is under the purview of the Continuing Competence Program and continued to be in place at the time of the hearing.

## VI. FINDINGS

18. The Hearing Tribunal accepted the admission made by Dr. McKennitt pursuant to section 70 of the HPA and found that based on the admission made, the agreed facts in Exhibit 2 and the documents provided in Exhibit 1, Allegation 1(a) and (b) are proven on a balance of probabilities.

19. The College received a complaint on April 11, 2024 regarding Dr. McKennitt [redacted]

20. [redacted] Dr. McKennitt had withdrawn from practice on April 11, 2024 and remained out of practice until April 23, 2025.

21. The Complaints Director directed an investigation into the Complaint [redacted]

22. The Hearing Tribunal finds that Dr. McKennitt failed to comply with the practice restriction that he participate in and fully cooperate with the CPSA's health monitoring program, including the restrictions and duties set out in the Agreement with the CPSA signed by Dr. McKennitt on October 14, 2022 and the terms of your Agreement to Engage in Health Monitoring signed by Dr. McKennitt on April 9, 2024.

23. Dr. McKennitt failed to report to the CPSA physician health monitoring program ("**PHMP"**) [redacted]

24. [redacted]

## VII. DECISION WITH REASONS

25. The Hearing Tribunal found that Allegation 1(a) and (b) were proven on a balance of probabilities and that the conduct is unprofessional conduct under section 1(1)(pp)(vi)(A) of the HPA which states:

> 1(1)(pp) "unprofessional conduct" means one or more of the following, whether or not it is disgraceful or dishonourable:
>
> …
>
> (vi) failure or refusal
>
> (A) to comply with the requirements of the continuing competence program,

26. The Hearing Tribunal found that a failure to comply with a continuing competence program, which in this case involved the PHMP is serious conduct. Dr. McKennitt had an obligation to comply with the terms of agreements he entered into. The purpose of those agreements were to permit Dr. McKennitt to continue practicing while ensuring the public was protected.

27. The Hearing Tribunal notes that being a regulated member of a College is a privilege and not a right. Physicians must cooperate with the College in order to ensure the CPSA's ability to self-regulate. [redacted]

28. [redacted] Physicians must conduct themselves with honesty and integrity in all matters. [redacted]

29. Dr. McKennitt's conduct in failing to abide by the program represents serious unprofessional conduct.

30. The Hearing Tribunal heard directly from Dr. McKennitt. Dr. McKennitt took accountability for his actions and the Hearing Tribunal found his comments to be meaningful and appreciated hearing directly from him.

31. The Hearing Tribunal considered that no information was provided by the parties regarding the withdrawal of Allegation 1(c). However, the Hearing Tribunal recognized that this was as a result of a negotiated agreement between the parties and accepted the withdrawal of Allegation 1(c) in this case.

## VIII. SUBMISSIONS ON SANCTION

Submissions on behalf of the Complaints Director

32. Mr. Boyer referenced the case of *R v Anthony-Cook*, 2016, SCC 43, noting that a Hearing Tribunal should give deference to a joint submission unless it is so manifestly unjust that it should be rejected. The Hearing Tribunal should consider if the proposed sanction is in the public interest.

33. Mr. Boyer reviewed the case of *Wright v College and Association of Registered Nurses of Alberta*, 2012 ABCA 267, [redacted] The tribunal should focus on [redacted] remediation and on deterrence.

34. Mr. Boyer referenced that the Hearing Tribunal should also consider the public's confidence in the regulation of the profession, as noted in *Jaswal v Medical Board of Newfoundland,* 1996 CanLII 11630 (NL SC).

35. Mr. Boyer reviewed discipline cases involving similar issues, noting that the proposed sanction is within the range of what has been imposed in other cases.

36. Mr. Boyer referenced the decision in *Charkhandeh v College of Dental Surgeons of Alberta,* 2025 ABCA 258. The proposed costs of $5,000 is a modest amount, but is appropriate having consideration to the factors in *Charkhandeh.*

37. Mr. Boyer submitted that the proposed sanction strikes a balance between [redacted] remediation and deterrence. With the balance of the suspension held in abeyance, this also demonstrates to the public that there are serious consequences.

Submissions on behalf of the Investigated Person

38. Ms. Prather submitted that the proposed sanction is proportionate and falls within a reasonable range of outcomes for the admitted conduct and adequately addresses the regulatory objectives of public protection, deterrence and remediation.

39. Ms. Prather stated that the case law confirms that significant deference is to be given by the Hearing Tribunal to a joint submission on sanction. The evidence in this case demonstrates that the negotiated resolution is supported here and there is no principled reason not to accept the joint submission.

40. Ms. Prather reviewed the various reports of the physicians contained in the Agreed Exhibit Book in support of the proposed sanction.

## IX. DECISION ON SANCTION

41. The Hearing Tribunal considered the submissions of the parties. The Hearing Tribunal recognizes the high level of deference that is owed to a joint submission on sanction. The Hearing Tribunal must consider if the proposed sanction is reasonable, including whether it is in the public interest and within the range of available sanctions.

42. The Hearing Tribunal considered whether the length of the suspension was sufficient, in light of Dr. McKennitt's prior finding and the need to ensure the protection of the public. The Hearing Tribunal noted that by holding a portion of the suspension in abeyance, this would have a deterrent effect on Dr. McKennitt. The Hearing Tribunal accepted that given the high level of deference owed to a joint submission, the suspension was appropriate in the circumstances of the case.

43. The Hearing Tribunal next considered the conditions on Dr. McKennitt's practice permit. The conditions are aimed at remediation [redacted] and are focused on ensuring the public is protected and that Dr. McKennitt is practicing in a safe manner. The conditions are appropriate given the nature of the findings in this case. It is also appropriate for the Assistant Registrar responsible for Continuing Competence to have oversight of the conditions and to determine modification or removal of practice conditions.

44. The Hearing Tribunal considered the proposed costs order of $5,000. The parties agreed to the amount of costs and the Hearing Tribunal found the costs order to be reasonable and in accordance with the principles set out in the recent decision in *Charkhandeh*.

45. The sanction as a whole is more remedial [redacted] in nature, rather than being punitive. Overall, the Hearing Tribunal found no principled reason to reject the joint submission on sanction. The Hearing Tribunal found the sanction to be reasonable and proportionate, in the public interest and within the range of sanctions.

46. Following the hearing, it came to the attention of the Hearing Tribunal that there were changes to the formerly named Physician Health Monitoring Program, referenced in the jointly proposed sanctions, which transitioned to the Health and Practice Condition Monitoring Program in late 2023. The Chair reached out to the Parties who advised they had no objection to the sanctions referencing the Health and Practice Condition Monitoring Program.

47. The Hearing Tribunal wishes Dr. McKennitt success [redacted]

## X. ORDERS

48. For the reasons set out above, the Hearing Tribunal orders, pursuant to section 82, the following:

1. Dr. McKennitt's practice permit is to be suspended for a period of 18 months, of which he shall receive credit for the 12 months he was out of practice during April 2024 to April 2025. The balance of the 18 month suspension shall be held in abeyance pending Dr. McKennitt fulfilling the orders of the Hearing Tribunal.

2. Dr. McKennitt's practice permit shall be subject to the following conditions:

    a. No prescribing of any Triplicate Prescription Program monitored drugs, whether on Schedule 1 or Schedule 2, or tramadol products, with exception of antibiotics;

    b. Practice only in a group setting approved by the Assistant Registrar responsible for Continuing Competence,

    c. The other physicians and nurses in the group practice are to be informed of the decision of the Hearing Tribunal,

    d. All patients are to be seen with a chaperone present, or parent or guardian in the case of a minor, and

    e. Continued compliance and cooperation with the CPSA's Health and Practice Condition Monitoring Program, including the terms set out in the Health Monitoring Agreement dated October 14, 2022 and the Agreement to Engage in Health Monitoring dated April 9, 2024, until discharged from that program with the approval of the Assistant Registrar responsible for Continuing Competence.

3. The Assistant Registrar responsible for Continuing Competence shall determine any modification or removal of practice conditions outlined in paragraph 2.

4. In the event Dr. McKennitt fails to fulfill any of the Orders of the Hearing Tribunal, the Hearing Tribunal shall retain authority to determine if any portion of the suspension held in abeyance is to be served by Dr. McKennitt.

5. A portion of the costs of the investigation and hearing in the amount of $5,000 shall be paid by Dr. McKennitt on terms acceptable to the Complaints Director.

Signed on behalf of the Hearing Tribunal by the Chair:

*P.A. Matusko*

Ms. Patricia Matusko

Dated this 4th day of May, 2026.