

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. PETER IDAHOSA

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

I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Dr. Peter Idahosa on January 24, 2022. The hearing was conducted virtually via Zoom.
2. The members of the Hearing Tribunal were:
 - Dr. Don Yee of Edmonton as Chair;
 - Dr. Goldees Liaghati-Nasseri of Rocky View;
 - Ms. Patricia Matusko of Beaumont (public member); and
 - Mr. James Lees of Edmonton (public member).
3. Ms. Mary Marshall acted as independent legal counsel for the Hearing Tribunal.
4. Also in attendance at the hearing were:
 - Mr. Craig Boyer, legal counsel for the Complaints Director;
 - Dr. Peter Idahosa;
 - Ms. Taryn Burnett, legal counsel for Dr. Idahosa.

II. PRELIMINARY MATTERS

5. 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.
6. The hearing was open to the public pursuant to section 78 of the *Health Professions Act* ("HPA"). There was no application to close the hearing.

III. CHARGES

7. The Amended Notice of Hearing listed the following allegations:
 1. You did create and utilize a prescription for yourself as a patient of Dr. [REDACTED] when you had not been seen by Dr. [REDACTED] and without his knowledge or consent that the prescription was prepared with his name as the prescribing physician, particulars of which include one or more of the following:
 - a. a prescription for Contrave ER dated on or about September 13, 2018;
 - b. a prescription for Dexilant DR dated on or about August 18, 2018;
 - c. a prescription for Gabapentin dated on or about August 18, 2018.

2. You did create and utilize a prescription for yourself as a patient of Dr. [REDACTED] when you had not been seen by Dr. [REDACTED] and without her knowledge or consent that the prescription was prepared with her name as the prescribing physician, particulars of which include one or more of the following:
 - a. a prescription for Dicetel 50 mg dated on or about June 19, 2018;
 - b. a prescription for Dexilant DR dated on or about May 28, 2018;
 - c. a prescription for Tylenol No. 4 dated on or about May 28, 2018.
3. You did create and utilize a prescription for yourself as a patient of Dr. [REDACTED] when you had not been seen by Dr. [REDACTED] and without his knowledge or consent that the prescription was prepared with his name as the prescribing physician, particulars of which include one or more of the following:
 - a. (withdrawn)
 - b. a prescription for Zopiclone dated on or about April 24, 2018;
 - c. a prescription for Teva-Cotridin Expectorant on or about February 1, 2018.
4. You did create and utilize a prescription for yourself as a patient of Dr. [REDACTED] when you had not been seen by Dr. [REDACTED] and without his knowledge or consent that the prescription was prepared with his name as the prescribing physician, particulars of which include one or more of the following:
 - a. a prescription for Zopiclone dated on or about December 26, 2017;
 - b. a prescription for Sublinox dated on or about September 4, 2017;
 - c. a prescription for Cotridin liquid dated on or about September 2, 2017.
5. You did utilize the prescription created in the name of Dr. [REDACTED] to obtain renewals of the prescription of Zopiclone from the pharmacist, [REDACTED], on one or more of the following dates:
 - a. November 13, 2018,
 - b. January 30, 2019,
 - c. March 23, 2019,

- d. August 20, 2019,
 - e. August 27, 2019, and
 - f. September 27, 2019
8. Dr. Idahosa admitted the Allegations as set out in the Amended Notice of Hearing (the "Allegations") and agreed that the conduct set out in the Allegations amounted to unprofessional conduct. The hearing proceeded by way of an Agreed Exhibit Book and a Joint Submission on Sanction ("Joint Submission") by Dr. Idahosa and the College.

IV. EVIDENCE

9. By agreement, the following Exhibits were entered into evidence during the hearing:

Exhibit 1: Agreed Exhibit Book Containing Tabs 1 to 24

- Tab 1:** Notice of Hearing dated July 16, 2021
- Tab 2:** Amended Notice of Hearing dated January 12, 2022
- Tab 3:** Complaint letter from Dr. [REDACTED] dated February 8, 2019
- Tab 4:** Letter of response from Dr. P. Idahosa dated May 7, 2019
- Tab 5:** Fax from Costco Pharmacy with prescriptions for Dr. Idahosa sent on December 23, 2019
- Tab 6:** Fax from Shoppers Drug Mart Pharmacy with prescriptions for Dr. Idahosa sent on January 6, 2020
- Tab 7:** Further letter of response from Dr. P. Idahosa dated May 13, 2020
- Tab 8:** Fax from Shoppers Drug Mart with records sent on August 18, 2020
- Tab 9:** Fax from Costco Pharmacy with records sent on August 19, 2020
- Tab 10:** Fax from [REDACTED] pharmacist re prescriptions filled for Dr. P. Idahosa sent on November 16, 2020
- Tab 11:** Additional Letter of response from Dr. Idahosa dated February 5, 2021
- Tab 12:** Response from Mr. [REDACTED], pharmacist sent on April 15, 2021

- Tab 13:** Fax from Walmart Pharmacy with records sent on June 1, 2021
- Tab 14:** Alberta Health billing information showing no claims by Dr. [REDACTED] relating to Dr. P. Idahosa
- Tab 15:** Alberta Health billing information showing no claims by Dr. [REDACTED] relating to Dr. P. Idahosa
- Tab 16:** Alberta Health billing information for claim by Dr. [REDACTED] relating to Dr. P. Idahosa
- Tab 17:** Report from Mr. D. McKibbon, psychologist dated November 12, 2021
- Tab 18:** Certificate of Completion of Course on Professionalism in Medical Practice dated November 2, 2019
- Tab 19:** Certificate of Completion of Course on Practice Management dated August 16, 2021
- Tab 20:** Certificate of Completion of Course on prescribing dated August 25, 2021
- Tab 21:** Certificate of Completion of Course on Safe Prescribing dated November 25, 2021
- Tab 22:** Letter from Mr. D. McKibbon dated January 4, 2021 (sic)
- Tab 23:** 2022 Outline of multidisciplinary assessments conducted by Acumen Assessments located in Lawrence, Kansas
- Tab 24:** 2022 Brochure of multidisciplinary assessments conducted by Comprehensive Occupational Assessments for Professionals (COAP) located in Edmonton, Alberta

Exhibit 2: Fully signed Admission and Joint Submission Agreement

V. SUBMISSIONS REGARDING ALLEGATIONS

Counsel for the Complaints Director

10. Mr. Boyer reviewed the Allegations against Dr. Idahosa and pointed out that one part of the original third charge had been withdrawn. He specified that the hearing is dealing with the Allegations set out in the Amended Notice of Hearing.
11. Mr. Boyer highlighted relevant parts of Exhibit 1. He explained that the allegations against Dr. Idahosa are about Dr. Idahosa writing prescriptions for himself in the names of Drs. [REDACTED], [REDACTED], [REDACTED] and [REDACTED].

12. Allegation 5 deals with Dr. Idahosa using an original prescription he wrote for himself in Dr. ██████'s name to obtain refills of Zopiclone on several occasions from the same pharmacist (Mr. ██████). Mr. Boyer pointed out that the law in Alberta allows pharmacists to renew prescriptions originally issued by a physician, and in this case Mr. ██████ was relying on the genuineness of a prescription written in Dr. ██████'s name to provide refills to Dr. Idahosa when the original prescription had been created by Dr. Idahosa.
13. Mr. Boyer pointed out that Dr. Idahosa has admitted to the Allegations. He highlighted the original complaint to the College filed by Dr. ██████ (Tab 3, page 8 of Exhibit 1). He pointed out that in Dr. Idahosa's first response to the complaint he denied Dr. ██████'s allegations against him (Tab 4, page 14 of Exhibit 1).
14. Mr. Boyer highlighted prescriptions issued for Dr. Idahosa in Dr. ██████'s name in September 2018 for Contrave (Tab 5, page 26 of Exhibit 1) and in August 2018 for Dexilant and Gabapentin (Tab 6, page 31 of Exhibit 1).
15. Mr. Boyer reviewed a second letter of response from Dr. Idahosa to the College dated May 13, 2020 where Dr. Idahosa admits to writing prescriptions in Drs. ██████'s and ██████' names (Tab 7, page 35 of Exhibit 1). He pointed out that Dr. Idahosa does not identify any other physicians in this letter.
16. Mr. Boyer outlined prescriptions written for Dr. Idahosa for Dicletel in June 2018 and Sublinox in November 2019 in Drs. ██████' and ██████'s names, respectively (Tab 8, page 39 of Exhibit 1). There is also a prescription issued to Dr. Idahosa in Dr. ██████ name for Dexilant and Tylenol No. 4 in May 2018 (Tab 8, page 41 of Exhibit 1) along with prescriptions for Dr. Idahosa written in Dr. ██████'s name for Dicletel and Ondansetron in February and June 2018, respectively (Tab 8, pages 42 and 44 of Exhibit 1).
17. A Costco pharmacy summary page demonstrates prescriptions issued to Dr. Idahosa for Contrave from Dr. ██████ in September 2018 (Tab 9, page 47 of Exhibit 1). The same summary sheet demonstrates several renewals of a prescription for Zopiclone for Dr. Idahosa processed by pharmacist Mr. ██████ at times in 2018 and 2019.
18. Mr. Boyer summarized a third letter from Dr. Idahosa to the College dated February 5, 2021 where he again acknowledges the falsified prescriptions in Drs. ██████ and ██████'s names. He also indicates he may have written prescriptions under the names of Dr. ██████ and Dr. ██████ (Tab 11, page 52 of Exhibit 1).
19. Mr. Boyer pointed out confirmation provided by Mr. ██████ that the Zopiclone prescription renewals he processed for Dr. Idahosa were based off of an original prescription dated December 26, 2017 from Dr. ██████ (Tab 12, page 54 of Exhibit 1).

20. Mr. Boyer pointed out the written prescriptions for Dr. Idahosa from Dr. ██████ (Tab 13, page 56 of Exhibit 1) have very similar handwriting as the prescriptions for Dr. Idahosa issued in Drs. ██████ and ██████'s names (Tab 8, pages 39 and 42 of Exhibit 1). He stated all the prescriptions appear to have been written by the same individual and that Dr. Idahosa admitted to the College that he wrote these prescriptions.
21. Mr. Boyer pointed out the billing records obtained for when Dr. ██████ attended on Dr. Idahosa show an encounter only in September 2017 which does not correspond with the date of December 2017 on the prescription issued for Dr. Idahosa in Dr. ██████'s name (Tab 16, page 62 of Exhibit 1).
22. Mr. Boyer concluded that the evidence in Exhibit 1 does show that the Allegations are accurate and support Dr. Idahosa's admission that he wrote prescriptions for himself using the names of other physicians and that the admitted conduct does represent unprofessional conduct.
23. Mr. Boyer submitted that Dr. Idahosa's admitted conduct is unprofessional conduct as it harms the integrity of the medical profession. Additionally he pointed out that creating a false document to rely upon is contrary to the *Criminal Code*. He stated that the definition of unprofessional conduct also includes a contravention of another enactment that applies to the profession.
24. Mr. Boyer submitted the Hearing Tribunal should therefore accept the admission of unprofessional conduct from Dr. Idahosa.

Counsel for Dr. Idahosa

25. Ms. Burnett had no submissions regarding the Allegations.

Questions from the Hearing Tribunal

26. In response to questions from the Hearing Tribunal regarding the applicable provisions in the definition of unprofessional conduct, counsel for the Complaints Director submitted that the section in the Canadian Medical Association Code of Ethics that states a physician must not treat themselves is relevant to this case.
27. Counsel for the Complaints Director submitted sections 367 and 368 of the *Criminal Code* are applicable to this case. Section 367 is the provision that deals with the creation of a false document, and section 368 deals with using or acting upon the document that is known to be false. He indicated that section 80(2) of the HPA may apply to this case if the Hearing Tribunal made that finding.
28. Counsel for Dr. Idahosa submitted that there have been no charges or findings made in this case under the *Criminal Code*. She pointed out intent must be proven to make a finding under the *Criminal Code*.

29. Counsel for the Complaints Director submitted that while there have been no charges made under the *Criminal Code* in this case, the Hearing Tribunal does have to determine if there are reasonable and probable grounds to refer the matter to the Minister of Justice and Solicitor General.

VI. FINDINGS REGARDING ALLEGATIONS

30. Given Dr. Idahosa's admission to the Allegations, the Hearing Tribunal considered the submissions from the parties along with evidence presented in Exhibit 1 to determine if the evidence supports Dr. Idahosa's admission.
31. The Hearing Tribunal was presented with evidence in the Agreed Exhibit Book of prescriptions written for Dr. Idahosa in the names of Drs. [REDACTED], [REDACTED], [REDACTED] and [REDACTED]. Dr. Idahosa initially denied Dr. [REDACTED]'s allegations in his initial reply to Dr. [REDACTED]'s College complaint (Tab 3, pages 8 and 15 of Exhibit 1). However, in subsequent reply letters to the College Dr. Idahosa was more forthright in addressing the complaint and admitted to writing prescriptions for himself in the names of his colleagues Drs. [REDACTED], [REDACTED], [REDACTED] and [REDACTED] (Tabs 7 and 11, pages 35 and 52 of Exhibit 1).
32. Documents in Exhibit 1 demonstrate the prescriptions written for Dr. Idahosa in Dr. [REDACTED]'s name for: Contrave, September 13, 2018 (Tab 3, page 11 of Exhibit 1); Dexilant DR, August 18, 2018; and Gabapentin, August 18, 2018 (Tab 3, page 10 of Exhibit 1). Additionally, there are log records from the clinic electronic medical record showing these prescriptions being generated under Dr. [REDACTED]'s log-in (Tab 4, page 17 of Exhibit 1).
33. In his first reply to the College, Dr. Idahosa explained the prescriptions were provided to him by Dr. [REDACTED] from genuine hallway and phone consultations where Dr. [REDACTED] did provide care for him. Dr. [REDACTED] stated in his complaint that he had never written prescriptions for Dr. Idahosa and that someone may have been able to access the clinic EMR with his log-in as his password was saved on one of the clinic computers.
34. Dr. [REDACTED] explained that when confronted, Dr. Idahosa stated he was getting prescriptions from another clinic physician (Dr. [REDACTED]) and a glitch in the EMR must have wrongfully generated the prescriptions under Dr. [REDACTED]'s log-in. When Dr. [REDACTED] checked this explanation with Dr. [REDACTED], she told him she had never written any prescription for Dr. Idahosa.
35. Given how Dr. Idahosa initially gave conflicting explanations to the College and Dr. [REDACTED], eventually backtracked on his initial explanation in his second reply to the College and the lack of billing information and a medical record to show that Dr. [REDACTED] was providing medical care and prescriptions to Dr. Idahosa, the Hearing Tribunal preferred Dr. [REDACTED]'s version of events and found that on the balance of probabilities Dr. Idahosa did write prescriptions for himself in Dr. [REDACTED]'s name as outlined in

Allegations 1(a)-1(c). Therefore, the Hearing Tribunal found Allegations 1(a)-1(c) factually proven.

36. The Hearing Tribunal was presented evidence in Exhibit 1 of prescriptions written for Dr. Idahosa in Dr. [REDACTED] name for: Dicitel, June 19, 2018 (Tab 8, page 39 of Exhibit 1); Dexilant DR, May 28, 2018 (Tab 8, page 41 of Exhibit 1); and Tylenol 4, May 28, 2018 (Tab 8, page 41 of Exhibit 1).
37. The Hearing Tribunal accepted Dr. [REDACTED]'s version of events and Dr. Idahosa's eventual admission and explanation of the circumstances outlined above. Combined with the absence of medical records showing Dr. [REDACTED] was providing care to Dr. Idahosa, the Hearing Tribunal found Allegations 2(a)-2(c) factually proven.
38. The Hearing Tribunal was presented evidence in Exhibit 1 of prescriptions written for Dr. Idahosa in Dr. [REDACTED]'s name for Zopiclone, December 26, 2017 (Tab 13, page 56 of Exhibit 1); Sublinox, September 4, 2017 (Tab 13, page 57 of Exhibit 1); and Cotridin, September 2, 2017 (Tab 13, page 57 of Exhibit 1). Dr. Idahosa admitted to using Dr. [REDACTED]'s name to write himself prescriptions in his letter to the College dated February 5, 2021 (Tab 11, page 52 of Exhibit 1).
39. There was one billing encounter where Dr. [REDACTED] provided care to Dr. Idahosa on September 28, 2017 (Tab 16, page 62 of Exhibit 1), but the date of the encounter does not match the date of any of the above prescriptions. For these reasons, the Hearing Tribunal found Allegations 4(a)-4(c) to be factually proven. Prescriptions in the name of Dr. [REDACTED] were used to obtain renewals from the pharmacist, Mr. [REDACTED], and the Hearing Tribunal found Allegation 5 to be factually proven.
40. The Hearing Tribunal was presented with evidence in Exhibit 1 of prescriptions written for Dr. Idahosa in Dr. [REDACTED]'s name for Dicitel, February 16, 2018 (Tab 8, page 42 of Exhibit 1) and Ondansetron, June 2018 (Tab 8, page 44 of Exhibit 1). Dr. Idahosa admitted to using Dr. [REDACTED]'s name to write himself prescriptions in his letter of response to the College dated February 5, 2021 (Tab 8, page 52 of Exhibit 1). The Hearing Tribunal noted that the name of the doctor, specific medications and dates do not match the medications and dates in Allegations 3(b) and 3(c).
41. In light of this and the findings the Hearing Tribunal made in regards to Allegations 1, 2 and 4 and all of their subparts, the Hearing Tribunal found that on the balance of probabilities Dr. Idahosa did write himself prescriptions in Dr. [REDACTED]'s name for Dicitel and Ondansetron. However, upon careful review, the Hearing Tribunal has concluded that this is not set out in Allegation 3, and therefore Allegations 3(b) and 3(c) are not proven.
42. The Hearing Tribunal considered the College's Standard of Practice regarding the requirement that a physician must follow and abide by the Canadian Medical Association's Code of Ethics and Professionalism. Specifically, this

Code requires a physician to uphold the virtue of honesty, limit self-treatment and to seek appropriate help from medical professionals for any personal or professional problems that may adversely affect their health.

43. In this case, the Hearing Tribunal found that in a time of great stress, Dr. Idahosa did not get the care he needed and instead treated himself by forging prescriptions for himself using his colleagues' names without their knowledge. In doing so, Dr. Idahosa contravened the Canadian Medical Association's Code of Ethics and Professionalism and engaged in conduct that harmed the integrity of the profession. The Hearing Tribunal determined that these were the most applicable provisions and that there was insufficient information to determine whether Dr. Idahosa contravened the *Criminal Code*.

44. The Hearing Tribunal found that the proven Allegations constituted unprofessional conduct under section 1(1)(pp)(ii) and (xii) of the HPA as follows:

1(1) *In this Act,*

(pp) "unprofessional conduct" means one or more of the following, whether or not it is disgraceful or dishonourable:

(ii) contravention of this Act, a code of ethics or standards of practice; and

(xii) conduct that harms the integrity of the regulated profession

45. Accordingly, the Hearing Tribunal accepted Dr. Idahosa's admission of unprofessional conduct and determined that Dr. Idahosa had engaged in unprofessional conduct with respect to Allegations 1, 2, 4, and 5.

VII. WITNESS TESTIMONY REGARDING SANCTION

46. Counsel for the Complaints Director stated that while there is a Joint Submission agreement, there is no agreement between the parties regarding where Dr. Idahosa's multidisciplinary assessment is to be done. There are two possible locations. He pointed out the ACUMEN Assessment ("ACUMEN") program is in Lawrence, Kansas and the Comprehensive Occupational Assessment Professionals ("COAP") program is in Edmonton.

47. Dr. Idahosa prefers the ACUMEN program and will testify in support of this along with Mr. D. McKibbon. He stated the Complaints Director is available to give evidence, if needed.

48. Mr. Boyer explained that Dr. Hartfield is not in agreement with ordering and supporting a cross-border assessment due to the ongoing coronavirus pandemic and the current public health guidelines advising against non-essential travel. He stated travelling to Kansas for his assessment would put Dr. Idahosa at risk for contracting a COVID infection.

49. Counsel for Dr. Idahosa confirmed that she is prepared to call evidence regarding the site of the multidisciplinary assessment. She stated it would be more appropriate for Dr. Hartfield to lead with her testimony and then have Dr. Idahosa and Mr. McKibbon respond to that evidence.
50. Counsel for the Complaints Director expressed his willingness to having Dr. Hartfield testify first to the issue of location of the multidisciplinary assessment at the request of the Hearing Tribunal.

Evidence Adduced by the Complaints Director

Dr. Dawn Hartfield

51. Dr. Hartfield confirmed she is in her 13th month as the CPSA Complaints Director. In this role, she provides oversight and direction regarding the complaints process at the College as per the HPA.
52. Dr. Hartfield explained that an important part of the disciplinary process is remediation and with this to have a sound assessment to gain an understanding of the factors leading to the physician's behavior and actions. This aids the College in providing the physician with the necessary supports to prevent the behaviors from happening again and allowing the physician to be the best physician they can be.
53. Dr. Hartfield stated the College most commonly uses local resources which have the required expertise for such multidisciplinary assessments such as the COAP program, barring any conflicts of interest the physician may have with the COAP team.
54. Dr. Hartfield stated she was surprised at Dr. Idahosa's desire to travel during an ongoing pandemic for his assessment when there is a local option for the assessment venue. She stated that such travel currently is contrary to the national public health guidelines which are currently in place.
55. Dr. Hartfield stated that most of the multidisciplinary assessments performed in her time as Complaints Director have been done by COAP. She stated the ALLIANCE program in Houston was also used prior to the pandemic. She understands ACUMEN has been used by the College in the past but has not personally reviewed any of their reports.
56. Dr. Hartfield indicated she has had only positive experiences with the COAP assessment and has found they provide accurate, comprehensive and timely reports. She stated there have been no concerns expressed from legal counsel or any physicians regarding the COAP program. She stated the experience with the ALLIANCE assessment program has been positive. She indicated that some physicians have also undergone single-practitioner assessments too.

Cross-Examination – Dr. Hartfield

57. Dr. Hartfield confirmed she has been the CPSA Complaints Director for 13 months. She stated she has received and reviewed reports from the ALLIANCE program.
58. Dr. Hartfield stated she was aware that ACUMEN does perform multidisciplinary assessments but has not seen any of their reports. She is aware that prior to 2015, the College did use ACUMEN to perform multidisciplinary assessments.
59. Dr. Hartfield acknowledged that the COAP program is led by Dr. Janet Wright. She indicated she knows that Dr. Wright worked previously at the CPSA but that she does not know Dr. Wright. She stated she knows Dr. Wright had several roles with the College including Physician Health and left the CPSA in around 2014.
60. Dr. Hartfield agreed that the multidisciplinary assessment serves to provide an understanding of the factors that led to a physician's specific behaviors with the ultimate goal of getting the physician the appropriate supports to prevent similar behaviors occurring again in the future. In this way, the College can protect the public and ensure a healthy physician who can practice safely.
61. Dr. Hartfield acknowledged that Dr. Idahosa has been getting psychotherapy for several years from Mr. McKibbon. She stated that while Mr. McKibbon may have his own opinion on the matter, he is not in the best position to determine where Dr. Idahosa should undergo his multidisciplinary assessment.
62. Dr. Hartfield agreed that her opposition to the ACUMEN program in this case is because of the ongoing national public health advice against non-essential travel during the ongoing pandemic.
63. Dr. Hartfield pointed out that Dr. Idahosa has not expressed any conflicts of interest with any of the COAP assessment team members and therefore it is not reasonable for him to travel to the United States for his assessment.
64. Dr. Hartfield stated her understanding that Dr. Idahosa resides in Calgary and would have to travel to Edmonton to undergo the COAP assessment. She acknowledged there would be risks with this travel, but the comparative risks with cross-border travel are different.

Re-Direct Examination - Dr. Hartfield

65. Dr. Hartfield confirmed she spoke with Dr. Caffaro about the COAP program, and he confirmed that in his five years as Complaints Director there were no complaints about the COAP program.

Questions from the Hearing Tribunal – Dr. Hartfield

66. Dr. Hartfield stated the College has no specific concerns about the ACUMEN program apart from ordering a physician to travel across an international border to attend at this time. She explained that part of a regulator's role is to guide their regulated physician members to follow current public health advice.
67. Dr. Hartfield did not identify any concerns with Dr. Wright's professionalism in conducting multidisciplinary assessments. She stated the advantage of the COAP program is through her previous work with the College, Dr. Wright would have better insight in the nuances of physician regulation in Alberta.
68. Dr. Hartfield did acknowledge that a physician undergoing assessment may have a conflict of interest with Dr. Wright if they dealt with her before in her previous College role, but in this particular case no such issue has been brought to her attention. She stated, given the passage of time, some physicians undergoing assessments today may not even be aware of Dr. Wright's previous role with the College.
69. Dr. Hartfield stated that the College does extensive improvement work within their departments and this issue has not been brought up. They recently reviewed 14 years of feedback from physicians and complainants, and she does not recall seeing this issue being raised.
70. Dr. Hartfield stated her previous roles in the College were with Accreditation and Competence and Professional Conduct and that in these roles, she never dealt with Dr. Wright. She stated that, to her knowledge, Dr. Wright does not have any ongoing involvement with the College.

Evidence Adduced by Dr. Idahosa

Mr. Douglas McKibbon

71. Mr. McKibbon has been a practicing psychologist since 1992. His work has been in employee assistance programs and in the realm of substance abuse in the workplace. He provided his services to United Airlines employee assistance program as a senior employee assistance program manager while he worked in the United States. In this role he provided support for pilots, mechanics, flight attendants in behavioral health and workplace safety. He moved back to Alberta in 2017.
72. Mr. McKibbon currently provides independent psychologic counselling for the Alberta Medical Association Physician and Family Support Program, the WestJet group of companies and Calgary City Police.
73. Mr. McKibbon confirmed that he has been involved in Dr. Idahosa's care through the Alberta Medical Association Physician and Family Support

Program. He stated Dr. Idahosa initially contacted this program in 2017 and then again in May 2020.

74. With regards to where Dr. Idahosa should have his multidisciplinary assessment performed, Mr. McKibbon indicated his preference for the ACUMEN program. He explained it is important to understand the action leading to the complaint and that he felt that the ACUMEN program is best to provide an understanding of what led to Dr. Idahosa's behavior and to provide ongoing treatment and support for Dr. Idahosa in his professional activities and personal well-being. He stated he is familiar with the ACUMEN program and has received reports from them previously. He stated he believes the ACUMEN program would provide Dr. Idahosa the best support in terms of evaluation of both understanding and learning what contributed to the cause of the complaint and would also fit within the therapeutic efforts undertaken with Dr. Idahosa over the past two years.
75. Mr. McKibbon stated he has worked with clients who have undergone the COAP assessment, and he has reviewed reports from COAP. He indicated he felt the ACUMEN program would provide a better therapeutic understanding of Dr. Idahosa's case. He stated he felt the ACUMEN program is more diverse and would provide a more comprehensive approach to advance Dr. Idahosa's well-being and health looking forward to the long-term sustainability of his professional and overall well-being.
76. Mr. McKibbon explained he felt that the COAP program has less degree of focus and instead takes a more forensic approach while leaving less support for the physician compared with the ACUMEN approach.
77. Mr. McKibbon did acknowledge the travel Dr. Idahosa would need to do to attend the ACUMEN assessment but emphasized the need to ensure that Dr. Idahosa gets the best resource available to him to ensure his well-being and the public's safety. He stated he felt that the ACUMEN program is the best resource available.

Cross-Examination – Mr. McKibbon

78. Mr. McKibbon clarified that he was licensed as a psychologist in 1993 and his registration number is 2107. He confirmed he returned to Alberta in 2017. He worked in private practice since 1993. He was part of Kelly Butler and Associates, an independent employee assistance program company when he secured his psychology licence through the mentorship of Kelly Butler. He moved to the United States in 2001 but maintained his registration as a psychologist in Canada. He confirmed that from 2001-2017, he did not see clients in Alberta.
79. Mr. McKibbon stated he did not see the ACUMEN program as having a long-term role in Dr. Idahosa's care. He stated the therapeutic assessment provided by ACUMEN is a step in a physician's long-term personal and professional well-being. He acknowledged that Dr. Idahosa may continue to

see him even after his multidisciplinary assessment for further psychological work.

80. When Mr. Boyer characterized the assessment as providing a one-time 'snapshot' of factors that led to the physician's behavior, Mr. McKibbon added that it also provides support to the physician to prevent similar behavior from occurring in the future. Mr. McKibbon agreed that the assessment is not to establish a new therapeutic relationship but stated it serves as an inflection point to answer the question of 'what happened' and set the stage for moving forward and preventing future similar behaviors so that both the individual physician and the public are not at risk moving forward.
81. Mr. McKibbon verified he has a Master's degree in psychology and not a PhD. He confirmed he is not a neuropsychologist.

Questions from the Hearing Tribunal – Mr. McKibbon

82. Ms. Burnett confirmed that the ACUMEN assessment is done in-person with no virtual component.
83. Mr. McKibbon stated he never made referrals to the ACUMEN program when he was living and working in the United States.
84. Dr. Hartfield stated she was not certain if the assessment program used would receive a copy of the Hearing Tribunal's decision. Mr. Boyer added that in prior assessments for other cases, a copy of the Hearing Tribunal decision was sent to the assessment program.

Dr. Peter Idahosa

85. Dr. Idahosa started his testimony by addressing the Hearing Tribunal. He stated in 2015 he was in a difficult rural practice environment which was damaging to him and his family emotionally and mentally. He explained he left this practice and entered a busy family practice in Calgary. In retrospect he felt he did not have the needed supports at that time and it was hard on him and his family.
86. Dr. Idahosa stated his admitted actions were done with his mind in the wrong place. He described times where he had suicidal thoughts and sleepless nights. He recalls looking for the easiest and quickest fixes at that time. He explained his mindset was that a physician should not show weakness.
87. Dr. Idahosa stated he realizes now that forging prescriptions for himself was not acceptable. He indicated that he feels he has changed in the last 2 years. With support from the AMA Physician support program and taking a faith-based approach he feels that he is doing better.

88. Dr. Idahosa stated he has done a lot of self-reflection and introspection in the past 2 years and is now focused on moving forward and minimizing the risk of future similar behaviors. He admitted that he knows he has much work to do. He stated he knows he has disappointed the CPSA and his patients and that he does want to regain their trust and fix his life and his career. He expressed remorse to his colleagues whose names he used for his forged prescriptions and his patients. He vowed he would not repeat his actions.
89. Under questioning, Dr. Idahosa stated he wants an assessment program which provides him the appropriate therapeutic support system so that he does not repeat his behaviors. He indicated that he trusts Mr. McKibbon's opinion in his choice of assessment program. He stated he has researched both the ACUMEN and COAP programs and prefers the ACUMEN program.

Cross-Examination – Dr. Idahosa

90. Dr. Idahosa confirmed he has had two recent patient-based complaints about him to the CPSA. One was in 2016 (patient A) and the other was in 2017 (patient G). Both complaints were resolved with Dr. Idahosa entering an 'IPR' (Individualized Practice Review) process without having to go through a hearing. He acknowledged the complaints were regarding concerns in his practice and documentation. Dr. Idahosa stated he feels these complaints were part of the difficult times he went through in his prior rural practice. He indicated at that time he did not have the tools and supports that he now knows are available to him.
91. Dr. Idahosa confirmed he signed a Terms of Resolution with the College for the Patient A complaint in February 2018 and another Terms of Resolution for the Patient G complaint in June 2018.
92. Dr. Idahosa agreed that he wrote prescriptions to himself using his colleagues' names from 2017 to fall 2018 (Drs. [REDACTED], [REDACTED], [REDACTED], and [REDACTED]). He acknowledged that during this time, his stressors and behaviors were not being addressed, and he was not seeking help from the CPSA during his IPR processes.
93. Dr. Idahosa did recall that he reached out to his psychologist and had a meeting at one point with Dr. Caffaro but did not recall what transpired from that. He admitted his mind was not in the right place at the time and he was not able to reach out for the help he needed even though he did want to complete both IPR processes.

Hearing Tribunal Questions – Dr. Idahosa

94. Dr. Idahosa re-iterated his preference to undergo the ACUMEN assessment instead of the COAP assessment. He stated he felt that the ACUMEN assessment is important to him in recovering from these events. He acknowledged that he knows that two programs are available for the

assessment and that with the ACUMEN program there is added risk involved with travelling during an ongoing pandemic. He acknowledged that if he were to attend for the ACUMEN assessment he would be travelling against the advice of our public health officials.

VIII. SUBMISSIONS REGARDING SANCTION

Counsel for the Complaints Director

95. Mr. Boyer referenced the memorandum of law regarding joint submissions. He indicated that a hearing tribunal should give considerable deference to a joint submission and that the submission should only be rejected if it is manifestly unjust.
96. Mr. Boyer submitted that the joint submission is just and reasonable. He stated it provides the necessary deterrence to both the individual physician and the profession at large. He indicated that it also appropriately dealt with rehabilitation for Dr. Idahosa through the proposed multidisciplinary assessment.
97. Mr. Boyer highlighted the proposed 6-month suspension with 4 months being served and 2 being held in abeyance, pending fulfillment of the other terms of the order of the Hearing Tribunal. He cited five previous CPSA cases with similar themes involving Drs. Datar, McAlpine, McKennitt, Tsujikawa and Wachtler along with two additional cases from the CPSO involving Drs. Ghali and Raddatz. Mr. Boyer stated that the proposed 6 month suspension for Dr. Idahosa is in the range of the imposed suspensions from these related cases. He stated that the proposed 6 month suspension is a very reasonable length and in keeping with the case law.
98. Mr. Boyer explained the Complaints Director is not comfortable with promoting any aspect within the joint submission agreement that would be contrary to current public health advice in regards to the ongoing pandemic. He indicated that the ongoing pandemic supports the argument for Dr. Idahosa to undergo the assessment in Alberta.
99. Mr. Boyer stated practice conditions imposed on Dr. Idahosa will be based on findings from his multidisciplinary assessment and that the Hearing Tribunal would maintain jurisdiction to make a final determination if there is any disagreement regarding nature, scope or duration to be resolved.
100. Mr. Boyer highlighted Dr. Idahosa would be responsible for 100% of the costs of the investigation and hearing into this matter. He explained Dr. Idahosa's conduct was serious and involved multiple forgeries using multiple physicians' names.
101. Mr. Boyer recommended that the joint submission be adopted by the Hearing Tribunal taking into consideration the Complaints Director's concern

regarding travelling for the multidisciplinary assessment and that the assessment therefore be done locally.

Counsel for Dr. Idahosa

102. Ms. Burnett referenced the Supreme Court of Canada decision in *R. v. Anthony-Cook* 2016 SCC 43 ("*Anthony-Cook*") which states a decision-maker should give deference to a joint submission unless it brings the administration of justice into disrepute. She stated that subsequent cases have upheld that *Anthony-Cook* should be applied in disciplinary panels as well as courts. She submitted that the joint submission does serve the public interest, and it has decreased the length of the hearing and reduced costs as a result.
103. Ms. Burnett stated that Dr. Idahosa does acknowledge his actions were inappropriate and has admitted to unprofessional conduct. She stated Dr. Idahosa is deeply sorry for his betrayal of his colleagues' trust and for any issues that his actions brought with respect to the public's trust in physicians.
104. Ms. Burnett indicated that prior to the hearing Dr. Idahosa acknowledged he was guilty of the allegations to the Complaints Director. She stated that Dr. Idahosa has already worked hard on his rehabilitation and that this is an ongoing process.
105. Ms. Burnett asked the Hearing Tribunal to consider Dr. Hartfield's testimony to the point that the multidisciplinary assessment is critical to Dr. Idahosa's career. Based on this, she stated that traveling to Kansas for the assessment is not 'non-essential' travel.
106. Ms. Burnett indicated the assessment would be performed during Dr. Idahosa's active 4-month suspension and by then the current travel advisory may not be an issue. She encouraged the Hearing Tribunal to consider the evidence presented regarding location of the multidisciplinary assessment and the potential impact of the assessment on Dr. Idahosa including any practice restrictions which may flow from the assessment results.
107. Ms. Burnett stated that the relevant case law presented does provide good guidance for the Hearing Tribunal and supports what is being presented in the joint submission.

Hearing Tribunal Questions for the Parties

108. Mr. Boyer advised that to date, the costs of the investigation and hearing amount to approximately \$15,900.00. (This estimate was provided to the Hearing Tribunal after the conclusion of the hearing via email communication to the CPSA.)

109. Mr. Boyer indicated that at least the Exhibits would be made available to the assessment vendor. Ms. Burnett stated the complaint, exhibits and Dr. Idahosa's CV usually are made available to the assessment vendor.

IX. FINDINGS REGARDING SANCTION

110. After adjourning to consider the submissions from the parties, the Hearing Tribunal determined that the proposed sanction order was appropriate. The Hearing Tribunal was also mindful that much deference should be given to joint submissions.
111. The Hearing Tribunal considered the test of the appropriateness of a jointly proposed penalty as outlined in *Anthony-Cook*, and after considerable deliberation, accepted the joint submission as appropriate.
112. The Hearing Tribunal is satisfied that the proposed sanctions serve the dual goals of protecting the public interest and remediation of Dr. Idahosa. The Hearing Tribunal did not find the agreed sanctions in any way unfit, unjust, or unreasonable.
113. The Hearing Tribunal appreciated Dr. Idahosa's comments to them regarding his perspective on his actions and the personal and professional situation he was in at the time of his actions. The Hearing Tribunal acknowledges that Dr. Idahosa expressed regret and remorse over his admitted behavior along with his genuine commitment to continue to rehabilitate and work towards stabilizing his life and professional practice.
114. Dr. Idahosa explained in his letters to the College that his actions occurred during a very stressful period in his professional life and for the sake of convenience he wrote himself prescriptions he needed. The Hearing Tribunal found that his written explanation of the circumstances surrounding his admitted actions matched the evidence in his psychologist's documentation (Tab 17, page 63 of Exhibit 1) and the verbal testimony Dr. Idahosa provided when he addressed the Hearing Tribunal at the hearing.
115. The Hearing Tribunal did accept Dr. Idahosa's verbalized explanation of the life and professional circumstances surrounding his actions outlined in the Allegations. His testimony matched his eventual written explanation to the College and the description of events provided by Dr. Idahosa's psychologist. The Hearing Tribunal understood from the evidence and Dr. Idahosa's testimony that Dr. Idahosa was under a great deal of professional and personal stress and for the sake of convenience he wrote himself prescriptions he needed using names of his colleagues without them knowing or any proper assessment done by any of his colleagues.
116. The Hearing Tribunal found that Dr. Idahosa ought to have recognized his professional and personal situation and the stress it was causing him, and he should have known to get assessed by his physician for both his physical and mental well-being and to obtain any prescriptions he needed. However, Dr.

Idahosa's actions fell short of this, and in the process of self-treating, he deceitfully forged prescriptions for himself in his colleagues' names without getting properly assessed.

117. The Hearing Tribunal was mindful of the seriousness of Dr. Idahosa's actions and did not find them to be a minor transgression. Dr. Idahosa intentionally and deceptively used several colleagues' names to forge prescriptions for his own personal use. He did so repeatedly over a span of approximately 2 years and, when initially faced with a College complaint about his actions, he denied writing the prescriptions for himself and tried to mislead the College about the circumstances surrounding the prescriptions.
118. The Hearing Tribunal reviewed the decisions cited by counsel for the Complaints Director in support of the joint submission on penalty:
 - a. *Ontario (College of Physicians and Surgeons of Ontario) v. Raddatz*, 2020 ONCPSD 27 (CanLII). Dr. Raddatz was found guilty of using a colleague's prescription pad to write several prescriptions for herself and her family members. Part of her sanction featured a 6-month suspension.
 - b. *Ontario (College of Physicians and Surgeons of Ontario) v. Ghali*, 2020 ONCPSD 17 (CanLII). Dr. Ghali was found guilty of forging multiple prescriptions using more than one colleagues' name for Demerol which he was using for himself. Part of his sanction was a 6-month suspension.
 - c. *McKennitt (Re)*, 2018 CanLII 105968 (AB CPSDC). Dr. McKennitt was found guilty of multiple allegations including using another physician's prescription pad without authorization. Part of his sanction was a 24-month suspension. Dr. McKennitt was found guilty of prescribing himself a controlled substance and prescribing to someone with whom he was in a personal relationship. The investigation found he deceived the CPSA during the course of their complaints investigation, and he deceived the Edmonton Police Service during their investigation of a forged prescription.
 - d. *Datar (Re)*, 2016 CanLII 74173 (AB CPSDC). Dr. Datar was found guilty of inappropriate prescribing of benzodiazepines and opioids for a patient who suffered an overdose death. Part of his sanction was a 3-month suspension.
 - e. *Tsujikawa (Re)*, 2013 CanLII 34544 (AB CPSDC). Dr. Tsujikawa admitted to several allegations including inappropriate prescribing of narcotics to a patient who he was in a personal relationship with. Part of his sanction featured a 6-month suspension.
 - f. *McAlpine (Re)*, 2012 CanLII 92549 (AB CPSDC). Dr. McAlpine was found guilty of writing triplicate prescriptions to one or more of his

patients but then obtaining the medications from his patients for his own personal use. Part of his sanction was a 12-month suspension.

- g. *Wachtler (Re)*, 2012 CanLII 29320 (AB CPSDC). Dr. Wachtler was initially found guilty of improper prescribing. Part of his sanction was a 3-month suspension and restriction of his prescribing privileges. As part of a routine practice monitoring process, the College discovered Dr. Wachtler was not following the restrictions on his prescribing practices and had not completed a mandatory prescribing course. Dr. Wachtler was subject to further sanctions including a 6-month suspension.
119. Therefore, the Hearing Tribunal found that Dr. Idahosa's admitted conduct warranted a significant sanction and found that the 6-month suspension is appropriate and consistent with the relevant case law presented by Mr. Boyer.
120. The Hearing Tribunal found the payment of the full amount of the costs of the investigation and hearing appropriate. While Dr. Idahosa did ultimately admit to the Allegations, it was after he initially tried to mislead the College in his initial response to the Complaint filed by Dr. [REDACTED].
121. The Hearing Tribunal found that Dr. Idahosa exercised extremely poor judgment in this matter and that his actions were an abuse of the trust that normally exists between physician colleagues. This trust is a cornerstone of all healthy and professional physician relationships, and Dr. Idahosa's betrayal of this trust put both himself and his patients in potential danger. Therefore, the Hearing Tribunal found it essential that Dr. Idahosa undergo the proposed multidisciplinary assessment as a tool to gain understanding of the factors that led to his behavior. Additionally, such an assessment will provide guidance in terms of appropriate practice restrictions for Dr. Idahosa moving forward. The Hearing Tribunal found that such input from a multidisciplinary assessment would be essential to minimize the risk of similar future behaviors from Dr. Idahosa, ensure that Dr. Idahosa is safely and competently practising medicine, and ultimately protect the public.
122. With respect to the vendor to perform the multidisciplinary assessment, the Hearing Tribunal found it would be most appropriate for Dr. Idahosa to undergo the ACUMEN assessment. The Hearing Tribunal heard testimony from Dr. Hartfield where she stated her belief that either the ACUMEN or COAP assessment would provide the needed information to further Dr. Idahosa's rehabilitative efforts, but that she preferred the COAP program at the present time due to the ongoing public health guidance against non-essential travel.
123. Mr. McKibbon testified he felt the ACUMEN program would provide a more comprehensive assessment for Dr. Idahosa and would serve his rehabilitation better moving forward. Dr. Idahosa stated his preference for the ACUMEN assessment. The Hearing Tribunal appreciated the strong therapeutic bond

between Dr. Idahosa and Mr. McKibbon and the trust Dr. Idahosa has in Mr. McKibbon in matters relating to his ongoing rehabilitation.

124. Dr. Idahosa provided his acknowledgement that if he chose to travel to the United States for his assessment he would be travelling against current public health guidance against non-essential travel. He stated that he is triple-vaccinated against COVID-19 but does understand the extra travel would come with more risk of contracting COVID.
125. The Hearing Tribunal understood the ongoing coronavirus pandemic is a fluid situation and that the current public health advice against non-essential travel may not be in place when the time comes for Dr. Idahosa to attend for his assessment.
126. The Hearing Tribunal appreciated Dr. Idahosa's strong motivation to rehabilitate and move forward from this. With this, the Hearing Tribunal felt it is important to ensure public safety while maximizing Dr. Idahosa's chances of successful rehabilitation and having a safe and fulfilling medical practice. Given Dr. Idahosa's stated belief in the superiority of the ACUMEN program for his situation and the likely impact of this on Dr. Idahosa's engagement in the program, the Hearing Tribunal found it more appropriate that he attend the ACUMEN assessment instead of the COAP assessment.
127. While Mr. Boyer made brief reference to the *Criminal Code* and its possible applicability to Dr. Idahosa's admitted conduct, the Hearing Tribunal did not make any specific finding in this regard. The Hearing Tribunal does acknowledge the seriousness of forging an official document and presenting the forged document for gain. In this specific case, Dr. Idahosa was not forging prescriptions for any drugs with high potential for abuse or to re-sell for profit. The Hearing Tribunal does recognize similar cases with differing specific circumstances may be seen as more severe transgressions worthy of criminal consideration, such as Dr. McKennitt's case as referenced above. As such, the Hearing Tribunal will not be issuing a direction pursuant to section 80(2) of the HPA.

X. ORDERS

128. The Hearing Tribunal hereby orders pursuant to section 82 of the HPA:
 - a. Dr. Idahosa shall receive a suspension of his practice permit for a period of six months, of which four months shall be served and two months shall be held in abeyance pending fulfillment of the orders of the Hearing Tribunal, with the period of active suspension to start on a date determined by the Complaints Director.
 - b. Dr. Idahosa shall, at his expense, undergo an assessment at a multi-disciplinary ACUMEN assessment program, and further to instructions provided to the ACUMEN assessment program by the Complaints Director to address the factors that were behind the admitted

unprofessional conduct, the risk of such conduct reoccurring and what remediation/treatment/conditions on practice may be recommended, with the resulting report to be provided to the Complaints Director and Dr. Idahosa.

- c. Dr. Idahosa's practice permit shall be subject to the practice conditions that are recommended by the multi-disciplinary assessment, and if there is disagreement over the nature, scope or duration of the practice condition(s), that the Hearing Tribunal shall retain jurisdiction to determine the issue.
- d. Dr. Idahosa shall be responsible for the costs of the investigation and hearing, payable on terms acceptable to the Complaints Director.

Signed on behalf of the Hearing Tribunal by its Chair:



Dr. Don Yee

Dated this 6th day of March, 2022.