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. KHALED RAJAB

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

August 15, 2025

I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Dr. Khaled Rajab on May 27, 2025. The members of the Hearing Tribunal were:

   Dr. Don Yee as Chair;
   Dr. Pooja Das Kumar;
   Ms. Leanne Axelsen (public member);
   Mr. Geoffrey Coombs (public member).

2. Appearances:

   Mr. Craig Boyer, legal counsel for the Complaints Director;
   Dr. Khaled Rajab, Investigated Person;
   Mr. Conor Holash and Ms. Rayna Lew, legal counsel for Dr. Khaled Rajab.

   Mr. Greg Sim 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 May 16, 2025 Amended Notice of Hearing lists the following allegations:

   1. In October 2023, you did make changes to multiple visit notes in the chart of your patient, [Patient],[1] after you were informed about the complaint related to that patient and in doing so failed to comply with section 4 of the CPSA Standard of Practice on Patient Record Content.

   2. During the period of January 2016 to October 2023, you did display a lack of knowledge of or lack of skill or judgment in the provision of professional services to your patient, [Patient], particulars of which include one or more of the following;

      a. Inadequate charting in visits where the patient presented with a physical complaint, but the chart note had no documentation of objective findings,

[1] The patient's name has been replaced with "Patient" throughout this decision.

b. Inadequate charting in visits where chart note only states "counselled", including for psychiatric treatment, without any detailed chart note regarding the issues discussed, the treatment options or the plan that would be implemented,

c. Inadequate charting of history and findings from examination to support diagnosis of Opioid Use Disorder or Substance Use Disorder,

d. Failure to chart information for assessment and decision to start the patient on Methadone on or about January 5, 2022, and on advice to patient regarding titration or risk of combining Methadone with other sedatives, including drug poisoning,

e. Inadequate charting regarding reason for prescribing and administration of Sublocade,

f. Failure to chart history and findings from examination to support diagnosis of schizophrenia to justify prescribing Invega Sustena, and of any discussion with your patient on the dose of Invega Sustena, its effectiveness, side effects or adverse reactions, or plan for ongoing dosing,

g. Failure to chart any discussion with patient regarding risks of stopping use of Suboxone before ending that prescription in March 2021,

h. Failure to chart whether the patient had ongoing opioid use while treating the patient with Suboxone in 2022,

i. Failure to chart follow up with the patient after prescribing Botox to the patient for the prevention of chronic migraine headaches, including charting who administered the Botox,

j. Prescribing Botox for dispensing to your patient in an excessive amount and on a frequency greater than was appropriate,

k. Inadequate charting of follow up with patient, of continued justification for the prescribing, of the consideration of harms (including diversion by patient or misuse of the amount prescribed), during the prescribing of multiple medications associated with substance use disorders (including Clonazepam, Lorazepam, Tylenol 3 with Codeine and Oxycodone),

l. Inadequate charting of reasons for granting the patient early refill of a prescription given the patient's frequent refill requests,

m. Inadequate charting of consideration if the patient was not taking her medications as prescribed by you, or in combination with drugs not prescribed by you, in light of positive urine screens in September 2022 and September 2021, the May 9, 2023 psychiatry

consult by Dr. [redacted] and July 24, 2023 records from the University of Alberta Hospital.

3. You did demonstrate conduct that harms the integrity of the profession in that you did submit a special relief requisition form to Alberta Blue Cross on or about August 31, 2021 seeking benefits coverage for an Ozempic prescription for your patient which provided inaccurate or misleading information that your patient had a documented diagnosis of Type 2 diabetes, or a previous trial of Metformin or Sulfonylurea for the duration required on the form;

4. You did demonstrate conduct that harms the integrity of the profession in that you did submit a special relief requisition form to Alberta Blue Cross on or about August 26, 2023 seeking benefits coverage for an Invega Sustenna prescription for your patient which provided inaccurate or misleading information that your patient had a documented diagnosis of schizophrenia as required on the form.

IV. EVIDENCE

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

Exhibit 1: Agreed Exhibit Book

Tab 1: Notice of Hearing dated January 30, 2025

Tab 1.1: Amended Notice of Hearing dated May 16, 2025

Tab 2: Complaint form dated September 22, 2023

Tab 3: Records from Poundmaker's Lodge

Tab 4: CPSA letter to Dr. Rajab dated October 6, 2023

Tab 5: CPSA letter to Dr. Rajab dated November 2, 2023

Tab 6: Physician Prescribing Practices Program (PPP) Interdepartmental Query Report dated November 1, 2023

Tab 7: Response from Dr. Rajab dated November 16, 2023

Tab 8: Chart for [Patient] from Beverly Clinic

Tab 9: Chart for [Patient] from Norwood Clinic

Tab 10: OAT Approval letter dated November 28, 2019

Tab 11: Sample OAT agreement used by Dr. Rajab

Tab 12: Alberta Health Care billings for visits by [Patient] with Dr. Rajab

Tab 13: Expert Opinion from Dr. [redacted] dated March 11, 2024

Tab 14: Further response from Dr. Rajab dated April 1, 2024

Tab 15: Third Response from Dr. Rajab dated April 25, 2024

Tab 16: Addendum opinion from Dr. [redacted] dated April 29, 2024

Tab 17: Letter from Alberta Health with records of prescriptions issued by Dr. Rajab to [Patient] from January 2017 to April 2024.

Tab 18: Extract from Electronic Medical Record Audit Log for Norwood Clinic chart with notations by Dr. [redacted], Senior Medical Advisor, CPSA

Tab 19: CME courses taken by and registrations for Dr. Rajab post-complaint, and associated completion certificates

Tab 20: CPSA Standard of Practice regarding Patient Record Content

Tab 21: CPSA Standard of Practice regarding Prescribing Drugs Associated with Substance Use Disorders

Tab 22: Canadian Medical Associate Code of Ethics and Professionalism

Exhibit 2: Signed Admission and Joint Submission Agreement dated May 16, 2025

V. SUBMISSIONS REGARDING THE ALLEGATION

Submissions on Behalf of the Complaints Director

7. Mr. Boyer thanked Mr. Holash for his cooperation and assistance that allowed for this hearing to take place on the basis of agreement.

8. Mr. Boyer specified that Dr. Rajab has admitted to three types of allegations including: making late amendments to existing chart entries and not complying with section 4 of the Standard of Practice on Patient Record Content; demonstrating a lack of skill or judgement with respect to the provision of professional services with a number of particulars outlined in the Amended Notice of Hearing and as are supported through an expert opinion and an addendum from that expert; and lastly engaging in conduct that harms the integrity of the medical profession by making inaccurate and potentially misleading submissions to Alberta Blue Cross.

9. Mr. Boyer provided some background information and highlighted materials in Exhibit 1. He explained that a pharmacist at Poundmaker's treatment facility Pharmacy submitted the original complaint about Dr. Rajab. The pharmacist was filling prescriptions that Dr. Rajab had written for his Patient and conveyed a number of concerns in their complaint based on information provided by the Patient to staff at the treatment facility. Dr. Rajab saw the

Patient at two clinics where he worked (Beverly Towne Medical Clinic and Norwood Medical Clinic).

10. Mr. Boyer highlighted portions of Exhibit 1 that contained the late-modified chart entries and inaccurate relief submissions made by Dr. Rajab on the Patient's behalf to Alberta Blue Cross. Dr. Rajab's billing information for his attendances with the Patient were noted. The Alberta Health billing information summarizing the number of visits the Patient had with Dr. Rajab from 2020-2023 was referenced.

11. Mr. Boyer pointed out the expert opinion report and subsequent addendum report that contained several criticisms of Dr. Rajab's conduct in the care he provided to the Patient and Dr. Rajab's responses to the College regarding the special relief submissions that he made to Alberta Blue Cross and the late changes he made to the Patient's chart entries after he learned of the complaint. An extract from the Patient's chart at the Norwood clinic was highlighted to show the notations made by Dr. [redacted] demonstrating the late revisions made to specific chart entries. Dr. [redacted] is a senior medical advisor with the CPSA Complaints Department.

12. Mr. Boyer pointed out that while Dr. Rajab has admitted to the allegations, under Section 70 of the HPA, a Hearing Tribunal must be satisfied that there is sufficient evidence to support Dr. Rajab's admissions as amounting to unprofessional conduct. He reviewed the definition of unprofessional conduct as outlined in the HPA. This would include violations of standards of practice, demonstrating lack of skill or judgement, which in this case is proven through the expert opinion showing what is or is not acceptable care, and bringing disrepute to the medical profession which in this case is the submission of inaccurate or misleading information in the Alberta Blue Cross applications.

13. Mr. Boyer submitted that there is more than sufficient evidence to support Dr. Rajab's admissions and to find the admitted conduct does amount to unprofessional conduct. He encouraged the Tribunal to accept Dr. Rajab's admissions and make findings of unprofessional conduct as outlined in the Amended Notice of Hearing.

Submissions on Behalf of Dr. Rajab

14. Mr. Holash thanked Mr. Boyer for his cooperation in reaching the Admission and Joint Submission Agreement and the Agreed Exhibit Book to significantly streamline these proceedings. He stated that Dr. Rajab acknowledges that his admitted conduct constitutes unprofessional conduct pursuant to the HPA and merits sanction and that the evidence presented by Mr. Boyer is not contested. He stated that Dr. Rajab acknowledges the importance of conducting himself in a manner in keeping with ethical and professional standards relevant to a regulated member of the College. These are set out in the CPSA Standards of Practice and the Canadian Medical Association Code of Ethics and Professionalism.

Questions from the Hearing Tribunal

15. [redacted]

16. [redacted]

17. [redacted]

18. [redacted]

VI. DECISION REGARDING ALLEGATIONS

19. The Hearing Tribunal adjourned to review Exhibits 1 and 2 and consider the submissions by the parties. After deliberating, the Hearing Tribunal accepted Dr. Rajab's admissions of the charges in the Amended Notice of Hearing and found all aspects of the allegations to be proven. The Hearing Tribunal found that Dr. Rajab's conduct constitutes unprofessional conduct as defined by section 1(1)(pp)(ii) and (xii) of the HPA as contraventions of the Code of Ethics or Standards of Practice and 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. Rajab's admissions 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 admissions were acceptable to the Hearing Tribunal.

21. The allegations against Dr. Rajab in the Amended Notice of Hearing that is dated May 16, 2025 involve several practice, charting and prescribing issues for one patient including:

    1. In October 2023, you did make changes to multiple visit notes in the chart of your patient, [Patient], after you were informed about the complaint related to that patient and in doing so failed to comply with section 4 of the CPSA Standard of Practice on Patient Record Content.

    2. During the period of January 2016 to October 2023, you did display a lack of knowledge of or lack of skill or judgment in the provision of professional services to your patient, [Patient], particulars of which include one or more of the following;

        a. Inadequate charting in visits where the patient presented with a physical complaint, but the chart note had no documentation of objective findings,

        b. Inadequate charting in visits where chart note only states "counselled", including for psychiatric treatment, without any detailed chart note regarding the issues discussed, the treatment options or the plan that would be implemented,

        c. Inadequate charting of history and findings from examination to support diagnosis of Opioid Use Disorder or Substance Use Disorder,

        d. Failure to chart information for assessment and decision to start the patient on Methadone on or about January 5, 2022, and on advice to patient regarding titration or risk of combining Methadone with other sedatives, including drug poisoning,

        e. Inadequate charting regarding reason for prescribing and administration of Sublocade,

        f. Failure to chart history and findings from examination to support diagnosis of schizophrenia to justify prescribing Invega Sustena, and of any discussion with your patient on the dose of Invega Sustena, its effectiveness, side effects or adverse reactions, or plan for ongoing dosing,

        g. Failure to chart any discussion with patient regarding risks of stopping use of Suboxone before ending that prescription in March 2021,

        h. Failure to chart whether the patient had ongoing opioid use while treating the patient with Suboxone in 2022,

i. Failure to chart follow up with the patient after prescribing Botox to the patient for the prevention of chronic migraine headaches, including charting who administered the Botox,

j. Prescribing Botox for dispensing to your patient in an excessive amount and on a frequency greater than was appropriate,

k. Inadequate charting of follow up with patient, of continued justification for the prescribing, of the consideration of harms (including diversion by patient or misuse of the amount prescribed), during the prescribing of multiple medications associated with substance use disorders (including Clonazepam, Lorazepam, Tylenol 3 with Codeine and Oxycodone),

l. Inadequate charting of reason for granting patient early refill of a prescription given patient's frequent requests for refills,

m. Inadequate charting of consideration if patient was not taking her medications as prescribed by you, or in combination with drugs not prescribed by you, in light of positive urine screens in September 2022 and September 2021, the May 9, 2023 psychiatry consult by Dr. [redacted] and July 24, 2023 records from the University of Alberta Hospital.

3. You did demonstrate conduct that harms the integrity of the profession in that you did submit a special relief requisition form to Alberta Blue Cross on or about August 31, 2021 seeking benefits coverage for an Ozempic prescription for your patient which provided inaccurate or misleading information that your patient had a documented diagnosis of Type 2 diabetes, or a previous trial of Metformin or Sulfonylurea for the duration required on the form;

4. You did demonstrate conduct that harms the integrity of the profession in that you did submit a special relief requisition form to Alberta Blue Cross on or about August 26, 2023 seeking benefits coverage for an Invega Sustenna prescription for your patient which provided inaccurate or misleading information that your patient had a documented diagnosis of schizophrenia as required on the form.

22. Dr. Rajab served as the Patient's family physician since 2016. A pharmacist at Poundmaker's Pharmacy where the Patient filled her prescriptions from Dr. Rajab submitted a complaint to the CPSA on September 22, 2023 citing several concerns they had about the care Dr. Rajab provided to the Patient including but not limited to safety and clinical appropriateness of certain medications he had prescribed for the Patient. Dr. Rajab was notified by letter dated Oct 6, 2023 from the CPSA regarding the complaint and asked to reply to it.

23. The Hearing Tribunal was presented with an extract from the chart that Dr. Rajab kept for the Patient at the Norwood clinic which contained results from an audit performed by the CPSA investigator (Dr. [redacted]) noting dates that edits were made to the Patient's electronic clinic notes. All of the edits were made after Dr. Rajab learned of the complaint made against him, and within the same month. The edits were made to clinic visits that had occurred in prior weeks. Some of the edited notes were documentation of clinic appointments which occurred as far back as 2020. In a letter dated April 25, 2024, Dr. Rajab provided another written response to the CPSA to address questions arising from their expanded scope of investigation into the complaint and request for further information from him. In this letter, Dr. Rajab admitted that he had edited several of the Patient's clinic visit notes in his EMR after he learned of the complaint. He explained he was initially very distressed upon learning of the complaint and one of his initial reactions was to review his charts for the Patient. In his review, he made edits to reflect his independent recollection of the events of specific appointments more accurately. He stated he made these edits to ensure the chart was as complete as possible.

24. Dr. [redacted], the expert retained by the CPSA for their input regarding the complaint, opined that Dr. Rajab's conduct in this respect breached the CPSA Standard of Practice on Patient Record Content. Dr. [redacted] could not conclude that Dr. Rajab completed his chart notes for the Patient as soon as reasonably possible to promote accuracy. Additionally, Dr. [redacted] noted this particular Standard of Practice does allow for chart amendments and corrections in specific circumstances such as routine corrections to a name or contact information, to ensure accuracy of information already documented or at the request of a patient to correct incomplete or inaccurate information. Dr. [redacted] stated none of Dr. Rajab's chart edits fit any of these circumstances.

25. The Hearing Tribunal considered Dr. Rajab's admitted conduct in this instance in the context of the CPSA Standard of Practice relating to patient record content. The collection of edits he made to notes from several clinic visits dating as far back as 3 years prior to his being notified of the complaint indicate he did not complete his clinic notes in a timely fashion. Additionally, the impetus for Dr. Rajab to review the Patient's chart and ultimately make revisions to specific chart notes was his learning of the complaint made against him. The Hearing Tribunal found that these actions breached the CPSA Patient Record Content Standard of Practice, constituting unprofessional conduct pursuant to section 1(1)(pp)(ii) of the HPA.

26. The Hearing Tribunal reviewed the Agreed Exhibit Book and the submissions from the parties in relation to Allegation 2 and its subparts which cited issues with Dr. Rajab's inadequate charting of several aspects of the care he provided to the Patient, including specific medications he had prescribed.

27. The Patient had several clinic visits with Dr. Rajab where she presented with different physical complaints including back pain, rash, ear pain, migraines, and toothache. None of the chart notes document any assessment of the presenting symptoms either by history or physical exam and many contain the word "counselled" with no elaboration on management options considered or Dr. Rajab's management and plan.

28. In his November 16, 2023 reply to the complaint Dr. Rajab stated he managed the Patient's opioid use disorder or substance use disorder which he stated he diagnosed the Patient with in 2017. However, there is no documentation in the Patient's chart to support this diagnosis. The Expert noted the absence in the Patient's chart of essential details to support the diagnosis including history of substance use including use of opioids, stimulants, alcohol, sedatives, route of use, treatment history, social environment and other factors of influence and relevant physical examination findings, as outlined and supported by the Centre for Addiction and Mental Health Canadian Guidelines for treating Opioid Use Disorder.

29. Dr. Rajab documented in a January 5, 2022 clinic note that he started the Patient on methadone for her opioid use disorder. The note, however, does not include documentation of dose or titration, consideration of the risks of methadone in combination with other sedatives or risks of poisoning or overdoses with use of an illicit opioid supply. The Expert also noted that 18 subsequent chart notes relating to the Patient's use of methadone for opioid use disorder are deficient of details about dose, effects of a particular dose, any ongoing drug use or other use of other substances that increase the risks of methadone, side effects, discussion of risk of stopping methadone once the Patient started tapering her dose.

30. Dr. Rajab documented in a March 17, 2023 clinic note that the Patient presented requesting to "change Suboxone" and a plan to start that same day. Netcare dispensing records confirm the Suboxone was dispensed to the Patient on the same day to be injected by the Patient's physician. Dr. Rajab's chart does not document if the injection was administered and if so where or what the Patient's response to the treatment was. Additionally, Netcare dispensing records indicate a gap in Suboxone dispensing between March-June 2023, but Dr. Rajab's chart does not document the reason for this gap and the reasons why the Suboxone was re-started in June 2023.

31. Dr. Rajab's response to the complaint confirmed he prescribed Invega Sustenna, an anti-psychotic, for the Patient in August 2023. He described the Patient's psychiatric issues to include anxiety, depression and PTSD. Emergency room and inpatient records from May 2023 indicate the Patient was experiencing auditory hallucinations and the psychiatry team that assessed her felt these were substance-induced. The Patient had several emergency room visits throughout 2023 and only one where it is documented that the Patient has "known schizophrenia". The Expert believed that this

reference was an incorrect reference to the Patient's past admissions for drug-induced psychosis.

32. Review of Dr. Rajab's charts for the Patient reveals very few entries regarding schizophrenia or psychosis. Comments about antipsychotics and diagnosis of drug-induced psychosis were added to an October 8, 2023 chart note after Dr. Rajab learned of the complaint made against him. A note from August 21, 2023 references Invega Sustenna and psychosis. In this note, Dr. Rajab documented a diagnosis of schizophrenia and that Invega Sustenna was started.

33. The expert commented that while Dr. Rajab started the patient on Invega Sustenna for a diagnosis of schizophrenia, there is no documentation in his charts for the Patient of an adequate assessment having ever been performed to reach this diagnosis. The expert referenced Canadian Guidelines for assessment and diagnosis of schizophrenia and the DSM-5 criteria for diagnosis of schizophrenia and pointed out none of Dr. Rajab's clinic notes document that the Patient had any of the diagnostic criteria to satisfy a schizophrenia diagnosis.

34. The expert noted that Netcare dispensing records show the Patient was started on Suboxone by another physician in 2017 and that Dr. Rajab took over prescribing this medication in 2018. Netcare dispensing records show the prescriptions ended in March 2021. Review of Dr. Rajab's charts for the Patient does not show any documentation to clarify the reason(s) for discontinuation of Suboxone in March 2021 and whether Dr. Rajab had any discussions with the Patient about the risks of stopping the treatment.

35. Dr. Rajab's clinic notes and Netcare dispensing records confirm that the Suboxone was re-started on July 26, 2022. The clinic note contains diagnoses of opioid use disorder and chronic pain, but it is not specified what the Suboxone is meant to treat. In his reply to the complaint Dr. Rajab clarified the dose he restarted the Patient on but neither his clinic chart nor reply to the complaint document whether the patient was taking other opioids at the time. Netcare dispensing records indicate the Patient filled multiple prescriptions for Tylenol with codeine in June and July 2022. The expert outlined the risk of starting Suboxone in the setting of ongoing use of other opioids, namely the induction of precipitated withdrawal syndrome.

36. Dr. Rajab's chart notes for the Patient indicate over 40 documented instances of where the Patient presented requesting an early refill of her medications. In over half of these instances there is no documented reason for the request. In other instances, Dr. Rajab documented that the Patient indicated her medications were lost or stolen, was leaving town and in one instance, the Patient was selling her medications to pay for a hotel room. The expert noted that a patient-centered approach does sometimes mean flexibility is required but in this respect the sheer volume of these requests should have

been a red flag as to whether the Patient was taking her medications as prescribed.

37. The expert summarized other red flags in this respect, including multiple positive urine toxicology screens for medications with abuse potential which were at the time not on the Patient's list of prescriptions from Dr. Rajab. The expert also noted a psychiatry consult done by Dr. [redacted] in May 2023 where he documented that the Patient had been on methadone and Sublocade previously, but she did not believe she had opioid use disorder but had been "getting high" from her methadone. Additionally, documentation from a July 24, 2023 emergency room visit indicated the Patient had previously been on Suboxone but was not compliant. The expert highlighted these details as red flags that raised questions about the Patient's compliance with the medications she received from Dr. Rajab and that Dr. Rajab did not address any compliance issues in his clinical chart or his response to the complaint.

38. The expert noted that Netcare dispensing records show Dr. Rajab started the patient on a second benzodiazepine (lorazepam) in June 2023 in combination with an ongoing clonazepam prescription. Despite this, Dr. Rajab did not document any evaluation of the Patient for anxiety, panic attacks or the safety of taking two benzodiazepines with prescribed opioids or other illicit drugs the Patient may have been taking at the time. The expert was critical of Dr. Rajab in this instance while referencing the CPSA Standard of Practice on Prescribing: Drugs Associated with Substance Use Disorders.

39. The expert noted that from Netcare dispensing records, Dr. Rajab prescribed Botox for the patient on four occasions in 2023. The expert outlined that Botox is an approved treatment in Canada for prevention of chronic migraines. Dr. Rajab's chart for the Patient contains few references to migraines or how he came to this diagnosis. There is no documentation related to how effective the Botox was for the Patient's migraines. The expert noted that the documentation in the October 15, 2023 note about headaches, physical examination findings, past medications tried and plan to start Botox was added after Dr. Rajab had learned of the complaint made against him. Dr. Rajab also did not document whether or not Botox was administered and if so, who administered it.

40. The Hearing Tribunal considered Dr. Rajab's admitted conduct with respect to allegation 2 and its subparts in the Amended Notice of Hearing in the context of the CPSA Standard of Practice relating to Patient Record Content. This Standard outlines that a regulated member's chart for a patient must be an "accurate and complete reflection of the patient encounter to facilitate continuity in patient care" and that notes from each clinical encounter must contain key elements including presenting concern, relevant findings, assessment and plan, follow-up, prescriptions issued and their particulars, and a cumulative patient profile which includes ongoing health conditions and identified risk factors.

41. Dr. Rajab's chart notes from his attendances with the Patient were consistently devoid of sufficient detail with a consistent pattern of documentation of a physical complaint but no documentation of objective findings or any other assessment. Many chart notes only state "counselled" without elaboration about the specifics of a management plan.

42. Dr. Rajab prescribed Methadone and Sublocade to the Patient to manage Opioid Use Disorder and schizophrenia, respectively. However, his chart notes do not contain sufficient details surrounding how he came to diagnosing the Patient with Opioid Use Disorder and schizophrenia. Additionally, Dr. Rajab's chart notes do not contain sufficient detail surrounding his prescribing of these medications, particularly with respect to dosing, side effects, response to specific doses and risks of interaction with other medications.

43. Dr. Rajab's chart also showed he prescribed Botox to the Patient for management of migraines. He prescribed excessive amounts of Botox at a frequency much higher than appropriate for the clinical issue, but his chart notes do not sufficiently document any follow up of the effect of the Botox or even where it was administered or by who.

44. The expert also noted that Netcare dispensing records show the Botox was dispensed in amounts that far exceed the recommended dosing and treatment intervals for migraine prevention.

45. Dr. Rajab's shortcomings in his chart for the Patient also demonstrate insufficient attention to potential harmful clinical circumstances for the Patient. He failed to document any discussion he had with the Patient regarding stopping her Suboxone in March 2021 or whether she was using other opioids while on Suboxone. There was insufficient charting of follow-up of the patient during the prescribing of multiple drugs associate with substance use disorders including Clonazapam, Lorazapam, Tylenol 3 with codeine and oxycodone. There is inadequate documentation of why he granted several early refill requests from the Patient and inadequate charting regarding patient compliance with her prescriptions or whether she was taking other drugs not prescribed by Dr. Rajab in light her positive urine toxicology tests at certain time points and a May 2023 psychiatry consult which indicated the Patient was using her Methadone to "get high".

46. In his written response to the complaint, Dr. Rajab described the Patient as "notably complex" with a history of multiple mental health issues, substance use disorder along with chronic pain and fibromyalgia. He also described trusting his contemporaneous recollection of his clinic visits with the Patient given how involved he was in her care and how frequently he saw her in clinic. The Hearing Tribunal found that a complex patient with several medical and psychiatric issues would necessitate a thorough and accurate medical chart to ensure safe continuity of care. The Tribunal also found that the volume of complex patients Dr. Rajab has in his patient panel would also

require that he keep accurate, updated charts for each patient to ensure safe accurate care for each of them.

47. The Hearing Tribunal found that the consistent significant shortcomings in Dr. Rajab's charting regarding the clinical issues he managed for the Patient and the therapies he prescribed were significant breaches of the CPSA Standard of Practice-Patient Record Content. The Patient's chart is devoid of a consistently sufficient level of detail outlining her follow-up regarding the medications Dr. Rajab prescribed to her and any consideration of drug interactions and safety given the patient's known history of substance use as Dr. Rajab was aware of occasions where the Patient had a positive urine toxicology results available to review.

48. When he provided prescriptions for two concurrent benzodiazepines to the Patient, Dr. Rajab failed to subsequently document treatment response, side effects and ongoing related symptoms or discussion about potential harm in combining these medications with prescribed opioids and illicit drugs the Patient may have been using. The Tribunal found that Dr. Rajab's prescribing practice in this respect breached the CPSA Standard of Practice on Prescribing: Drugs Associated with Substance Use Disorders or Substance-related Harm. The Hearing Tribunal therefore finds that Dr. Rajab's admitted conduct with respect to Allegation 2 and its subparts which all relate to various aspects of his charting for the care provided to the Patient constitutes unprofessional conduct pursuant to section 1(1)(pp)(ii) of the HPA as his conduct is a significant breach of a relevant CPSA Standard of Practice.

49. Dr. Rajab's chart documents he started the Patient on Ozempic on June 22, 2021. His chart also includes a diagnosis of "obesity" in a July 12, 2021 chart note. Dr. Rajab's chart includes a faxed approval from Alberta Blue Cross dated September 13, 2021 for coverage of Ozempic. The Expert noted this coverage is only available for treatment of specific situations where a patient has Type 2 diabetes but has trialed metformin, a sulfonylurea and insulin is not an option. In his reply to the complaint, Dr. Rajab stated he prescribed the Ozempic to the patient for weight loss and not type 2 diabetes treatment. He also explained that he felt the Patient had pre-diabetes and he intended for the Ozempic to manage this condition too. The Expert concluded from this that Dr. Rajab did not provide an honest and accurate representation of the Patient's diagnosis and the intended use of the medication in his Alberta Blue Cross application.

50. Exhibit 1 confirms Dr. Rajab submitted another special relief application to Alberta Blue Cross on the Patient's behalf for Paliperidone (prolonged release Invega Sustenna) August 26, 2023. His application indicated the medication was for treatment of schizophrenia. The application was approved August 29, 2023. The expert noted as outlined above how Dr. Rajab's chart did not contain sufficient details to support a diagnosis of schizophrenia and commented that there was evidence to suggest that Dr. Rajab

misrepresented the patient's diagnosis and history of treatment on the Blue Cross application he completed for the Patient's Paliperdone.

51. In noting the inaccurate information regarding clinical indications in Dr. Rajab's Alberta Blue Cross Applications on the Patient's behalf and making late chart note amendments after learning of the CPSA complaint, the Expert referenced the Canadian Medical Association's Code of Ethics and Professionalism which state an ethical physician should uphold the virtues of honesty, integrity and prudence and commit to professional integrity and competence. The Expert stated that Dr. Rajab's conduct in this respect breached the CMA Code of Ethics. In his reply to the CPSA regarding his Blue Cross Applications for the Patient, Dr. Rajab stated he was simply trying to take action to improve her overall health. The Hearing Tribunal accepted this but found that this goal is not sufficient reason to provide inaccurate misleading clinical information in medical requests made on the Patient's behalf. The Hearing Tribunal accepted the expert's evidence and finds that Dr. Rajab's admitted conduct with respect to Allegations 3 and 4 in the Amended Notice of Hearing constitutes unprofessional conduct pursuant to section 1(1)(pp)(ii) of the HPA as his conduct is a significant breach of the CMA Code of Ethics and Professionalism. Additionally, this admitted conduct amounts to unprofessional conduct pursuant to section 1(1)(pp)(xii) of the HPA as it is conduct that harms the integrity of the medical profession.

52. Given the Tribunal's findings, the Hearing Tribunal invited the parties to make submissions on sanction.

VIII. SUBMISSIONS ON SANCTION

Submissions on Behalf of the Complaints Director

53. 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,* 2016 SCC 43 ("*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 would bring the administration of justice into disrepute or would be contrary to the public interest. 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.

54. Mr. Boyer stated the approach taken to define the sanction is a reasonable one and that the Joint Submission meets the requirements of remediation and deterrence, both specific to Dr. Rajab and to the profession at large. He stated the Joint Submission falls within the range of potential sanctions given all of the evidence and findings before the Tribunal.

55. In this particular case, Dr. Rajab was providing care for a complex patient with several medical issues including different dependencies and psychiatric issues. Mr. Boyer also noted that Dr. Rajab's prescribing practices profile with the CPSA confirms he is at the upper end of prescribers of opioids and benzodiazepines and that this reflects the nature of his clinical practice where he has a high level of patients who are complex and present with a number of issues. He noted that Dr. Rajab has no prior findings of unprofessional conduct.

56. Mr. Boyer referred to the six cited cases provided to the Tribunal. He stated the cases of Drs. Jabbari-Zadeh and Osborne are most aligned with the facts of this case. Dr. Osborne's case also involved poor prescribing and poor charting. The specific conduct in this case involved care provided to a patient who was continued on a regime that may not have been necessarily appropriate given all of the factors as outlined by the Expert.

57. Mr. Boyer provided and referenced prior CPSA decisions which proceeded by admission and Joint Submission:

    a. In a 2020 decision, Dr. Halse admitted to unprofessional conduct after concerns were raised about his provision of care for a patient exhibiting symptoms of a stroke. Dr. Halse received a reprimand, loss of ability to supervise medical students, requirement to undergo a practice review and was required to pay 75% of the costs of the investigation and hearing.

    b. In a 2017 decision, Dr. Hudson admitted to unprofessional conduct in her management of a bounce back patient to the emergency room who ultimately died of a large bowel volvulus. Dr. Hudson received a reprimand, was required to participate in the CPSA Practice Visit Program and was required to pay the costs of the investigation and hearing.

    c. In a 2018 decision, Dr. Jabbari-Zadeh admitted to unprofessional conduct after a complaint alleging an inadequate patient assessment was made. Dr. Jabbari-Zadeh's sanction included a reprimand, requirement to participate in the CPSA's Individual Practice Review and payment of 60% of the costs of the investigation and hearing.

    d. In a 2022 decision, Dr. Mailo admitted to an allegation of failing to follow up with a patient treated in an emergency room after an x-ray demonstrated a suspected hip fracture and recommended further imaging. Dr. Mailo's sanction included a reprimand, completion of a Successful Patient Interactions course, fulfillment of a personal learning plan on follow up on investigations generated in the emergency room and payment of two thirds of the costs of the investigation and hearing.

e. In a 2023 decision, Dr. Osborne admitted to allegations of inadequate charting about prescribing opioids to a patient and that the conduct amounted to unprofessional conduct. Dr. Osborne's sanction included a reprimand, successful completion of a prescribing and a medical record keeping course, participation in the CPSA Individual Practice Review and payment of 25% of the costs of the investigation and hearing.

f. In a 2016 decision, Dr. Tlhape admitted to unprofessional conduct after he failed to attend to a patient of his who was admitted in a long-term care facility. Dr. Tlhape's sanction included a reprimand, participation in a practice review, implementing practice changes as recommended by the Assessment and Competency Enhancement program and payment of the costs of the investigation and hearing.

58. Mr. Boyer reviewed the Joint Submission on sanctions for Dr. Rajab. The parties jointly propose a reprimand which represents a public admonishment for his admitted conduct. This will be visible on the CPSA website and on Dr. Rajab's record for at least 10 years given the provisions of the HPA. The remedial component consists of engagement with the CPSA Individual Practice Review (IPR) program which will be overseen by Continuing Competence. There is a requirement to take a Professional Boundaries Inc. (PBI) ethics and professionalism course. PBI provides continuing medical education courses which are used by the CPSA. For Dr. Rajab, the two-day ME-22 course is required. This is meant to address Dr. Rajab's poor charting and the inaccuracies in his Alberta Blue Cross relief applications on the Patient's behalf. Dr. Rajab will also be responsible for 50% of the costs of the investigation and hearing, which is in keeping with prior decisions of discipline tribunals.

59. Mr. Boyer noted the proposed sanction is in keeping with sanctions imposed in comparable prior cases along the principles of sanction of deterrence and remediation and also taking into consideration factors outlined in *Jaswal*. He noted that Mr. Holash will address some mitigating factors such as Dr. Rajab having no prior findings of unprofessional conduct, his cooperation and admissions. He submitted that the Joint Sanction is a reasonable one which meets the public interest test as outlined in *R v. Anthony-Cook*.

Submissions on Behalf of Dr. Rajab

60. Mr. Holash stated *Anthony-Cook* and the public interest test defined in it 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.

61. Mr. Holash stated joint submissions should be supported and 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. He emphasized that joint submissions aid in providing efficient and effective resolutions of complaints and minimize the stress associated with hearings that is placed onto witnesses and complainants.

62. Mr. Holash acknowledged that the panel is not bound by a joint submission, but the Supreme Court confirms in *Anthony-Cook* that it is a very high threshold to depart from it. In this case, he submitted that the proposed sanction is consistent with the proper administration of justice and consistent with the public interest.

63. Mr. Holash referenced the *Jaswal* Factors in the context of Dr. Rajab's case. Dr. Rajab has made an unqualified admission to the allegations set forth in the Amended Notice of Hearing and there is no dispute that the admitted conduct is serious. While the proposed sanction falls reasonably within the range of the spectrum of sanctions defined in prior penalties in similar cases, Mr. Holash submitted Dr. Rajab's admitted conduct is not at the high end of severity.

64. Mr. Holash stated Dr. Rajab's three responses to the CPSA provide context of his admitted conduct. Dr. Rajab has no prior findings of unprofessional conduct and at the time of the complaint he had been a practicing physician in Canada for nearly 16 years. Dr. Rajab was fully compliant with the investigation process which included an expanded investigation scope and multiple requests for additional information and further responses from Dr. Rajab.

65. Mr. Holash highlighted the continuing medical education courses Dr. Rajab has already completed of his own accord in his process of learning from this complaint. These include a safe prescribing course and a course in psychoactive prescribing, both from the College of Physicians and Surgeons of British Columbia, a two-day medical record keeping course through the University of Toronto, completed May 16, 2025 with a final cohort meeting planned for October 2025 and a seminar on Opioid Use Disorder.

66. Mr. Holash reviewed the number of offences contained in Dr. Rajab's conduct. He submitted that the late chart entries should be considered a single incident and pointed out that Dr. Rajab noted in his third reply to the CPSA that this is not part of his usual practice. He stated in his reply to the CPSA that his late edits were a regrettable error in judgement made in response to the stress of learning of the complaint allegations. The

inaccuracies submitted in the Blue Cross applications occurred on two separate instances with no evidence of other similar conduct. He submitted that the charting deficiencies are captured in Allegation 2 as a whole and that this part of Dr. Rajab's admitted conduct will be addressed by way of the IPR participation element of the Joint Submission. Mr. Holash characterized the charting deficiencies as a whole represent a single incident as reflected in how Charge 2 is characterized in the Amended Notice of Hearing as a single charge with multiple alternative particulars. The Joint Admission addresses the concern about charting practices not meeting the requisite standard by way of IPR.

67. Mr. Holash stated that Dr. Rajab, in admitting to the Allegations does also acknowledge the importance of complying with professional and ethical obligations, consistent accurate and detailed charting and accuracy in medical form/application completion supported by a clear, charted diagnosis. In addition to acknowledging the importance of these obligations, Dr. Rajab has agreed to take action in this regard by engaging with the IPR process and other CME activities at his own expense.

68. With respect to financial and other penalties suffered, Mr. Holash pointed out that the proposed sanction will impose costs on Dr. Rajab. The proposed Ethics and Professionalism course will cost Dr. Rajab approximately $1900 USD. Participation in the IPR program including any remedial work arising from it will cost Dr. Rajab thousands of dollars. Dr. Rajab will also be responsible for a portion of the costs of the investigation and hearing.

69. Mr. Holash highlighted several mitigating factors in this case which would include Dr. Rajab's formal admissions, his full cooperation with the investigation and his acknowledgement of his ethical and professional obligations. Additionally, Dr. Rajab fully cooperated with the investigation process as it evolved. On his own accord Dr. Rajab has undertaken several CME courses to learn from this complaint.

70. With respect to the need for specific and general deterrence to protect the public and ensure safe practice, the proposed sanction does signal that the College takes conduct of this nature very seriously and will serve to deter regulated members from engaging in similar conduct. The published decision will be available on the CPSA website for 10 years. The remedial aspect of the sanction reinforces the public perception that the College is ensuring safe practice by directing practice improvement while also maintaining patients' access to their primary care physician.

71. Mr. Holash indicated the cited cases from Mr. Boyer are appropriate to Dr. Rajab's case and that the range of penalty defined is important. He emphasized that no one Jaswal factor should override the others. 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 and the ability to self-

govern, as confirmed in the passage from *Jinnah v Alberta Dental Association and College,* 2022 ABCA 336 (CanLII) at paragraph 134:

> A regulator's decision adjudging a member to have committed unprofessional conduct communicates an unequivocal message to the public that the regulator protects the public's interest. This, in turn, increases the public's belief that the utilization of professional services will protect their health and best interests.

72. Overall, Mr. Holash submitted that the Joint Submission is reasonable, is in the public interest and consistent with the proper administration of justice thus meeting the public interest test from *Anthony-Cook*. It promotes the integrity of the medical profession and ought to be accepted by this Hearing Tribunal. He agreed with Mr. Boyer that from the cited cases, Dr. Rajab's matter draws several parallels with the *Osborne* case.

Questions from the Hearing Tribunal

73. Mr. Boyer clarified that the accumulated costs up to April 2025 are about $13,664. He described what involvement in the IPR program would entail, including a practice visit where several patient charts are reviewed for approaches and patterns of practice. There are options to incorporate a practice mentor and for agreements with the Continuing Competence Department for things such as limiting prescriptions for certain drugs. He emphasized that the process is a flexible, reactive process which allows for a tailored experience depending on identification of needs and support, areas of practice and skills that may need updating, potentially restricting and re-defining a physician's scope of practice. He pointed out that if a physician cannot meet a satisfactory level of remediation in this process the matter can be referred to Professional Conduct for further investigation under section 51.1 of the HPA. This overall approach is to build support for a regulated member as opposed to taking a physician out of practice.

IX. DECISION REGARDING SANCTION

74. The Hearing Tribunal accepts the Joint Submission and makes the following orders:

1. Dr. Rajab shall receive a reprimand;

2. Dr. Rajab shall undergo, at his expense, an Individual Practice Review, overseen by the CPSA Assistant Registrar responsible for Continuing Competence, commencing no later than September 30, 2025;

3. Dr. Rajab shall complete, at his expense, the PBI Course on Ethics and Professionalism (ME-22) (https://pbieducation.com/courses/me-22/) by October 31, 2025; and

4. Dr. Rajab shall pay 50% of the costs of the investigation and hearing, payable on terms acceptable to the Complaints Director.

X. FINDINGS AND REASONS FOR SANCTION

75. The Hearing Tribunal considered the submissions of the parties and the factors set out in the *Jaswal* case referenced by Mr. Boyer and Mr. Holash. The Brief of Law on Joint Submissions was also reviewed. Dr. Rajab's admitted conduct was serious, as he made late entries and edits to a patient chart after learning of a complaint filed against him with his regulatory body, on several instances did not adequately keep an accurate medical chart for a complex patient for whom he was prescribing several medications with potential for abuse and significant toxicities, and provided inaccurate clinical information about the same patient when submitting relief requests to Alberta Blue Cross for two medications.

76. The Hearing Tribunal found that Dr. Rajab's admitted unprofessional conduct was serious unprofessional conduct. His conduct was not representative of practicing medicine with honesty and integrity. Additionally, his failure to keep accurate and appropriate clinical notes on several occasions for the same complex patient did not ensure safe competent continuity of care owed to the Patient.

77. The Hearing Tribunal also considered that Dr. Rajab is an experienced physician who has no prior history of complaints issues with his regulatory body. The Hearing Tribunal accepted that Dr. Rajab made late edits and entries into the Patient's chart as part of the initial stress of learning of the complaint made against him. The Hearing Tribunal also appreciated that Dr. Rajab has a very busy clinic practice and that a large portion of his practice sees him provide care to complex patients. The Hearing Tribunal recognized that Dr. Rajab's efforts were concentrated on continuing to provide care for the Patient and that none of his admitted conduct involved drug seeking behaviour or defrauding the system for his own personal benefit.

78. The Hearing Tribunal found participation in the IPR program and any recommendations stemming from it are appropriate in this case to identify any issues in Dr. Rajab's practice environment or pattern that can be improved within the support offered by the IPR process and Continuing Competence. This would improve Dr. Rajab's practice and the care he provides to his patients overall.

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

80. The Hearing Tribunal was reassured that Dr. Rajab has already taken steps to learn from the complaint and improve his practice.

81. The Hearing Tribunal was satisfied that the required coursework will provide Dr. Rajab 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 and within the range defined by the cited cases provided. The Hearing Tribunal also considered that it is appropriate that Dr. Rajab bears some of the costs of the investigation and hearing.

82. 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.

83. 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

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

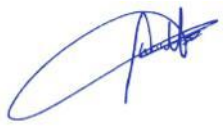
1. Dr. Rajab shall receive a reprimand;

2. Dr. Rajab shall undergo, at his expense, an Individual Practice Review, overseen by the CPSA Assistant Registrar responsible for Continuing Competence, commencing no later than September 30, 2025;

3. Dr. Rajab shall complete, at his expense, the PBI Course on Ethics and Professionalism(ME-22) (https://pbieducation.com/courses/me-22/) by October 31, 2025; and

4. Dr. Rajab shall pay 50% of the costs of the investigation and hearing, payable on terms acceptable to the Complaints Director.

Signed on behalf of the Hearing Tribunal by the Chair:



Dr. Don Yee

Dated this 15th day of August, 2025.

Corrected decision:

A corrigendum was issued on November 4, 2025. The following corrections have been made to the text of the decision.

The hearing date in paragraph 1 should be May 27, 2025.

In paragraph 5 and subparagraph 2(l), the word “refills” should be the singular “refill”.

In paragraph 12 the phrase “inaccurate and misleading” should read “inaccurate or misleading”.