

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. YOLANDA ALCARAZ-LIMCANGCO

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

I. INTRODUCTION

[1] The Hearing Tribunal of the College of Physicians & Surgeons of Alberta ("College" or "CPSA") held a hearing into the conduct of Dr. Yolanda Alcaraz-Limcangco on August 31, 2021 and October 1, 2021. The hearing was held via Zoom.

[2] The members of the Hearing Tribunal were:

Dr. Don Yee of Edmonton as Chair
Dr. Randall Sargent of Canmore
Ms. Juane Priest of Calgary (public member)
Ms. Naz Mellick of Edmonton (public member)

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

[4] Also in attendance at the hearing were:

Ms. Annabritt Chisholm, legal counsel for the Complaints Director
Dr. Yolanda Alcaraz-Limcangco
Mr. Bruce Mellett, legal counsel for Dr. Alcaraz-Limcangco

II. PRELIMINARY MATTERS

[5] Neither party objected to the composition of the Hearing Tribunal or its jurisdiction to proceed with the hearing.

[6] Mr. Mellett submitted an application for Mr. Chak to be present during the hearing. Mr. Chak has been legal counsel for Dr. Alcaraz-Limcangco in the Individual Practice Review ("IPR") process and for an ongoing judicial review. He explained that he planned on calling Mr. Chak as a witness but requested that Mr. Chak be present for all evidence prior to his being called to provide testimony.

[7] Ms. Chisholm stated the Complaints Director objected to the application and pointed out that Mr. Chak is not Dr. Alcaraz-Limcangco's legal counsel for the present hearing and therefore should be treated as any other witness.

[8] Mr. Mellett stated that Ms. Chisholm has not identified any risk posed by Mr. Chak's presence for all evidence testimony. He pointed out that Dr. Ritchie is an observer and thus expected that he will not be called as a witness.

[9] Ms. Chisholm stated that Mr. Chak is not legal counsel for Dr. Alcaraz-Limcangco for the present hearing. Ms. Chisholm indicated some risks apply to Mr. Chak being present for all evidence as it can be perceived as affecting his testimony. She confirmed that she is not planning on calling Dr. Ritchie as a witness. She indicated that if Mr. Chak wanted access to all of the witness testimony, he will

have access to the Hearing transcript. Additionally, Mr. Chak can attend the hearing as an observer after he provides his testimony.

- [10] After considering the submissions from the parties on this matter, the Hearing Tribunal decided to exclude Mr. Chak from being present for all evidence presented prior to his testimony. The Hearing Tribunal determined it would follow the general practice for hearings that witnesses (except for the parties) be excluded until after their testimony. This practice helps to ensure there is no suggestion that a witness has tailored their evidence based on other testimony they have heard in the hearing. As is normal practice, Mr. Chak may attend the hearing, following his testimony, as an observer. The Tribunal believes that this practice safeguards witness testimony and maintains the integrity of the Hearing process.

III. ALLEGATION

- [11] The Allegations to be considered by the Hearing Tribunal were set out in the Notice of Hearing as follows:
1. You did fail to participate in and complete the Individual Practice Review ("IPR") as required under your agreement with the College of Physicians & Surgeons of Alberta (the "CPSA") dated February 7, 2018, as part of the terms of resolution of the CPSA's complaint file number 160552.1.1, particulars of which include the most recent failure or refusal to engage in the IPR process as requested by letter dated December 3, 2020, from Dr. D. Hartfield, Assistant Registrar.

IV. EVIDENCE

- [12] An Exhibit Book was entered into evidence as Exhibit 1. Exhibit 1 contained the following documents:

Tab 1: Notice of Hearing dated May 21, 2021

Tab 2: Memo from Dr. Ritchie to Dr. Mazurek dated February 13, 2018 enclosing Investigation Report, Meeting Memo and Terms of Resolution signed February 7, 2018 by Dr. Ritchie and Dr. Alcaraz-Limcangco

Tab 3: Letter from Dr. Mazurek to Dr. Alcaraz-Limcangco dated March 12, 2018

Tab 4: Practice Overview Questionnaire dated March 26, 2018

Tab 5: Emails between A. Chak and K. Horricks-Bender dated April 24, 2018 enclosing signed agreement

Tab 6: Letter from N. MacLeod Schroeder to Dr. Alcaraz-Limcangco dated July 27, 2018 regarding CAPE Assessment

Tab 7: Letter and memorandum of Dr. Staniland regarding teleconference with Dr. Alcaraz-Limcangco and A. Chak held August 14, 2018

Tab 8: Letter from Dr. Staniland to Dr. Alcaraz-Limcangco dated September 24, 2018 with APASS agreement

Tab 9: Letter from A. Chak to Dr. Staniland dated October 9, 2018

Tab 10: Letter from Dr. Staniland to Dr. Alcaraz-Limcangco and A. Chak dated October 19, 2018

Tab 11: Letter from A. Chak to Dr. Staniland dated October 27, 2018

Tab 12: Letter from Dr. Staniland to Dr. Caffaro dated November 13, 2018

Tab 13: Letter from Dr. Staniland to A. Chak dated November 13, 2018

Tab 14: Letter from Dr. Caffaro to Dr. Alcaraz Limcangco dated December 13, 2018 enclosing draft Undertaking and Agreement

Tab15: Fax from A. Chak to Dr. Caffaro dated December 20, 2018

Tab 16: Letter from A. Chak to Dr. Staniland dated January 1, 2019

Tab 17: Letter from A. Chak to Dr. Caffaro dated January 1, 2019 enclosing resume

Tab 18: Letter from Dr. Mazurek to Dr. Caffaro dated January 8, 2019

Tab 19: Letter from Dr. Mazurek to Dr. Alcaraz Limcangco dated January 8, 2019

Tab 20: Letter from Dr. Caffaro to A. Chak dated January 9, 2019

Tab 21: Letter from Dr. Caffaro to A. Chak dated January 22, 2019 enclosing undertaking

Tab 22: Emails between Dr. Caffaro and A. Chak dated January 23-24, 2019

Tab 23: Memo from Dr. Caffaro dated January 22, 2019 regarding a new complaint

Tab 24: Letter from K. Damron to Dr. Alcaraz-Limcangco dated February 6, 2019

Tab 25: Memo from Dr. Caffaro to Dr. McLeod dated February 7, 2019

Tab 26: Fax and letter from A. Chak to Dr. McLeod dated February 22, 2019 enclosing Application for Judicial Review and Notice to Obtain Record of Proceedings

Tab 27: Letter from Dr. McLeod to A. Chak dated February 25, 2019

Tab 28: Letter from B. Mellett to Dr. McLeod dated March 4, 2019 enclosing letter from Dr. Celis

Tab 29: Letter from Dr. McLeod to Dr. Alcaraz-Limcangco dated March 11, 2019

Tab 30: Letter from K. Damron to B. Mellett and Dr. Alcaraz-Limcangco dated April 15, 2019

Tab 31: Letter from B. Mellett to K. Damron dated April 29, 2019

Tab 32: Court Transcript regarding section 65 Application held May 10, 2019

Tab 33: Letter from K. Damron to B. Mellett and Dr. Alcaraz-Limcangco dated June 12, 2019

Tab 34: Letter from B. Mellett to M. Heberling dated July 22, 2019

Tab 35: Letter from M. Heberling to Dr. Alcaraz-Limcangco dated October 28, 2019

Tab 36: Letter from Dr. Hartfield to Dr. Alcaraz-Limcangco dated December 3, 2020

Tab 37: Letter from Dr. Hartfield to Dr. Caffaro dated December 22, 2020

Tab 38: CPSA Code of Conduct: Expectations of Professionalism for Alberta Physicians

Tab 39: *Health Professions Act, RSA 2000, c H-7*

[13] A separate book of Supplemental Exhibits was entered into evidence as Exhibit 2. Exhibit 2 contained the following documents:

Tab 1: Curriculum Vitae of Dr. Alcaraz-Limcangco

Tab 2: Letter to Dr. Ritchie re CME, dated September 20, 2017

Tab 3: Email from J. Tsen enclosing Terms of Resolution, dated October 10, 2017

Tab 4: CPSA, Individual Practice Review, November 22, 2017

Tab 5: Letter from Dr. Staniland re IPR Program for 2019, dated April 8, 2019

Tab 6: Letter from S. Barron re CPSBC, dated May 25, 2018

Tab 7: Email from Dr. Caffaro re Complaint, dated January 24, 2019

[14] A summary of the witness testimony is below:

Dr. Michael Caffaro - Examination

[15] Dr. Caffaro completed his undergraduate and medical school education at the University of Alberta. After completing his family medicine residency, he worked as a rural family physician in Hinton from 1993 to 2015. He served as the CPSA Complaints Director from April 8, 2015 to December 31, 2020.

[16] Dr. Caffaro stated he recalls the complaint file for Dr. Alcaraz-Limcangco. He explained portions of Exhibit 1 which document the current and previous complaint against Dr. Alcaraz-Limcangco regarding her clinical competencies. Pages 2-37 document the previous complaint with the College. Her initial dealings with the Competence Committee were to resolve a previous complaint to the CPSA where her engagement with the IPR process was required. He was provided documents by Continuing Competence about the matter.

[17] Dr. Caffaro explained that Dr. Alcaraz-Limcangco agreed to enter a Terms of Resolution with the CPSA to resolve the initial complaint against her (pp 6-25, Exhibit 1). In this Terms of Resolution, she was required to work with the Continuing Competence department and engage in the IPR process. The Terms of Resolution were negotiated between Dr. John Ritchie (acting on Dr. Caffaro's behalf) and Dr. Alcaraz-Limcangco. Dr. Alcaraz-Limcangco also agreed to participate in assessment and remediation activities with the CPSA and for the CPSA to share information regarding her practice. She agreed that information would be shared from third-party payers such as Alberta Health, Blue Cross, WCB, and similar to support the IPR. Another feature of the Terms of Resolution was that if her cooperation was deemed insufficient, the Complaints Director would intervene to provide re-direction for improvement or the matter would be referred for formal discipline. The Terms of Resolution was signed February 7, 2018, and the parties agreed that if executed satisfactorily, the complaint would be closed.

- [18] Dr. Mazurek from the Clinical Competency department made initial contact with Dr. Alcaraz-Limcangco as an introduction to the framework of the IPR process, and the CPSA requested Dr. Alcaraz-Limcangco approve a conflict of interest list of potential physician practice visitors and an initial practice overview questionnaire (p 28, Exhibit 1). Dr. Terri Staniland was identified as the Senior Medical Advisor who would provide oversight and direction in Dr. Alcaraz-Limcangco's IPR activities.
- [19] Dr. Alcaraz-Limcangco signed an agreement in April 2018 with the CPSA to undergo assessment with the Clinical and Professional Enhancement Program (CAPE) at the University of Manitoba (p 36, Exhibit 1). The CAPE assessment was done in June 2018. Dr. Caffaro summarized the results as demonstrating Dr. Alcaraz-Limcangco had minimally acceptable to unacceptable skills in therapeutics and medical skills and minimal acceptable interpersonal skills.
- [20] Dr. Staniland worked with Dr. Alcaraz-Limcangco and her legal counsel to identify a path forward from the CAPE assessment (pp 44-45, Exhibit 1). Dr. Staniland indicated that a practice of mental health patients was manageable and realistic. Remediation through the Alberta Physician and Support Services (APASS) program at the University of Calgary to develop appropriate personal learning projects was suggested (p 48, Exhibit 1). An agreement to attend this program was forwarded to Dr. Alcaraz-Limcangco in September 2018 but it was not signed or executed.
- [21] Mr. Chak communicated further with Dr. Staniland in October 2018 and stated Dr. Alcaraz-Limcangco did not entirely agree with proceeding with the proposed APASS program (p 50, Exhibit 1). He stated that Dr. Alcaraz-Limcangco had resolved the initial CPSA complaint on the basis that the identified areas of concern would be reviewed in an actual clinical setting. He proposed modifications to the agreement between Dr. Alcaraz-Limcangco and the CPSA, including a repeat CAPE assessment after Dr. Alcaraz-Limcangco had time to prepare. This letter also indicated that Dr. Alcaraz-Limcangco was still working within a Family-based practice.
- [22] Dr. Staniland replied to Mr. Chak in October 2018 (p 53, Exhibit 1). The letter re-iterates the supportive aim of the IPR process. She expressed surprise that Dr. Alcaraz-Limcangco had returned to general family practice as this was not the understanding of Continuing Competence. Dr. Staniland outlined requirements from Dr. Alcaraz-Limcangco including immediate withdrawal from her current family practice and proceeding with enrollment in the APASS program for assessment and remediation. She also offered interaction, if required, with the Physician Health Monitoring program. She pointed out that Dr. Alcaraz-Limcangco was in violation of the CPSA practice standard regarding re-entering medical practice and that her withdrawal from her current family practice was non-negotiable and had to be immediate. She expressed opportunity for Dr. Alcaraz-Limcangco to meet with Dr. Mazurek to discuss these

issues further and stated that if Dr. Alcaraz-Limcangco did not comply with what was requested, there would be nothing left for Dr. Staniland to offer.

- [23] Mr. Chak responded to the letter from Dr. Staniland (p 56, Exhibit 1). While he and Dr. Alcaraz-Limcangco still remained open to discussion, there was no indication in this communication that Dr. Alcaraz-Limcangco intended on satisfying the requirements that Dr. Staniland had outlined. Dr. Caffaro summarized a subsequent letter he received from Dr. Staniland which expressed concern about Dr. Alcaraz-Limcangco's cooperation with Continuing Competence, referred the matter to his office and offered him the opportunity to provide re-direction to Dr. Alcaraz-Limcangco as per the agreed upon Terms of Resolution (p 58, Exhibit 1). Dr. Staniland made Mr. Chak aware of this referral to the Complaints Director.
- [24] Dr. Caffaro then summarized a letter he sent to Dr. Alcaraz-Limcangco in December 2018 (p 62, Exhibit 1). In this letter, he directed Dr. Alcaraz-Limcangco to re-consider her current activities as a physician. He also set a December 20, 2018 deadline for Dr. Alcaraz-Limcangco to contact Dr. Staniland and confirm her availability for the APASS assessment and to execute a new undertaking with the CPSA to restrict her practice to mental health as of January 1, 2019. He warned that failure to comply with these two requirements would result in either imposition of a practice restriction or suspension of her practice permit.
- [25] Mr. Chak replied to Dr. Staniland and Dr. Caffaro via separate letters January 1, 2019 (p 68 and p 70, Exhibit 1). He expressed a desire for Dr. Alcaraz-Limcangco to have a proper assessment as per the IPR guidelines to complete her IPR obligations. He suggested another CAPE assessment for his client if she is allowed time to prepare. Mr. Chak also indicated the CPSA had placed barriers to Dr. Alcaraz-Limcangco seeking employment in British Columbia. He claimed the IPR and CAPE processes were not explained adequately and stated that creating a new type of practice for his client has no precedent in Alberta and is too obscure to be reasonable. He stated a public practice restriction during the IPR process would stigmatize Dr. Alcaraz-Limcangco and is contrary to the *Health Professions Act*. He stated his client is prepared to comply with all reasonable recommendations from the CPSA with respect to her current family practice. He stated Dr. Alcaraz-Limcangco is focusing on a limited counselling practice.
- [26] Dr. Caffaro received a letter from Dr. Mazurek January 8, 2019 (p 79, Exhibit 1) outlining her concerns regarding Dr. Alcaraz-Limcangco's non-compliance with the IPR process and her ongoing practice in a broad-based family practice setting despite direction from the CPSA to limit the scope of her practice. Dr. Mazurek felt that Dr. Alcaraz-Limcangco's actions met the threshold for unprofessional conduct and stated she was closing her Continuing Competence file and referring the matter to Professional Conduct. Dr. Mazurek also communicated this referral to Dr. Alcaraz-Limcangco via letter (p 82, Exhibit 1). This letter summarized the events to date, including what has seemed a lack of

cooperation from Dr. Alcaraz-Limcangco with Continuing Competence despite ongoing interactions with Dr. Staniland and Dr. Caffaro's attempt at re-direction. Dr. Mazurek explained that she believes Dr. Alcaraz-Limcangco is in violation of the Standards of Practice and is practicing outside of her scope of practice and is therefore representing a risk to patient safety.

- [27] Dr. Caffaro referred Mr. Chak's January 1, 2019 letter to him for comments from Drs. Staniland and Mazurek. He then informed Mr. Chak that he was preparing a new complaint against Dr. Alcaraz-Limcangco and that he required that she enter an undertaking with the College to withdraw from clinical practice no later than January 25, 2019. The new complaint was regarding her lack of cooperation with Clinical Competence. If Dr. Alcaraz-Limcangco did not comply with this, Dr. Caffaro indicated he would request that the Registrar of the College (Dr. McLeod) suspend her practice permit (p 85, Exhibit 1).
- [28] Mr. Chak then communicated with Dr. Caffaro via email and indicated that Dr. Alcaraz-Limcangco will not withdraw from practice and that they will apply for a judicial stay (p 87, Exhibit 1). Mr. Chak inquired about his client following Dr. Staniland's previous suggestions, but Dr. Caffaro indicated that the IPR process option for Dr. Alcaraz-Limcangco was now closed. Dr. Caffaro indicated that if Dr. Alcaraz-Limcangco entered the proposed undertaking the new complaint would be put on hold. However, if she did not enter the undertaking, the complaint process would proceed with an investigation and potentially formal discipline.
- [29] Dr. Caffaro initiated the complaint process with a new complaint memo January 22, 2019 (p 91, Exhibit 1). Dr. Alcaraz-Limcangco's reply to the complaint was requested February 6, 2019 (p 93, Exhibit 1). She was asked to reply by March 6, 2019.
- [30] Dr. Caffaro wrote a memo to Dr. McLeod on February 7, 2019 (p 95, Exhibit 1) summarizing the events and requesting he consider suspending Dr. Alcaraz-Limcangco's practice permit to protect the public.
- [31] Mr. Chak applied for a judicial review on January 24, 2019. He requested more time to respond to Dr. McLeod, and Dr. McLeod extended the deadline for a response to March 4, 2019 (p 107, Exhibit 1). Dr. Caffaro was copied on this letter. Mr. Mellett suggested that instead of a suspension of her practice permit, Dr. Alcaraz-Limcangco restrict her practice to 15 patients per day (p 109, Exhibit 1), re-enter the IPR process and ultimately the initial complaint can be resolved when the CPSA can conduct a practice visit.
- [32] Dr. McLeod sent a letter to Dr. Alcaraz-Limcangco indicating his directive to place a restriction on her practice to mental health patients until the professional conduct process is completed (p 113, Exhibit 1).

- [33] Dr. Alcaraz-Limcangco did not provide a response to the new complaint by March 6, 2019. She was sent a reminder April 15, 2019 via the CPSA portal and registered mail to respond to the complaint by April 29, 2019 (p 114, Exhibit 1).
- [34] The College then received a reply to the complaint from Mr. Mellett on April 29, 2019 (p 115, Exhibit 1). He stated there was a lot of confusion and inconsistency with regards to the expectations from the CAPE assessment which contributed to the eventual result. He suggested there was a misunderstanding between Dr. Alcaraz-Limcangco and the CPSA with regards to the expectations of the IPR process. He indicated that Dr. Alcaraz-Limcangco did not believe she was in violation of a Standard of Practice. He suggested that the current complaint be dismissed, Dr. Alcaraz-Limcangco enroll in the APASS program, and the College conduct a practice visit to review patients up until the time of Dr. McLeod's practice restriction.
- [35] The judicial stay was denied but the Court recommended completion of the Complaints process by December 31, 2019. Dr. Caffaro was aware of these proceedings.
- [36] The CPSA investigator (Ms. Heberling) confirmed she completed the College investigation into the complaint on October 28, 2019 (p 135, Exhibit 1). Dr. Caffaro stated he would have received the investigation report sometime in October 2019. He stated he referred the matter to CPSA legal counsel to determine if there were grounds to proceed to a Hearing under the *Health Professions Act*.
- [37] Dr. Caffaro stated from October 2019 to December 2020 the CPSA worked with Dr. Alcaraz-Limcangco's legal counsel to try to resolve the complaint outside of a Hearing. Dr. Hartfield sent a letter via email, registered mail and CPSA portal to Dr. Alcaraz-Limcangco inviting her to engage with the Continuing Competence department to resolve the complaint. Dr. Hartfield recommended a comprehensive CPEP assessment followed by a practice visit. Dr. Caffaro stated he was not made aware of this letter. Dr. Alcaraz-Limcangco was asked to respond to the letter by December 17, 2020 but she did not meet this deadline. Dr. Caffaro was notified of this December 22, 2020 (p 138, Exhibit 1). In this letter, Dr. Hartfield indicated that Continuing Competence will no longer try to engage Dr. Alcaraz-Limcangco and was formally referring the matter to Professional Conduct.

Dr. Caffaro - Cross-Examination

- [38] Dr. Caffaro confirmed his current role with the CPSA is as Assistant Registrar responsible for Registration at the CPSA. Dr. Caffaro confirmed he used to practice as a rural family physician and that such a practice includes acute care, care of chronic conditions and mental health. He was a member of the Canadian College of Family Physicians. He also confirmed that family physicians can provide care outside of an ambulatory clinic, including in-hospital care such as

the emergency room or an inpatient unit. He was not aware of the exact proportion of family physicians who work in a private outpatient setting.

- [39] Dr. Caffaro stated his first role with the College was as Complaints Director and that he has had no previous role with Continuing Competence. He did not author or receive the memo to Dr. Mazurek dated February 13, 2018 (p 6, Exhibit 1). He confirmed he would have received a copy of the Investigation report into the initial complaint regarding Dr. Alcaraz-Limcangco. He confirmed that in his role as Associate Complaints Director Dr. Ritchie would have communicated with Dr. Alcaraz-Limcangco to deal with the initial complaint. Professional Conduct has no awareness of the IPR process and only becomes involved if Continuing Competence makes a referral to the Complaints Director to provide some re-direction. At this point he would have reviewed the documents in tabs 3-5 of Exhibit 1.
- [40] Dr. Caffaro confirmed he had no role in managing the Continuing Competence file and that he had no specific recollection of when exactly he reviewed the documents in Exhibit 1. He confirmed that it is fair to say that he expects Alberta physicians to comply with direction from the CPSA in its regulator role. He stated that directions from CPSA need to be clear and consistent and that physicians can expect to rely on such communications from the CPSA. Dr. Caffaro stated that the Hearing was the first time he was presented with the documents in Exhibit 2.
- [41] Dr. Caffaro confirmed that the IPR process is administered by the Continuing Competence department. He confirmed he sent a letter dated Dec 13, 2018 to Dr. Alcaraz-Limcangco (p 62, Exhibit 1) expressing concern that she was practicing in a broad-based family practice despite the concerns identified in her recent CAPE assessment. He advised Dr. Alcaraz-Limcangco follow his direction to undergo the proposed APASS assessment and enter an undertaking with the CPSA to restrict her practice to mental health. He requested a response from Dr. Alcaraz-Limcangco to this letter by December 20, 2018. At this point, Dr. Caffaro did not see a need to open a new complaint or investigate Dr. Alcaraz-Limcangco's practice. He stated the requests made in this letter were for a voluntary undertaking based on information he received from Continuing Competence. His role in the initial complaint was to direct the file to Dr. Ritchie after he received the complaint.
- [42] Dr. Caffaro did not have a specific recollection of the referral made for Dr. Alcaraz-Limcangco to enter the IPR process (p 2, Exhibit 1). He did not recall reading about the nature of Dr. Alcaraz-Limcangco's practice referenced in this memo.
- [43] Dr. Caffaro reviewed specific clinical scenarios identified in the investigation report into the initial CPSA complaint. He stated these clinical scenarios are all within the scope of practice of a family physician, including managing insulin for a diabetic, hemorrhoids, diarrhea, constipation, alcohol-related illness,

hypertension, spontaneous abortion, addictions (alcohol, nicotine, narcotics), dental and occupational therapy consultations.

- [44] Dr. Caffaro reviewed the Terms of Resolution agreement with Dr. Alcaraz-Limcangco, specifically paragraph 3 which stipulates she cooperate with all reasonable requests and direction from the Complaints Director (p 24, Exhibit 1). He stated he had not seen the original draft of the Terms of Resolution attached to the email in Tab 3, Exhibit 2 but that this draft would have come from his office. He stated when he intervened to provide re-direction in 2018 he does not recollect if he discussed with Dr. Ritchie what Dr. Alcaraz-Limcangco's practice should be. He does not recall reviewing the original complaint file, but that the information provided to him from Continuing Competence indicated that Dr. Alcaraz-Limcangco was not capable of handling a broad-based family practice. Based on this, he felt the proposed practice restriction was appropriate.
- [45] Dr. Caffaro stated that Dr. Staniland was aware in mid-August 2018 that Dr. Alcaraz-Limcangco was still working in a full family practice. He acknowledged Dr. Staniland's comment in her August 14, 2018 teleconference documentation that rather than proceeding with the APASS assessment it would be reasonable for Dr. Alcaraz-Limcangco to build a practice and then proceed with a practice visit.
- [46] Dr. Caffaro stated he believes there were further discussions between Dr. Staniland, Mr. Chak and Dr. Alcaraz-Limcangco between August 2018 and October 2018, but the College determined that Dr. Alcaraz-Limcangco was not safe to practice family medicine. He was not aware of the specifics of the discussions and was not a part of them. He testified he did review Dr. Staniland's October 2018 letter before issuing his December 2018 letter (p 53, Exhibit 1). He stated his understanding was that the normal process would have been to proceed with the APASS assessment but when this was not followed, the matter was referred to him for re-direction.
- [47] Dr. Caffaro stated he was not aware in mid-2018 that Dr. Alcaraz-Limcangco was seeking a practice license in British Columbia. He was aware that at least a Certificate of Professional Conduct had been requested from Alberta. He stated that the normal process in this situation is that the applying physician has to disclose if there is any active investigation in their home jurisdiction. He stated the normal practice is BC would have requested a Certificate of Professional Conduct and if this indicated there was a complaint, the other jurisdiction (BC) with permission of the regulated member would request clarification as to the nature of the complaint to adjudicate the registration. Dr. Caffaro did forward the investigation report, Terms of Resolution and final letters to the College of Physicians and Surgeons of British Columbia ("CPSBC") and did not get Dr. Alcaraz-Limcangco's consent to do so. He stated that a secondary consent would have been sought by the requesting party.

- [48] Dr. Caffaro stated that the normal process at the time would be for release of a certificate of professional conduct to the requesting regulatory body. This certificate would provide information regarding previous or ongoing complaints, summaries of resolution. He stated his comment in his May 2018 letter to the CPSBC 'all aspects of family medicine' is a boiler plate generic comment but with a note that an individual is practicing within their appropriate scope of practice. He stated that at this point there was not any issue with Dr. Alcaraz-Limcangco's cooperation with the CPSA. He confirmed that HPA processes are confidential to the public. He confirmed he provided details of specific concerns the CPSA had about Dr. Alcaraz-Limcangco's practice to her. He stated he did not have the requesting letter and consent from Dr. Alcaraz-Limcangco to release this information to the CPSBC but that a secondary consent would have been sought by the requesting party. He did not have this consent in front of him.
- [49] Dr. Caffaro indicated that these documents are provided in a format largely agreed to by the medical regulatory authorities of Canada. Professional conduct would provide information about any complaint, whatever informal educational resolution arrived at or formal discipline would have been included.
- [50] Dr. Caffaro indicated that section 52 of the *Health Professions Act* requires that the IPR process is treated as a confidential matter. If a member does consent, the CPSA would provide a thumbnail summary of whatever IPR process the member is involved in to a third party.
- [51] Dr. Caffaro stated when he initiated the new complaint in January 2019 he does not recall what background information he reviewed.
- [52] Dr. Caffaro interpreted Dr. McLeod's imposed restriction on Dr. Alcaraz-Limcangco's practice permit (p 112, Exhibit 1). He confirmed that his request for Dr. Alcaraz-Limcangco's practice permit to be suspended was based on her non-compliance with Continuing Competence and that she was practicing medicine in an area inconsistent with her previous practice. He stated he felt the term 'mental health issues' would include any condition in the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM) manual of psychiatric diagnoses. He stated Professional Conduct has no direct role in monitoring compliance to the imposed practice condition and had no recollection of reaching out to the clinic where Dr. Alcaraz-Limcangco was working at the time. He also stated he does not recall sending a notice to the director of the clinic to notify them of the practice restriction. Dr. Caffaro stated he was not made aware of any non-compliance with respect to the practice restriction.
- [53] Dr. Caffaro was aware that Dr. Alcaraz-Limcangco had initiated legal proceedings regarding the imposed practice restriction.
- [54] Dr. Caffaro testified he did not participate in the legal proceedings and was unaware that when the Alberta Court of Queen's Bench denied a stay on the proposed suspension of Dr. Alcaraz-Limcangco's practice permit it was conditional on the complaints process concluding by December 31, 2019.

- [55] Dr. Caffaro stated when he initiated the new complaint in January 2019 he would have been aware of the contents of Dr. Alcaraz-Limcangco's CV. He clarified that the CPSA had concern over the fact that Dr. Alcaraz-Limcangco was providing physician services in a broad-based family practice despite the findings from her CAPE assessment. This was a type of practice she was not involved with previously.

Dr. Caffaro - Re-Direct Examination

- [56] Dr. Caffaro clarified that when he wrote his letter to the British Columbia College of Physicians the documents exchanged are normally available to and from each of the respective Complaints Departments. He stated that when the complaint was opened no conclusions were made yet on a member's conduct. When a complaint is opened it is a concern that needs investigation to make a determination if specific conduct meets the definition of unprofessional conduct.

Dr. Caffaro - Hearing Tribunal Questions

- [57] Dr. Caffaro clarified the list of Approved Practice Visitors (p 28, Exhibit 1) are family physicians who aid in the Continuing Competence process by performing practice visits for the CPSA. These individuals have been trained by the CPSA to perform practice visits.
- [58] Dr. Caffaro explained the IPR process operates within the Continuing Competence department of the CPSA. It is a process in which a physician is assessed for specific broad concerns as part of a complaint or by self-referral or a referral from another department. He explained that CAPE is operated out of the University of Manitoba and is designed to assess a physician's specific skills and knowledge. He said this program is not run by any regulatory body and is used by several regulators as it has expertise with assessing family physicians. He explained the APASS program is run by the University of Calgary department of Family Medicine. It is a 3-month assessment where a physician is taken into a preceptor's practice and is observed by clinic staff in patient interactions to help form an opinion of the practitioner in terms of their strengths, weaknesses and to guide recommendations for remediation. The goal is to get a physician to a point where they are practicing to an acceptable standard in the community. The APASS program is not run by CPSA. Dr. Caffaro stated the CPSA does not profit from the IPR process; it operates on a cost-recovery basis.
- [59] Dr. Caffaro explained the role of Continuing Competence with respect to Terms of Resolution is to ensure a physician undertakes the appropriate measures to ensure they at least meet the minimum community practice standard. He pointed out there is an operational firewall between Continuing Competence and Professional Conduct.
- [60] Dr. Caffaro stated the basis for the complaint he initiated including concern that Dr. Alcaraz-Limcangco had an inappropriate scope of practice was due to this

practice being beyond that she had demonstrated appropriate competence in. His belief was that the Continuing Competence department was concerned her practice was beyond what she had demonstrated competencies in or that they felt she was practicing in areas where she did not have the demonstrated competencies in or that they had been adequately able to assess her competencies to ensure patient safety.

- [61] Dr. Caffaro stated that matters that go to a Hearing are public information that is transmitted nationally by the home jurisdiction irrespective of a physician's application for registration. He clarified that there is a common set of expectations agreed to by the medical regulatory authorities in Canada regarding what information is provided by the home jurisdiction, on consent of the physician, when a physician applies for licensure in another jurisdiction. This includes information about complaints which have been dismissed but are significant in nature (e.g. sexual abuse), complaints that have been closed with informal or educational resolution or complaints that are still open. Individual regulators may vary on whether they ask for further information with the consent of the regulated member. Some regulators will just stop the registration process at that point while others ask for more information. Some provincial legislation may limit some of the information that is disclosed when the second request is made.
- [62] Dr. Caffaro stated the *Health Professions Act* does have provisions that limit what information is transmitted outside of Alberta, including practice conditions or if a physician has not provided consent for release of particular information. Dr. Caffaro stated that the CPSA is sensitive to how expensive it is for a physician to undertake the CAPE and APASS assessments. He stated when referrals are made to these programs, it is not for punitive reasons but instead to help support a physician to get to a point where they can provide safe competent care and earn an income as a physician in Alberta. He stated the costs of the IPR are aimed at cost recovery and that this program is not a profit-making program for the CPSA.
- [63] Dr. Caffaro answered a question arising from Mr. Mellett. Dr. Alcaraz-Limcangco had to confirm she had no conflict of interest with the list of Approved Practice Visitors as the CPSA had anticipated a future practice visit from the College.

Dr. Dawn Hartfield – Examination

- [64] Dr. Hartfield previously worked as a pediatrician, with a focus on hospital medicine. She has expertise in quality care and improvement and patient safety and has held leadership roles in this area. She completed medical school and residency training at the University of Saskatchewan in 1998 and was in private practice until 2003. She joined the academic faculty at the University of Alberta in 2003. She has completed a master's degree. Her expertise in quality improvement and patient safety has led to her holding successive leadership roles at the Stollery Hospital and on a Zone level. She has previously been the

Alberta Health Services Assistant Zone Medical Director for Integrated Quality Management for the Edmonton Zone.

- [65] She joined the CPSA in February 2020 as the Assistant Registrar for Continuing Competence. In January 2021 she became the CPSA Complaints Director and Assistant Registrar for Professional Conduct. For the hearing, she was present in her former role as the Assistant Registrar for Continuing Competence.
- [66] Dr. Hartfield became aware of Dr. Alcaraz-Limcangco's file in September 2020 when she was contacted to bring Dr. Alcaraz-Limcangco back to Continuing Competence and to provide input into what an assessment and remediation program would involve for her. Dr. Hartfield stated she examined the file including all communications and the previous CAPE assessment. From this, she felt that the matter was very complex. Since the 2018 CAPE assessment there had been zero remediation despite the significant concerns identified by CAPE. She understood that Dr. Alcaraz-Limcangco had a fairly focused practice for a number of years pre-dating the CAPE assessment. From the assessment there was a practice restriction focused on the area of psychiatry which was an area of relative strength on the CAPE assessment.
- [67] Dr. Hartfield gave a summary of her recommendations to Mr. Boyer and copied Mr. Mellett. She did not receive a reply from either Mr. Mellett or Dr. Alcaraz-Limcangco. She then reached out and offered Dr. Alcaraz-Limcangco an opportunity to discuss the matter on December 3, 2020 (p 136, Exhibit 1). She did not receive a reply from Dr. Alcaraz-Limcangco before the requested deadline of December 17, 2020. This letter was a way of introducing herself to Dr. Alcaraz-Limcangco and summarizing what the recommended remediation would entail. This letter was sent via email, registered mail and the CPSA portal. Dr. Hartfield stated that the CPSA can tell that Dr. Alcaraz-Limcangco's portal was accessed within one week after the letter was sent and that the registered letter was signed for. She communicated to Dr. Caffaro that she did not receive a response from Dr. Alcaraz-Limcangco (p 138, Exhibit 1).
- [68] Dr. Hartfield said she did review the original Terms of Resolution. She felt that her conditions were consistent with these original terms. She explained that every IPR process with the CPSA is unique and every physician who enters such an agreement is in their own unique set of circumstances. She stated that paragraph 3 of the Terms of Resolution allowed for a range of interventions, given the uniqueness of every individual IPR situation.
- [69] As her tenure in Continuing Competence ended at the end of December 2020, Dr. Hartfield did not know if Dr. Alcaraz-Limcangco attempted to re-start the IPR process between December 2020 and the May 2021 Notice of Hearing. She is unsure of what has happened in this case since she communicated with Dr. Caffaro on December 22, 2020. From a regulatory perspective, she confirmed that the aim is to support regulated members to ensure that they are providing high quality safe care to patients.

Dr. Hartfield - Cross-Examination

- [70] As Dr. Hartfield was previously part of Continuing Competence, Dr. Ritchie was the acting Complaints Director for this proceeding to avoid a conflict of interest. Dr. Hartfield confirmed that she was involved with this case in her role as Complaints Director. She was aware that Dr. Ritchie was the College investigator for the original complaint against Dr. Alcaraz-Limcangco. She did not recall that he was the Associate Complaints Director who signed the Terms of Resolution.
- [71] Dr. Hartfield clarified that she had no direct involvement in the IPR process for Dr. Alcaraz-Limcangco until later in 2020 when she received the request to consider bringing Dr. Alcaraz-Limcangco back into Continuing Competence. She explained that requests such as this are discussed in team meetings where the file is reviewed to facilitate team-based decisions.
- [72] Dr. Hartfield took over for Dr. Mazurek's role in Continuing Competence. She explained that programs in this department do evolve over time to improve and that mechanisms exist to let membership know of changes to programs offered.
- [73] Dr. Hartfield reviewed the IPR summary document at p 60, Exhibit 2. She was not sure if she had seen it before or how much it has changed since 2017.
- [74] Dr. Hartfield stated the term "targeted support" refers to the need that IPR processes are tailored to meet individual needs given the specific details of every case.
- [75] Dr. Hartfield explained the practice visit is the gold standard starting point in the IPR process. Given that Dr. Alcaraz-Limcangco did not have a conventional office practice, the IPR process for her started with the CAPE assessment. She stated references to third party assessments as possible assessment options in the IPR process are not summarized on the CPSA website.
- [76] Dr. Hartfield reviewed the 2019 updates to the IPR process (Tab 5, Exhibit 2). There are specific references to CAPE and APASS assessments. These updates post-dated the original Terms of Resolution.
- [77] Dr. Hartfield did not have direct involvement with determining what kind of assessment approach would be taken from the deliberations over Dr. Alcaraz-Limcangco's practice in 2018.
- [78] Dr. Hartfield explained the Continuing Competence file was closed prior to Dr. Caffaro opening a new complaint regarding Dr. Alcaraz-Limcangco on February 6, 2019 (p 93, Exhibit 1). When she was asked to consider bringing back Dr. Alcaraz-Limcangco into Continuing Competence in 2020, the Continuing Competence file was not officially re-opened as she was simply asked to consider bringing Dr. Alcaraz-Limcangco back into the program and if so, what it would look like. While the file was not re-opened, she felt all parties were

working to find a way forward to address and resolve Dr. Caffaro's complaint initiated in 2019.

- [79] Dr. Hartfield did not have any involvement in the Court process and was not involved in follow up of restrictions on Dr. Alcaraz-Limcangco's practice permit. She was not working for the CPSA at that time.
- [80] Dr. Hartfield said she was not involved in the case when Dr. Alcaraz-Limcangco was practicing at the Centennial Center or when Dr. Alcaraz-Limcangco was seeking a practice in a new jurisdiction. She reviewed her December 2020 letter to Dr. Alcaraz-Limcangco (p 136, Exhibit 1). The previous CAPE assessment would have cost about \$5,000. The recommended CPEP program would cost Dr. Alcaraz-Limcangco roughly another \$12,000 (Cdn), depending on the specific assessments performed. The required practice visit would cost about \$10,000. Further remediation if needed would also have been at Dr. Alcaraz-Limcangco's expense. Dr. Hartfield said she relied on information from others regarding scope of practice for Dr. Alcaraz-Limcangco. She said she did not have the opportunity to use information from Dr. Alcaraz-Limcangco in this regard as she never received a reply from Dr. Alcaraz-Limcangco.

Dr. Hartfield - Hearing Tribunal Questions

- [81] Dr. Hartfield said the original CAPE report demonstrated deficiencies in multiple areas with relative strength in mental health. After this assessment Dr. Alcaraz-Limcangco undertook no remediation as far as the CPSA knew. She stated that the CPSA expectation was that Dr. Alcaraz-Limcangco remained in a practice restricted to the identified areas of strength which were mental health and psychiatry until a fresh assessment is performed. Given the significant knowledge gaps demonstrated Dr. Hartfield felt the CPSA was in a position in 2020 where they had to start fresh with Dr. Alcaraz-Limcangco to see the current extent of her competencies and what needed remediation. She pointed out that the programs offered by Continuing Competence only succeed if a physician is cooperative. She stated physicians cannot be forced by the CPSA to undergo assessment and remediation. However, if there is an issue of cooperation with the CPSA in such matters, it becomes a Professional Conduct issue.

Mr. Arman Chak – Examination

- [82] Mr. Chak is an Alberta-based lawyer practicing since February 2001, specializing in administrative and human rights law. He has a master's degree in administrative law. He just completed 6 years in a role as a benchler in the board of governance of the Law Society of Alberta. He had a specialized human rights law practice where he worked in areas of discrimination in areas of employment. He worked a great deal with international medical graduates. He became Dr. Alcaraz-Limcangco's lawyer before she signed the Terms of Resolution with the CPSA. He recalls being asked to review these terms and to participate in an initial meeting with Dr. Alcaraz-Limcangco and Dr. Staniland.

- [83] Mr. Chak recalled the questionnaire and Terms of Resolution were reviewed at this meeting. His role was to represent Dr. Alcaraz-Limcangco and follow, as close as they could, the Terms of Resolution. He confirmed the list of potential Approved Practice visitors on p 28, Exhibit 1 as a document reviewed at the meeting. He recalled that they had a cordial meeting and discussed how to implement a practice visit for Dr. Alcaraz-Limcangco but that the challenge was that she had no official conventional practice of her own. He stated that Dr. Staniland disclosed this was one of her first IPRs and given the unique situation she was getting advice from others who had done IPRs before.
- [84] Mr. Chak stated it was clear to him that Dr. Alcaraz-Limcangco was a family practitioner given her education, experience and certification with the Canadian College of Family Practitioners. He stated the IPR was framed as an educational process for Dr. Alcaraz-Limcangco. He said the outcome of the meeting was that multiple options were discussed including the CAPE assessment. He said while the CAPE assessment was introduced as an assessment process, it was not fully explained to him or Dr. Alcaraz-Limcangco. They were told that if there were not enough registrants, the assessment would not happen. He testified that Dr. Staniland told them that the APASS assessment was an option but that this was not explained thoroughly. Dr. Alcaraz-Limcangco signed an agreement with the CPSA to undergo the CAPE assessment in June 2018.
- [85] Mr. Chak was involved in exploring other practice opportunities for Dr. Alcaraz-Limcangco. A hospitalist job in Duncan, British Columbia came up and they notified Dr. Staniland that this could be a place where they could do a practice assessment. By March 2018, Mr. Chak said it was clear that Dr. Alcaraz-Limcangco was offered the job in Duncan. Mr. Chak made two requests to the CPSA regarding what information they disclosed to the CPSBC regarding Dr. Alcaraz-Limcangco. He stated he made the second request because his client expressed concern about what information the CPSA transmitted to their counterpart in BC. The CPSA initially responded stating that they disclosed she was a practicing member. The second response from the CPSA included a copy of Dr. Caffaro's letter from May 2018 to the CPSBC. Mr. Chak said the contents of this letter concerned him and that he felt Dr. Caffaro breached his client's confidentiality by sending the letter. He stated that his client did undergo the CAPE assessment and the results were not positive. When the CAPE results were reported, he discussed with his client and Dr. Staniland a way forward to help his client. He testified from here, there was confusion in the communication with the CPSA.
- [86] Mr. Chak reviewed the documentation of the teleconference he, Dr. Alcaraz-Limcangco and Dr. Staniland had in August 2018 (p 45, Exhibit 1). Dr. Alcaraz-Limcangco decided to withdraw her application for the job in Duncan following Dr. Caffaro's letter to the CPSBC. She was working at the Prompt Medical Clinic in Calgary and Dr. Staniland did not express any concern with this. He stated Dr. Staniland never suggested that Dr. Alcaraz-Limcangco's scope of practice was inappropriate. Even though Dr. Staniland's September 24, 2018 letter to

them outlined a practice condition whereby Dr. Alcaraz-Limcangco's practice was restricted to adult mental health patients, Mr. Chak does not recall any discussion of this and he stated this document does not accurately reflect what was discussed at the meeting. He stated that Dr. Staniland suggested the APASS program but was not clear in her discussions with them. He did eventually have a telephone discussion with Dr. Staniland where she suggested an APASS assessment which he was agreeable with but at the same time he expressed they needed to know exactly what the CPSA was proposing.

- [87] Mr. Chak wrote a letter to Dr. Staniland October 9, 2018 which outlined his concerns (p 50, Exhibit 1) and a proposed modified agreement with the CPSA. Dr. Staniland responded by letter October 19, 2018. Mr. Chak states it was incorrect for Dr. Staniland to say it was a surprise to the College to learn that Dr. Alcaraz-Limcangco was back in practice. He said he was unsure if the College's Standard of Practice regarding return to practice was applicable in this situation. He stated his client advised him to resolve the issue. His next action was to notify the CPSA that they did not agree that there was a change in his client's scope of practice. He testified his overarching goal was to get the focus back on to the IPR and having his client undergo a practice visit as per the original Terms of Resolution.
- [88] Mr. Chak accused the CPSA of re-telling a narrative with the new complaint against his client. He said he felt the College was trying to change the terms of their agreement with his client and felt there was a lack of clarity in the process moving forward. He reviewed the warning letter his client received from Dr. Caffaro in December 2018 (p 63, Exhibit 1) which included a new Undertaking with the College to sign. He claimed his client never was in non-compliance with any of the requests from the College.
- [89] He stated there were other issues he could challenge including the scope of practice issue and how he felt Dr. Caffaro breached his client's confidentiality. However, he chose to try focus on the IPR process and getting his client to have a practice visit. He stated that the CPSA chose to take another interpretation of the Terms of Resolution.
- [90] He stated the cost of the APASS program would have been as high as \$50,000 (\$2,000 per week for 6 months or more) and that this cost concerned his client. His goal was to keep presenting his client's qualifications to Dr. Caffaro and focus on getting his client the educational supports she needed to get another assessment and practice visit. He stated his client was open to restrictions but needed to be shown a clear path to an assessment and proper practice visit. He stated his client also needed a clearer picture of the timeline and costs.
- [91] Mr. Chak stated he offered to undertake the proposal from September 2018 in January 2019 but Dr. Caffaro declined and initiated the new complaint against his client. He said they were not informed of this new complaint until February 2019.

[92] Mr. Chak reviewed the letter from Dr. Mazurek which closed the Continuing Competence file in January 2019 (p 82, Exhibit 1). He reviewed the application for a judicial review to block the College from suspending his client's practice permit. If the College did not complete the conduct proceedings for complaint number 190069.1.1 by the end of December 2019, the stay would be implemented. The stay was implemented January 1, 2020. His objective was to get a practice assessment for his client as soon as possible. They were able to obtain an interim stay of the practice suspension. After that, there was no further communication from Continuing Competence. Mr. Chak stated he felt he had a good working relationship with Dr. Staniland in this matter but that this changed in September 2018.

Mr. Chak - Cross-Examination

- [93] In cross-examination, Mr. Chak confirmed that he is not a member or employee of the CPSA and that he has never been retained to do any physician assessment work for the CPSA or any physician college. He confirmed he does not have a medical degree. He clarified his characterization that the CPSA reluctantly provided him details of the documentation from Dr. Alcaraz-Limcangco's file they provided to the CPSBC. He said that he had requested this information twice from the College. It was pointed out that the CPSA response to Mr. Chak's May 23, 2018 request was provided on May 25, 2018. It was pointed out that Dr. Caffaro's letter to Mr. Muncaster was dated the same day as it was requested.
- [94] Mr. Chak confirmed that his stay application was heard in the spring 2019 and that the judicial review is yet to be resolved. He stated that nobody from the CPSA communicated with him regarding the judicial review. Ms. Chisholm pointed out that there is a communication between Mr. Chak and Mr. Boyer on the judicial review file that resulted in an agreement to adjourn the judicial review hearing that had been scheduled for April 9, 2020 on a sine die basis. Ms. Chisholm stated it was Mr. Chak who wrote to the Court to indicate that this was the agreement the parties had made. Mr. Chak stated that Ms. Chislom was mischaracterizing what had occurred.
- [95] Mr. Chak stated that nothing turned on the categorization of a sine die designation of the judicial review, and it was clear to him that the CPSA intended on completing their process in 2019. He pointed out that he never got a certified record of the proceedings. He stated his impression was the College was not interested in the judicial review. He testified he was never brought in to deal with the IPR, certified record, any steps forward from the judicial review or the complaint if it did actually exist. He claimed he never thought there was a real complaint, and he does not think it actually followed the proper jurisdictional steps. He claimed that depending on the outcome of the hearing, they may go back and reopen the judicial review. He stated he feels the complaint has severe jurisdictional issues and that he made this clear to the CPSA in 2019.

[96] Mr. Chak stated that he was representing Dr. Alcaraz-Limcangco in the IPR process and the judicial review.

[97] It was pointed out that nowhere in his October 9, 2018 letter to Dr. Staniland does Mr. Chak say Dr. Staniland inaccurately summarized what she discussed with him and Dr. Alcaraz-Limcangco at the September 24, 2018 meeting in a memo dated the same day. He clarified that at that time, the CPSA had changed direction 4 or 5 times in their process with Dr. Alcaraz-Limcangco and that he did not feel him pointing out inaccuracies in Dr. Staniland's memo had any value. He stated that Dr. Alcaraz-Limcangco was always fully cooperative with the CPSA and that his focus with his October 9, 2018 letter was to get the process back to the original Terms of Resolution and IPR process. He stated that when he immediately raised the issue of breach of confidentiality when the CPSA closed the Competency file and threatened to suspend Dr. Alcaraz-Limcangco, Dr. Alcaraz-Limcangco advised him to put this to the side. He stated the CPSA was immediately aware of his concern regarding the breach of confidentiality.

Mr. Chak – Re-Direct Examination

[98] Mr. Chak referred to his application for judicial review filed January 2019 (p 101, Exhibit 1). He confirmed he raised his concern regarding confidentiality in paragraphs 22 and 27.

Mr. Chak – Hearing Tribunal Questions

[99] Mr. Chak confirmed paragraph 22 in his judicial application (p 103, Exhibit 1) 'section 51' should read 'section 52'. He confirmed that the section 65 application is resolved, and the rest of the judicial review was adjourned sine die. He confirmed that in his application for judicial review he is referring to a breach of confidentiality in Dr. Caffaro's communication with the CPSBC in paragraphs 22 and 27 and that these issues are still live. He stated that he was also concerned that going forward the CPSA would not continually use the confidential information contained in the 160552.1.1 complaint.

[100] Mr. Chak stated he does not accept Dr. McLeod's letter (p 112, Exhibit 1) as an accurate summary of the events up until that point. He stated that when Dr. Caffaro tried to suspend Dr. Alcaraz-Limcangco in January 2019, he insisted that the CMPA and Mr. Mellett be involved if the issue was anything related to complaint number 160552.1.1. He stated that Dr. McLeod's descriptions of the events are based on fourth-hand hearsay from various sources. He stated that Drs. Caffaro, Staniland, and Hartfield changed their position on the issue along the way. He stated that Dr. Alcaraz-Limcangco never received information regarding practice plans or timing from the CPSA. He stated she never refused to undergo the APASS assessment. He testified he was trying to work with the CPSA in October 2018 and suggested they do the APASS assessment and any practice restrictions recommended from the CPSA.

[101] Mr. Chak described his version of events from the CAPE assessment. He stated that once the CAPE results were received, Dr. Staniland clearly outlined how CAPE results would be used to support Dr. Alcaraz-Limcangco. He stated that from September 2018 onwards, the CAPE results were used differently and that it was apparent that Dr. Staniland was not going to follow the initial plan. He stated that Dr. Staniland was now being directed in a different path on how to deal with Dr. Alcaraz-Limcangco. He stated he had a private conversation with Dr. Staniland (in the addendum) where she told him she was stuck in how she would view the CAPE results. This was where he suggested another CAPE assessment. He stated that from there the tone from the CPSA went from supportive with options to a CAPE-based approach.

Dr. Yolanda Alcaraz-Limcangco – Examination

[102] Dr. Alcaraz-Limcangco testified she is a family physician residing in Edmonton and is a member of the Canadian College of Family Physicians. She pointed out from her curriculum vitae that she completed medical school in the Philippines and then completed a family medicine residency at the University of Alberta from 2008-2011. She stated she has been registered with the CPSA since 2011.

[103] She explained that the 'CCFP' designation requires that one successfully completes a Canadian family medicine residency and passes the CCFP exam which has written and oral components. She confirmed that she passed this exam in 2011, the same year she completed her residency training.

[104] After residency, Dr. Alcaraz-Limcangco did some locum work in Edmonton and worked as a hospitalist in Lethbridge Hospital. She then took a medical staff position at the Centennial Centre, a mental health facility in Ponoka. There, she managed the medical needs of inpatients of the facility. She initially worked on the brain injury unit and then moved to the adult psychiatry inpatient unit, and then to the concurrent disorders extended services unit.

[105] Dr. Alcaraz-Limcangco confirmed she is not a psychiatrist. She explained that she provided family medicine services to Centennial Centre inpatients. She tended to the day-to-day medical needs of these patients, including ordering diagnostic tests, writing prescriptions and discharge prescriptions. The problems she managed included insomnia, constipation, pain, hypertension, diabetes, pneumonia, skin care disease, seizures and occasionally cardiac life support. The patients on this unit were adults (older than 18 years) with psychiatric issues. She did not deal with geriatric or pediatric issues. She stated the psychiatrists at Centennial Centre managed the patients' psychiatric issues. Dr. Alcaraz-Limcangco had been working as a hospitalist at Tom Baker Cancer Centre but took the job at Centennial Centre as she wanted to be closer to her daughter who was starting studies at the University of Alberta and the Centennial Centre job was the only one available closer to Edmonton.

[106] Dr. Alcaraz-Limcangco resigned from the Centennial Centre in 2016 due to concerns raised in Triggered Initial Assessments ("TIA") and collegial

differences. The TIAs arose from concerns raised about her practice. The matter was referred to the CPSA and managed by Dr. Ritchie, the acting Complaints Director.

[107] Dr. Alcaraz-Limcangco confirmed she remembered dealing with Dr. Ritchie. She recalled the August 2017 meeting she had with Dr. Ritchie and Mr. Mellett (p 20, Exhibit 1). She acknowledged the concerns that were raised about her medical practice which were discussed at this meeting and indicated her recollection that Dr. Ritchie was agreeable to her finding suitable continuing medical education opportunities to address the concerns. In follow-up to this meeting Mr. Mellett provided a list of continuing education courses she had completed and another list of upcoming courses she had registered for (Tab 2, Exhibit 2). She also subscribed to Uptodate. She attended an annual hospital CMAA course, a therapeutics course and a communication course along with the Opioid Dependence Treatment course from the Canadian Association of Mental Health. Her understanding of this process was that Dr. Ritchie had asked her for her continuing medical education record to ensure she would continue seeking these education opportunities to stay current and improve her knowledge and skills as a family physician.

[108] Dr. Alcaraz-Limcangco stated Dr. Ritchie's proposed resolution to the issue was that she proceed with an IPR program including an assessment by a practice visitor. She learned of the IPR program during discussions of the Terms of Resolution. She recognized the website information about this program in Tab 4, Exhibit 2. She confirmed her understanding of the IPR program was that it would involve a practice visitor for file review as part of a practice assessment and that the process would evolve from there. Her professional plan after leaving the Centennial Centre was to find another hospitalist job and failing this, she would go to Calgary and work as a family physician in the community. She understood she would need to build her practice to a point where she could undergo a practice visit. She stated Dr. Ritchie acknowledged she was doing family medicine all throughout. She confirmed she signed and agreed to the Terms of Resolution.

[109] Dr. Alcaraz-Limcangco recalls at her initial communication with Dr. Staniland she provided her CV and consent to undergo the IPR process. They met and discussed a future practice visit and she recalls Dr. Staniland acknowledging that she was practicing family medicine. Dr. Alcaraz-Limcangco acknowledged she approved of the list of potential practice visitors on p 28, Exhibit 1 and did not object to any of the listed individuals. She confirmed she completed the practice overview questionnaire. Her understanding was that the IPR process and practice visit would occur once she built up her practice sufficiently. However, when she did not build a large enough clinical practice, Dr. Staniland suggested a CAPE assessment. Prior to this, she had not heard of such an assessment. She understood that it would cost her about \$5,000 along with airfare and that it was structured similarly to a medical school exam. She explained that at the time she asked to defer the assessment as she felt that the suggested timeframe of about 1 month did not give her enough time to prepare.

- [110] Dr. Alcaraz-Limcangco agreed to the CAPE assessment despite having reservations regarding how soon she would have to undergo it. She acknowledged that the assessment result was not good and that she was disappointed with it. Mr. Chak suggested another CAPE assessment be done that fall. Dr. Alcaraz-Limcangco stated she just wanted to return to the originally outlined IPR process.
- [111] At that time, Dr. Alcaraz-Limcangco started working at the Prompt Clinic. There, she saw new walk-in patients. She intended to build up a practice so she could finally undergo a practice visit. She explored job opportunities in BC and found a hospitalist position in a psychiatric unit in Duncan. She stated she was offered the position and was exploring housing options while waiting for her registration with the CPSBC. Her application for this registration was not successful. Part of this application required a certificate of conduct from her home regulatory body to the CPSBC. Dr. Alcaraz-Limcangco stated her application was denied based on concerns raised in the conduct letter provided to the CPSBC.
- [112] Dr. Alcaraz-Limcangco understood that the CPSA conduct letter outlined her ongoing investigation in Alberta. She stated she never consented for this information to be transmitted to the CPSBC.
- [113] Dr. Alcaraz-Limcangco recalled the teleconference she had with Mr. Chak and Dr. Staniland in August 2018 (p 45, Exhibit 1). There, she communicated she was working at the Prompt Clinic. She confirmed that this memo summarizing the meeting as being accurate. Her understanding from this meeting was that the plan moving forward was for her to have time to build her clinical practice so that she could eventually undergo a practice visit. She understood that this would be the next step of the IPR process. However, this is not what happened. Dr. Alcaraz-Limcangco said Dr. Staniland instead changed her position and was no longer willing to wait for her to build up her clinical practice. Instead, Dr. Staniland's focus shifted to an APASS assessment and to limit Dr. Alcaraz-Limcangco's practice to mental health.
- [114] Dr. Alcaraz-Limcangco reviewed the October 2018 letter Dr. Staniland sent to Mr. Chak (p 53, Exhibit 1). She stated she was taken aback by the wording of this letter as she felt she never changed the scope of her practice. She also indicated there was no reference in the letter to any practice visit and instead the recommendation was for an APASS assessment. Dr. Alcaraz-Limcangco felt confused with this as it was a change from the original agreement she had with the CPSA. At the time of the letter, she was working at the Prompt Clinic and had limited financial resources. She understood the APASS program could cost her \$2,000 per week for 3-6 months.
- [115] Dr. Alcaraz-Limcangco stated Mr. Chak responded to the letter on her behalf and requested the CPSA re-start the IPR process for her. She stated she does not feel she was refusing to engage with the CPSA and that she always did what the

CPSA requested of her. She stated she was devastated by the CPSA's suggestion that she withdraw from family practice as her medical career was something she worked long and hard to establish and she felt she was appropriately certified to do this job. She stated she never got an explanation from Dr. Staniland as to why she changed her position on the next steps.

[116] By the end of 2018, Dr. Alcaraz-Limcangco stated her goal was for her lawyer to deal with whatever was necessary. However, Dr. Mazurek's letter (p 82, Exhibit 1) closed her Continuing Competence file. Dr. Alcaraz-Limcangco stated she did not refuse to sign the APASS undertaking or to discuss the issue with Dr. Staniland. Based on this letter, she understood that there was no more IPR process for her even though she was still willing to participate in a dialogue to a path forward.

[117] Dr. Alcaraz-Limcangco stated that when the CPSA imposed a practice restriction to adult mental health on her, she instructed Mr. Chak to deal with this in a judicial review. She stated that she is still complying with this practice restriction and as a result only working 2-3 days a week and is currently limiting her practice to adult mental health. The Court stayed the restriction as of the end of 2019. Her understanding was that from there no discussions occurred to resolve the complaints.

[118] Dr. Alcaraz-Limcangco stated that she was confused when she received Dr. Hartfield's December 2020 letter (p 136, Exhibit 1). She stated she was confused with the direction the process was taking. She confirmed that she did not respond to the letter as she needed time to digest it. She consulted her lawyer as she felt the process was getting more onerous and convoluted. She stated she felt as the months were going by the CPSA kept changing their approach and the measures they were suggesting to her were becoming harder and harder. She felt the stress of the process impacted her financially, professionally and emotionally.

[119] Dr. Alcaraz-Limcangco testified she does not agree that Dr. McLeod's March 11, 2019 letter (p 112, Exhibit 1) is an accurate summary of the events to that date. She stated she did not have a practice limited to psychiatry at the Centennial Centre but instead she practiced family medicine. She agreed that she did sign the Terms of Resolution with the CPSA and did agree that all the requests from the CPSA as part of the Terms of Resolution were reasonable in nature except for the APASS assessment and request to withdraw from family practice. She stated she does not understand why these recommendations were made and that the CPSA kept changing their requests. She stated she did try get an explanation for her questions.

[120] Dr. Alcaraz-Limcangco testified she never refused to undergo the APASS assessment or to limit her area of practice. She stated she just wanted to follow the original Terms of Resolution she agreed to with Dr. Ritchie and that she wanted to understand the reason for all the changes made in the requests from the CPSA. She stated she did not have a different practice in the past as she

always practiced family medicine. She stated she always complied with the CPSA and did not feel her scope of practice needed to be addressed as she never changed her scope.

Dr. Alcaraz-Limcangco - Cross-Examination

[121] In cross-examination, Dr. Alcaraz-Limcangco confirmed that she signed a Terms of Resolution with the CPSA (pp 24-25, Exhibit 1). She agreed that she has not completed the IPR process stipulated in the Terms of Resolution. She stated that she reviewed the CPSA website to learn more about the IPR process (p 66, Exhibit 2). Point 8 of the IPR description contemplates the potential for further assessments as determined by the SMA to satisfy the requirements of the IPR. Dr. Alcaraz-Limcangco stated she was not aware of any discussions between her lawyer and the CPSA which occurred in the fall of 2020 to resolve the complaint prior to Dr. Hartfield's December 2020 letter to her. She confirmed that she did not respond to Dr. Hartfield's letter. She also confirmed that she did not communicate with the CPSA until the new (current) complaint was issued.

Dr. Alcaraz-Limcangco - Hearing Tribunal Questions

- [122] Dr. Alcaraz-Limcangco confirmed that the certificate of conduct transmitted from CPSA to the CPSBC is not in the Exhibits.
- [123] Dr. Alcaraz-Limcangco confirmed that she practiced general broad family medicine. She stated she has no additional mental health or addictions medicine training other than for the Canadian and American conferences and AHS addictions courses she has attended. She stated she treated patients with addictions in her family practice. She clarified that she completed medical school in the Philippines and residency training in Canada and that she practiced for a time as a family physician in the Philippines. She stated she considers herself as a full-scope family physician.
- [124] Dr. Alcaraz-Limcangco stated she underwent the CAPE assessment out of respect for the CPSA but that she does not feel it is a valid part of the Terms of Resolution she signed. She stated Dr. Staniland told her that the only possible outcome of the CAPE assessment was that she may need extra coursework to remedy whatever issues the CAPE assessment uncovered. She stated Dr. Staniland explained that the CAPE assessment would not be used against her.
- [125] Dr. Alcaraz-Limcangco testified that through her lawyer, she did request clarification from the CPSA regarding their proposed practice restrictions, but she never got a response back as to the next steps. She stated the only time she did not respond to the CPSA was when she received Dr. Hartfield's letter. She stated that while undocumented, her lawyer reached out to the CPSA on her behalf. She explained that she did not respond to Dr. Hartfield's letter out of fear as she felt each CPSA communication to her got more and more harsh.

[126] Dr. Alcaraz-Limcangco clarified her clinical activities while working at Dr. Celis' Prompt clinic (p 111, Exhibit 1). She no longer works there, but while there, she did a locum for Dr. Celis in her absence. She provided care for Dr. Celis' patients and also took on new walk-in patients. She stopped working there a few months after Dr. Caffaro stated he was taking steps to have her practice permit suspended. She worked there October 22, 2018 to November 14, 2018. She is now working managing mental health issues for patients attending an addictions clinic, as per the restriction placed on her practice permit.

Application to call a Rebuttal Witness

[127] Ms. Chisholm then made an application to call Dr. Staniland as a rebuttal witness, given Dr. Alcaraz-Limcangco's testimony that Dr. Staniland stated only coursework would come as a result of the CAPE assessment. Ms. Chisholm argued that allowing Dr. Staniland to give testimony to this point would be fair to the CPSA, Dr. Staniland and Dr. Alcaraz-Limcangco, and the testimony would help to understand what was said and the directions that were made in around how Dr. Alcaraz-Limcangco ended up undergoing the CAPE assessment.

[128] Mr. Mellett opposed the application. He argued that a rebuttal witness is usually only appropriate in a circumstance where a party could not anticipate the need for evidence of the particular witness prior to closing their case. In this case, the CPSA has brought the complaint to Dr. Alcaraz-Limcangco in relation to an IPR administered by Dr. Staniland. He felt it should have been quite apparent to the Complaints Director that Dr. Alcaraz-Limcangco may be asked certain things about her dealings with Dr. Staniland. He stated Ms. Chisholm had the opportunity to address the evidence with Dr. Alcaraz-Limcangco in cross-examination or in further reply questioning, but she did not. He referred the Tribunal to the Supreme Court of Canada decision in R v. Krause, 1986 SCJ No. 65, paragraph 15. He submitted that Dr. Staniland was a very obvious witness who could have been called at the outset in the College's case but as it chose not to, the College should not be allowed to call her as a rebuttal witness.

[129] In reply, Ms. Chisholm stated the Hearing Tribunal is not bound by the rules of evidence. She pointed out that the CPSA did not have the correspondence referenced by Dr. Alcaraz-Limcangco in her response to the panel's questions in their file. She stated the CPSA had on file Mr. Chak's letter to them (p 51, Exhibit 1) stating the CAPE assessment was the only tool available given that Dr. Alcaraz-Limcangco did not have a practice and that Dr. Alcaraz-Limcangco appreciated the specific circumstances in this matter and the utility of the assessment moving forward. The key goal is to ensure that it is an accurate reflection of [her] practice and skills. She stated that if Dr. Alcaraz-Limcangco felt pressured or inappropriately directed into the CAPE assessment it would only be fair to both parties that Dr. Staniland be able to speak to comments she allegedly made to Dr. Alcaraz-Limcangco, especially if the Tribunal were to make a finding on this point.

[130] After consideration of the submissions from the parties, the application to call Dr. Staniland as a rebuttal witness was denied. The Tribunal made this decision as it felt that Ms. Chisholm could have called Dr. Staniland as one of the witness for the CPSA. The Tribunal accepts the argument of Mr. Mellett that the CPSA was aware that Dr. Staniland may have relevant evidence and that Dr. Alcaraz-Limcangco may be asked questions about the IPR administered by Dr. Staniland. The Hearing Tribunal accepts the position of Mr. Mellett that there was a likelihood of unfairness to Dr. Alcaraz-Limcangco in allowing testimony by Dr. Staniland at this point.

V. SUBMISSIONS

Submissions on behalf of the Complaints Director

- [131] In her opening remarks, Ms. Chisholm outlined the allegation against Dr. Alcaraz-Limcangco which states Dr. Alcaraz-Limcangco failed to engage in the IPR process pursuant to a February 2018 agreement with the CPSA as part of a Terms of Resolution to resolve another complaint matter with the College. Most recently, Dr. Alcaraz-Limcangco failed or refused to engage in the IPR process as requested in a December 3, 2020 letter from Dr. Hartfield, the then-Assistant Registrar of Continuing Competence.
- [132] Ms. Chisholm pointed out that the Tribunal was tasked with determining if this allegation is proven and if proven if the conduct is unprofessional conduct as defined in the *Health Professions Act*. She stated the Tribunal is required to make a determination on the civil standard of proof of a balance of probabilities as opposed to the criminal standard of 'beyond a reasonable doubt'. In other words, the Tribunal must be prepared to find that the charge is more likely than not to be proven.
- [133] In this process, Ms. Chisholm said the Complaints Director has the onus of proof. Ms. Chisholm stated she planned to call two witnesses: Dr. Michael Caffaro, former CPSA Complaints Director, and Dr. Dawn Hartfield, previous Assistant Registrar for the CPSA Continuing Competence. She said she would reserve the right to call Dr. Alcaraz-Limcangco as a witness.
- [134] In her closing submission, Ms. Chisholm submitted this is not a complicated matter. Dr. Alcaraz-Limcangco entered into a signed Terms of Resolution with Dr. Ritchie where she agreed to an IPR process and all attached conditions, including cooperation with all reasonable recommendations and requests arising from the IPR, including further competence assessments, education and remedial interventions, restrictions or conditions on her practice permit or reassessment as required. If she failed to successfully comply with the terms of the IPR, she agreed that the conduct would merit a warning and re-direction from the Complaints Director and if still non-compliant, potentially a hearing. Ms. Chisholm stated Dr. Alcaraz-Limcangco agreed to undergo the CAPE assessment and submitted that her obligation to the Terms of Resolution remain unfulfilled more than three years after they were signed.

- [135] Ms. Chisholm stated Dr. Alcaraz-Limcangco's CAPE assessment results were not good and showed that her practice was not in a place where the normal IPR could be facilitated. The CAPE assessment allowed Dr. Alcaraz-Limcangco to move forward and begin to fulfill the Terms of Resolution based on her individual situation. Her CAPE scores included failing scores in therapeutic assessment and low-borderline scores in medical skills with an overall percentile ranking of 2 in the comprehensive clinical skills examination with 11th percentile being considered the minimum competency for resident-level of competence and skill.
- [136] Ms. Chisholm stated that Dr. Alcaraz-Limcangco's compliance with her Terms of Resolution agreement fell apart when the APASS assessment and practice conditions based on the CAPE assessment were recommended. The recommended practice restriction limiting practice to mental health was consistent with her CAPE assessment scores. Ms. Chisholm pointed out the CAPE assessment revealed borderline performance in psychiatry. She stated that while Mr. Chak has suggested Dr. Alcaraz-Limcangco is qualified to be a family physician, she submits this suggestion has no weight as Mr. Chak is not a physician and has never done work in the area of physician assessment. She submitted that further assessment was a reasonable requirement of the College.
- [137] Ms. Chisholm described the language Dr. Staniland used when dealing with Dr. Alcaraz-Limcangco as supportive. She stated there is no evidence that Dr. Staniland said the only outcome from the CAPE assessment would be potentially coursework, other than what Dr. Alcaraz-Limcangco presented in her testimony. She stated coursework would have been a reasonable suggestion for an average CAPE score but a score in the 2nd percentile may have required a reassessment of that statement from a regulatory body in charge of ensuring the public is protected. She stated the Continuing Competence department was willing to help Dr. Alcaraz-Limcangco remediate so that she could practice safely as a family physician but that Dr. Alcaraz-Limcangco did not agree with Dr. Staniland's suggestions.
- [138] The warning from the Complaints Director was warranted as per clause 4 of the Terms of Resolution. When Dr. Alcaraz-Limcangco failed to comply with the agreement, Dr. Mazurek referred the matter back to Dr. Caffaro. Dr. Caffaro proceeded to open a complaint into the matter and an investigation was done. There were discussions between the parties regarding the possibility of resolving the issue outside of a hearing. Dr. Hartfield reached out to Dr. Alcaraz-Limcangco in December 2020 with a new opportunity to resolve the original Terms of Resolution. Despite this new opportunity, there was no response from Dr. Alcaraz-Limcangco. A referral was made back to Dr. Caffaro which led to the present hearing. The Terms of Resolution remain unfulfilled.
- [139] Ms. Chisholm submitted that a self-governing profession's success rests on its members participating and following direction from their regulator which includes complying with agreements entered into with their regulator. If agreements are not followed through, this undermines the College's ability to

protect the public. Ms. Chisholm cited the case of *CPSA v. Tse* which notes the CPSA must be able to rely on its regulated members to comply with agreements that are used to resolve discipline matters as disregard for such agreements undermines the College's ability to regulate the conduct of physicians in a manner that ensures Albertans are protected. The privilege of self-regulation relies on the honesty and the integrity of individual members. In this case, Dr. Alcaraz-Limcangco did not meet the Code of Conduct adopted by the CPSA Council in that she did not participate in professional development and assessment processes outlined by the CPSA, which is a requirement as outlined in the CPSA Physician Code of Conduct (p 145, Exhibit 1).

[140] Therefore, Ms. Chisholm submitted that on the balance of probability, the allegation is proven and the conduct constitutes unprofessional conduct under section 1(1)(pp)(ii) of the *Health Professions Act* and section 1(1)(pp)(xii), having damaged the integrity of the profession.

Submissions on behalf of Dr. Alcaraz-Limcangco

[141] In his closing submission, Mr. Mellett stated Dr. Alcaraz-Limcangco's engagement with the IPR process is not non-compliance or uncooperative. He argued that she repeatedly sought to cooperate with the CPSA despite a shifting, unclear, inconsistent approach from the CPSA. He stated that she is still willing to participate to complete the process and submitted that there is no reason to find Dr. Alcaraz-Limcangco failed to comply or demonstrated unprofessional conduct. He stated the College's shifting positions resulted in confusion and hesitation on Dr. Alcaraz-Limcangco's part.

[142] He summarized that in 2017 an initial referral was made to the Complaints Director stemming from concerns regarding Dr. Alcaraz-Limcangco's practice at the Centennial Centre where she managed family practice issues. Dr. Alcaraz-Limcangco submitted her continuing medical education records to the CPSA to try to resolve the issue. The CPSA decided from there an IPR process was needed.

[143] Mr. Mellett stated that when she entered the IPR process, Dr. Alcaraz-Limcangco understood that after she established her practice, she could undergo a practice visit. Mr. Mellett submitted the CPSA changed their approach to the IPR process and required a CAPE assessment. He stated that Dr. Alcaraz-Limcangco has a family practice background and that is what she wanted to pursue. Dr. Alcaraz-Limcangco confirmed she had no conflicts with any of the proposed practice visitors. He stated the CPSA changed their position on the matter and Dr. Staniland added a CAPE assessment requirement with little information on the assessment and how to prepare. She discouraged taking more time to prepare when Dr. Alcaraz-Limcangco made this request. Dr. Alcaraz-Limcangco lost a job opportunity in BC due to the CPSA transmitting information about the previous complaint and investigation report to the CPSBC without inviting comment from Dr. Alcaraz-Limcangco as to her agreement to provide this information.

- [144] Mr. Mellett stated Dr. Alcaraz-Limcangco was still cooperating with the College and continued to work with Dr. Staniland to address the CAPE assessment. Mr. Mellett submitted that by this time the College had changed their position twice in their dealing with Dr. Alcaraz-Limcangco. A plan was made from the August 2018 meeting between Dr. Alcaraz-Limcangco, Dr. Staniland and Mr. Chak for Dr. Alcaraz-Limcangco to build up her clinical practice and eventually undergo a practice visit. However, by September 2018 the CPSA changed their stance on the matter (p 8, Exhibit 1). The CPSA now required Dr. Alcaraz-Limcangco to decrease the scope of her practice and undergo an APASS assessment. Mr. Mellett stated Dr. Staniland feigned ignorance regarding Dr. Alcaraz-Limcangco's previous practice and practice goals. Dr. Staniland wrote a letter to Dr. Caffaro November 13, 2018 (p 58, Exhibit 1) where she accused Dr. Alcaraz-Limcangco of being uncooperative and practicing outside of her scope. Prior to October 2018, there was no expressed concern from the CPSA regarding Dr. Alcaraz-Limcangco's cooperation.
- [145] Mr. Mellett stated senior CPSA leadership took their positions on this matter without getting properly informed of Dr. Alcaraz-Limcangco's practice, qualifications or involvement with the IPR. He stated Dr. Caffaro himself conceded that he did not look for himself into the nature of Dr. Alcaraz-Limcangco's practice before he accused her of breaching the College standard on changing an area of practice as noted in page 5, line 6 and page 51, line 5 of the transcript from the first hearing day.
- [146] He stated that Dr. Caffaro testified his admission that virtually every element of the matter raised in the initial complaint involved services that arise in a typical family practice [page 52, line 10, page 56, line 5].
- [147] The College opened a new complaint on this basis and repeatedly threatened to suspend her practice permit and severely curtail her scope of practice. Dr. Alcaraz-Limcangco responded with legal action. The CPSA obtained a court order to place a restriction on Dr. Alcaraz-Limcangco's practice permit. Mr. Mellett stated the exercise of her rights in this regard should not be seen as any failure to cooperate.
- [148] Mr. Mellett stated Dr. Alcaraz-Limcangco always tried to cooperate with the CPSA in good faith. She agreed to the CAPE assessment and to the course of action proposed in August 2018. Then, the CPSA changed their approach, and she has since faced many threats of having her practice permit suspended. Dr. Alcaraz-Limcangco's counsel obtained an order that would stay the practice restriction if the College did not conclude its complaint process by the end of 2019 which it did not. Dr. Alcaraz-Limcangco continues to follow the practice restriction, a sign of her respect for the College.
- [149] Mr. Mellett submitted that the continual changes in the CPSA's approach to this matter cannot be considered reasonable directions of the program and that Dr. Alcaraz-Limcangco has not engaged in unprofessional conduct in this matter.

The CPSA layered in an accusation of practicing outside of scope which only caused Dr. Alcaraz-Limcangco more stress, anxiety and uncertainty. He submitted the dispute here should be viewed in this context.

- [150] Mr. Mellett submitted that Dr. Alcaraz-Limcangco engaged in the IPR process despite having reservations and that she was hustled into the CAPE assessment. He submitted her behavior is what Dr. Caffaro testified would be expected from a regulated member in his cross-examination. Despite the path forward proposed in August 2018, Dr. Staniland changed processes and introduced the APASS assessment and threatened to restrict or even suspend Dr. Alcaraz-Limcangco's practice permit. He stated Drs. Caffaro and Hartfield do not know the details of the 2017-18 IPR process and for this Hearing the CPSA did not call anyone involved with the initial IPR process to testify, including Drs. Staniland, Mazurek and Ritchie.
- [151] Mr. Mellett stated the IPR was closed at the end of 2018 with Dr. Mazurek's letter where she closed the Continuing Competence file. Therefore, there was no longer an IPR process to comply with at the end of 2018. As Dr. Hartfield testified, she did not re-open the Continuing Competence file, there is no longer an IPR process. Mr. Mellett stated therefore Dr. Alcaraz-Limcangco cannot be found guilty of failing to comply with a process which was closed. He noted that the College never sought Dr. Alcaraz-Limcangco's position on her non-response to Dr. Hartfield and never formally added this to the existing complaint.
- [152] Since Dr. Alcaraz-Limcangco never failed to engage in the IPR process, the allegation is not proven and therefore there is no unprofessional conduct. Mr. Mellett submitted the matter should therefore be dismissed. He stated the burden is on the College to prove the allegation unequivocally. He cited *Sussman v. College of Psychologists* where the Alberta Court of Appeal found that an automatic determination of unprofessional conduct would eliminate a tribunal's discretion to consider the contravention's severity and its surrounding context. There, it held that not all departures from the standard constitute unprofessional conduct.
- [153] Mr. Mellett stated Dr. Alcaraz-Limcangco acted reasonably and cooperatively throughout the process and suggested the tribunal consider the surrounding context of circumstances when making a finding regarding this matter. He submitted that there was no breach and that Dr. Alcaraz-Limcangco's conduct was reasonable and appropriate throughout. He suggested that if the Tribunal found an element of non-cooperation, he would ask that the panel consider the surrounding context and lack of severity of such non-compliance.
- [154] Mr. Mellett stated the context here shows Dr. Alcaraz-Limcangco's ongoing respect for the College as her regulator despite a lack of communication and consistency which not surprisingly left her confused and uncertain. He indicated that Dr. Alcaraz-Limcangco acknowledges a physician must be responsive to the regulator but at the same time the regulator must observe principles of clarity

and consistency that were not observed here. He respectfully requested that the panel dismiss the complaint.

Hearing Tribunal Questions for Mr. Mellett and Ms. Chisholm

- [155] Ms. Chisholm submitted that the Notice of Hearing reads that Dr. Alcaraz-Limcangco did fail to participate in and complete the IPR as required under her agreement with the CPSA dated February 7, 2018 as part of the Terms of Resolution of the College's complaint file 160552.1.1, particulars of which would have included the most recent failure or refusal to engage in the IPR process.
- [156] She indicated she accepts that Dr. Alcaraz-Limcangco's competence file was closed by Dr. Mazurek in early 2019, but submitted that despite this, Dr. Alcaraz-Limcangco still has not completed the original IPR process. She did not do it as part of that first competency round. Ms. Chisholm stated that while no new Continuing Competence file was opened, Dr. Alcaraz-Limcangco was given another opportunity to engage in an IPR process to resolve the original complaint against her and would have been fulfilling the Terms of Resolution that was still outstanding.
- [157] Mr. Mellett stated the original Terms of Resolution was closed by Dr. Mazurek and submitted that it would be unfair to expect Dr. Alcaraz-Limcangco to comply with a process that was closed. He stated Dr. Hartfield's letter is related to a new process which should not be the focus of this hearing.

VI. DECISION OF THE HEARING TRIBUNAL ON THE ALLEGATION

- [158] The Hearing Tribunal has reviewed and considered the evidence and the submissions of the parties. The Hearing Tribunal finds that the Allegation is factually proven and finds that the conduct constitutes unprofessional conduct. The Hearing Tribunal's findings and reasons are set out below.

VII. FINDINGS AND REASONS

Findings on the Evidence from the Exhibits and Witnesses

- [159] The evidence presented by Drs. Caffaro, Hartfield, and Alcaraz-Limcangco and Mr. Chak was consistent on a number of key issues. Where the evidence of the witnesses was not consistent, the Hearing Tribunal preferred the evidence of Dr. Caffaro and Dr. Hartfield, for the reasons set out below.
- [160] The witnesses agreed that there was an initial complaint about Dr. Alcaraz-Limcangco arising from concerns raised about her clinical work at the Centennial Center in Ponoka.
- [161] Documents in the Exhibits demonstrate the College identified deficiencies in Dr. Alcaraz-Limcangco's clinical performance and competence while working at the

Centennial Centre while investigating a complaint regarding Dr. Alcaraz-Limcangco (pp 6-19, exhibit 1).

Terms of Resolution

- [162] Dr. Alcaraz-Limcangco signed a Terms of Resolution agreement with Dr. John Ritchie, Associate Complaints Director, in February 2018 to resolve the complaint. Part of the Terms of Resolution required that Dr. Alcaraz-Limcangco complete an IPR process to the College's satisfaction. The witnesses agreed that part of the IPR process was anticipated to include a practice visit.
- [163] Drs. Hartfield and Caffaro testified that one of the goals of the IPR process was to assist Dr. Alcaraz-Limcangco to remediate her clinical deficiencies so that she could safely practice medicine and documents in the Exhibits support their testimony (pp 6, 45, 46, Exhibit 1).
- [164] The Senior Medical Advisor for the IPR process was Dr. Staniland. Documents from the Exhibits indicate that while a practice visit is typically what would have initially occurred as part of the IPR process, Dr. Alcaraz-Limcangco was in a unique situation. She testified that she was certified as a family physician but given her work as a hospitalist (providing inpatient care), she did not have the outpatient patient base that a community family physician would typically have. This is consistent with how she answered the CPSA Practice Overview Questionnaire to this point (p 29, Exhibit 1). Documents from the Exhibits show that Dr. Staniland recognized this and recommended an initial CAPE assessment in lieu of the practice visit (p 53, Exhibit 1).
- [165] The Tribunal was presented with the consent to undergo the CAPE assessment that was signed by Drs. Staniland and Alcaraz-Limcangco April 16, 2018. Dr. Alcaraz-Limcangco testified that she understood Dr. Staniland's expressed rationale for recommending the CAPE assessment in lieu of an up-front practice visit.

CAPE Assessment

- [166] The Tribunal was presented evidence of an extremely poor CAPE assessment where Dr. Alcaraz-Limcangco scored in the 2nd percentile for comprehensive clinical skills, with the 11th percentile being consistent with a resident-level of competency.
- [167] Based on the CAPE assessment results, the CPSA had concerns about patient safety in Dr. Alcaraz-Limcangco's current practice given her demonstrated current level of competency.
- [168] The Tribunal finds these concerns to be justified. Although Mr. Chak had given evidence that Dr. Alcaraz-Limcangco is fully qualified to practice as a broad-based family physician, the Tribunal rejected Mr. Chak's testimony on this point given the evidence of the concerns raised in the CAPE assessment. While Dr.

Alcaraz-Limcangco is a member of the Canadian College of Family Physicians, the CAPE assessment demonstrated that she is not currently competent to practice independently and safely as a family physician.

- [169] While the facts surrounding the events of Dr. Alcaraz-Limcangco's initial entry into the Terms of Resolution in 2018 and her initial dealings with Dr. Staniland were not in dispute, the Tribunal heard differing testimony from the parties regarding the circumstances surrounding the initial CAPE assessment and the events of the IPR process that occurred after the CAPE assessment results were reported.
- [170] Dr. Alcaraz-Limcangco testified that she had reservations about the CAPE assessment but did agree to it out of respect for the College. She stated she requested more time to prepare for it but was advised by Dr. Staniland that the only possible outcome of the assessment was some coursework for her to complete. Dr. Alcaraz-Limcangco testified the CAPE assessment was not fully explained to her, and in his closing submissions, Mr. Mellett characterized the circumstance as Dr. Alcaraz-Limcangco having been 'hustled' by the CPSA into undergoing the assessment.
- [171] The evidence from the Exhibits along with testimony from Drs. Caffaro and Hartfield to this point indicate the CAPE assessment was proposed in lieu of a practice visit at that point of the IPR process because Dr. Alcaraz-Limcangco did not have an established clinical practice to facilitate a practice visit. Dr. Alcaraz-Limcangco and Mr. Chak both acknowledged this unique circumstance.
- [172] Additionally, the Tribunal was presented evidence that Dr. Alcaraz-Limcangco signed a consent agreement to undergo the CAPE assessment. At that time, she had already retained legal counsel (Mr. Chak) for the IPR process. Therefore, the Tribunal did not find it plausible that Dr. Alcaraz-Limcangco was tricked or misled into undergoing the CAPE assessment and rejects the argument that she was 'hustled' into it. The Tribunal finds that on the balance of probabilities Dr. Alcaraz-Limcangco consented to proceed with the CAPE assessment after being informed of the rationale behind shifting from a plan for an initial practice visit to the CAPE assessment.
- [173] The Tribunal accepts that in some cases following a CAPE assessment, targeted remedial coursework might be acceptable. However, Dr. Alcaraz-Limcangco's score was so poor, the degree of remediation would take more than just coursework. Evidence in documents from the Exhibits show Dr. Alcaraz-Limcangco scored at the 2nd percentile for comprehensive clinical skills with the 11th percentile being at the level of a resident trainee. As resident physicians still require supervised clinical training for a period of years to achieve an acceptable level of competency in independent practice, the Tribunal noted that course work would not have been appropriate in light of the CAPE assessment results.

[174] The College witnesses and Dr. Alcaraz-Limcangco provided consistent testimony as to her clinical deficiencies. Her initial complaint matter with the CPSA stemmed from her undergoing a Medical Staff Bylaws process at the Centennial Centre when concerns were raised about her clinical practice. The CPSA formally investigated the complaint and Dr. Alcaraz-Limcangco acknowledged these clinical concerns, including her improper management of diabetic patients, prescribing a medication contraindicated for a patient with Addison's disease and making incorrect medication dosing calculations on at least 2 other occasions. Dr. Alcaraz-Limcangco also acknowledged her CAPE assessment results were not good. She also acknowledged she needed remediation.

APASS Assessment

[175] The Tribunal was presented evidence in the Exhibits that while Dr. Staniland had initially planned for a practice visit once Dr. Alcaraz-Limcangco built up a large enough practice, this position changed to the CPSA suggesting an APASS assessment and requiring Dr. Alcaraz-Limcangco limit her practice to mental health issues according to the relative strength identified in the CAPE assessment.

[176] The reasoning for these suggestions is provided in Dr. Staniland's letters to Dr. Alcaraz-Limcangco and Mr. Chak in September and October 2018 (pp 46-47 and 53-55, Exhibit 1). Both Mr. Chak and Dr. Alcaraz-Limcangco acknowledged receiving these letters.

[177] Dr. Alcaraz-Limcangco was provided with an agreement to sign regarding the APASS process. Mr. Chak responded by letter seeking to modify the Terms of Resolution. Dr. Staniland then provided a letter to Mr. Chak dated October 19, 2018, indicating that Dr. Alcaraz-Limcangco must withdraw from family practice and proceed with the referral to APASS for an assessment and remediation. Mr. Chak responded to this letter (pp 46-57, Exhibit 1).

[178] Both the College witnesses and Dr. Alcaraz-Limcangco acknowledged she did not sign the agreement with the College for the APASS assessment and suggested practice restriction.

Referral to the Complaints Director

[179] Dr. Staniland wrote on November 13, 2018 to Dr. Caffaro indicating that Dr. Alcaraz-Limcangco had not complied with the direction to restrict her practice to mental health or to attend APASS for assessment/remediation.

[180] Dr. Caffaro, the then Complaints Director, then sent Dr. Alcaraz-Limcangco a letter in December 2018 to express the College's stance and concern and attempt to provide re-direction.

[181] Dr. Caffaro then proceeded to prepare a new CPSA complaint against Dr. Alcaraz-Limcangco and notified Dr. Alcaraz-Limcangco and her legal counsel Mr.

Chak that he would request that her practice permit be suspended given the College's concern that she was still practicing family medicine (p 85, Exhibit 1). The parties also acknowledged that Dr. Alcaraz-Limcangco's legal counsel Mr. Chak filed for a judicial review of this suspension and ultimately the CPSA registrar Dr. McLeod imposed a practice restriction which limited Dr. Alcaraz-Limcangco's clinical practice to adult mental health. Dr. Alcaraz-Limcangco testified she currently follows this restriction in her practice and works a few days a week.

[182] The College and Dr. Alcaraz-Limcangco both agreed that Dr. Hartfield in her previous role in Continuing Competence reached out to Dr. Alcaraz-Limcangco in December 2020 to try invite her back into Continuing Competence. Both sides provided matching testimony to the fact that Dr. Alcaraz-Limcangco did not respond to this letter.

Change in the College's Approach

[183] Dr. Alcaraz-Limcangco and Mr. Chak testified the College took a sudden unexpected and unjustified turn in their stance with the IPR process after the CAPE assessment.

[184] Dr. Alcaraz-Limcangco and Mr. Chak testified that Dr. Staniland initially was supportive during the IPR process but eventually changed her position and the tone of the dealings with the CPSA changed to a punitive harsh stance. Dr. Alcaraz-Limcangco testified that by the time she received Dr. Hartfield's letter in December 2020 she was confused and fearful of the College. Mr. Chak criticized the College for not being clear and consistent in their communication with Dr. Alcaraz-Limcangco regarding the IPR process.

[185] Dr. Alcaraz-Limcangco testified that she did not feel the CAPE assessment was a part of the IPR process. Dr. Alcaraz-Limcangco gave testimony about the circumstances surrounding these requests from the College and she stated she was confused by the College's change in position on her IPR process. Dr. Alcaraz-Limcangco stated she only wanted to practice family medicine and repeatedly stated her desire to return to the original plan for the IPR process which she understood would be a practice visit.

[186] Dr. Hartfield testified that every IPR process is unique given the unique circumstances of every physician. She pointed out that there is language built into every Terms of Resolution agreement to facilitate a customized program for every physician, knowing that every physician's circumstances are unique.

[187] The Tribunal accepts the College's testimony regarding customizing IPR processes for individual physicians. The Tribunal recognizes that every physician entering a Terms of Resolution agreement and IPR process with the CPSA has their own unique set of circumstances that require a customized IPR process. In this case, Dr. Alcaraz-Limcangco demonstrated a severely low clinical competency score on a validated physician assessment and this required

tailoring of her specific IPR. The Tribunal therefore rejects Dr. Alcaraz-Limcangco's rigid view of the IPR process and found that the CAPE assessment was a valid part of her IPR process.

- [188] After the CAPE assessment, documents in the Exhibits show the College had significant concern regarding Dr. Alcaraz-Limcangco's overall clinical competency and even for the safety of patients who came under her care. Dr. Staniland suggested an APASS assessment to help formulate a personal learning plan to remediate the significant deficiencies identified on the CAPE assessment. Dr. Staniland understood that Dr. Alcaraz-Limcangco would deal exclusively with mental health patients (see Exhibit 1, page 46).
- [189] Dr. Alcaraz-Limcangco and Mr. Chak characterized the CPSA as taking a shifting, inconsistent stance as her IPR process evolved and that Dr. Alcaraz-Limcangco was not provided with adequate explanations as to the CPSA's positions. Mr. Chak testified he had at least one offline discussion with Dr. Staniland after the CAPE assessment where Dr. Staniland expressed she may have to change the CPSA approach to the IPR process given the CAPE result. Dr. Caffaro also gave evidence that Dr. Staniland and Mr. Chak had ongoing undocumented discussions between August 2018 and October 2018 where the CPSA determined Dr. Alcaraz-Limcangco could not practice full-scope family medicine safely and both parties tried to determine the path forward from the CAPE assessment.
- [190] The Tribunal rejected Dr. Alcaraz-Limcangco and Mr. Chak's characterization of the College's approach as being inconsistent. The Tribunal finds that the rationale for the change in the approach was adequately and consistently explained to Dr. Alcaraz-Limcangco and to Mr. Chak in the letters from the CPSA sent in September and October 2018 and in Dr. Caffaro's letter to Dr. Alcaraz-Limcangco in December 2018.
- [191] The Tribunal accepts the College's position that the CAPE assessment was so poor it forced the College to adapt the IPR process again. Given Dr. Alcaraz-Limcangco's score was well below a resident level of competency, the Tribunal finds it was reasonable to proceed with the APASS assessment to formulate a tailored personal learning plan for Dr. Alcaraz-Limcangco so that she could remediate to the point where she would undergo a practice assessment.
- [192] Given the severity of the clinical deficiencies identified on the CAPE assessment, the Tribunal finds the shift in position taken by the CPSA was reasonable and sensible. Specifically, it would have been unethical and potentially dangerous to allow a physician who had demonstrated severe clinical deficiencies to try to build a family practice patient base for the purposes of a practice visit. Instead, the Tribunal finds the decision to further assess and remediate first was reasonable and that the CPSA treated Dr. Alcaraz-Limcangco fairly by allowing her to work with a patient population she had shown relative competency with and make income as a physician while remediating. The Tribunal finds the CPSA was trying to protect the public interest while allowing Dr. Alcaraz-Limcangco to work at the same time.

[193] The College witnesses testified that the measures the College took in the matter were meant to support Dr. Alcaraz-Limcangco in her goal of being a family physician while remediating her through the IPR process and thereby resolving the Terms of Resolution agreement from 2018. Additionally, the College tried to do this while achieving their overarching goal of protecting the public.

[194] The Tribunal rejected Dr. Alcaraz-Limcangco's claim that the CPSA did not provide her with adequate explanations for their requests. The Tribunal finds adequate explanations in the letters from the CPSA. The Tribunal finds the letters from Drs. Staniland and Caffaro to Dr. Alcaraz-Limcangco and Mr. Chak in 2018 clearly express the College's concerns, outlined their plan of action and their reasons for this recommended plan. Based on this and the offline discussions the Tribunal finds on the balance of probabilities did occur between Dr. Staniland and Mr. Chak, the Tribunal finds that on the balance of probabilities the College adequately provided adequate explanation for their rationale behind their recommendations for Dr. Alcaraz-Limcangco after the CAPE assessment.

Dr. Alcaraz-Limcangco's Practice

[195] Dr. Alcaraz-Limcangco testified that she has practiced broad-based family practice her entire career and that all she wanted to do was continue to do so. Dr. Alcaraz-Limcangco testified her priority was to continue to practice as a broad-based family physician, something she argued she had done her entire career. She testified she could not understand why the CPSA wanted to restrict her practice as she felt she had never changed the scope of her practice from what she had done in the past.

[196] Dr. Alcaraz-Limcangco disputed Dr. Staniland's claim that she changed her scope of practice when she practiced in a broad-based family medicine setting at the Prompt Clinic. She argued that she has been practicing broad-based family medicine her entire career including at the Centennial Centre.

[197] Dr. Alcaraz-Limcangco's gave evidence about her scope of practice prior to the Centennial Centre in her CV and testimony. In addition, the specific notes from her assessment at the Centennial Centre show that Dr. Alcaraz-Limcangco was managing a wide spectrum of medical issues consistent with what a family physician would be expected to manage.

[198] The Tribunal finds the larger more important point is the evidence that Dr. Alcaraz-Limcangco was not competent at this type of practice. Significant deficiencies are demonstrated in the Exhibit Book and are evidence of her management of specific medical issues for inpatients at the Centennial Centre. These deficiencies are confirmed and quantified in the subsequent CAPE assessment and both the College and Dr. Alcaraz-Limcangco acknowledged the significance of these findings.

CPSBC Application

- [199] While it is outside of the scope of this hearing to determine if the CPSA breached Dr. Alcaraz-Limcangco's privacy in the information it provided to the CPSBC, the Tribunal did consider this in light of Dr. Alcaraz-Limcangco's allegations that the College treated her unfairly, unduly harshly or was inconsistent in its approach.
- [200] Dr. Alcaraz-Limcangco testified she was successful in finding a job in Duncan, BC in 2018. She stated she saw this as an opportunity to build her practice base so that she could undergo a practice visit for the IPR. She stated she withdrew her application for the BC job when she failed to obtain licensure with the CPSBC. She blamed this on the CPSA transmitting confidential information about her ongoing dealings with the CPSA to their counterparts in BC without her consent.
- [201] Dr. Caffaro testified that there is an established process in Canada whereby a home medical regulatory body provides a Certificate of Conduct to their counterpart when a physician applies for licensure in another provincial jurisdiction. This document contains information about previous and ongoing complaints and the receiving regulatory body at their discretion can request more information with the consent of the physician. He also explained that the applying physician is required to disclose to the regulatory body they are making an application to if they are involved in any ongoing investigations or disciplinary matters in their home jurisdiction.
- [202] Dr. Alcaraz-Limcangco testified she was offered a hospitalist position in Duncan, BC but could not accept the position as she failed to obtain licensure with the CPSBC. She and Mr. Chak blamed her failure to obtain licensure on the CPSA transmitting confidential information about her complaint dealings with the CPSA to their counterparts in British Columbia without her consent.
- [203] Dr. Caffaro outlined the usual communication that occurs between provincial medical regulatory bodies when a regulated member applies for licensure in another Canadian jurisdiction. He explained the home regulatory body supplies a Certificate of Conduct to the receiving regulatory body and that the receiving regulatory body will follow up on any issues from this certificate at their discretion, with the consent of the regulated member. He also pointed out a physician has to disclose to a regulatory body if they are involved in any ongoing investigations or disciplinary matters with their home jurisdiction when they apply for a practice license in another jurisdiction.
- [204] Dr. Caffaro stated the Certificate of Conduct will contain information about current and past complaints involving the regulated member. Dr. Alcaraz-Limcangco accused the CPSA of transmitting confidential information without her consent in this Certificate of Conduct which undermined her attempt to gain employment in BC. However, she did not adduce any evidence of specific information transmitted to the CPSBC without her consent.

[205] To this point, the Tribunal accepts Dr. Caffaro's testimony over Dr. Alcaraz-Limcangco's. At the time of his testimony Dr. Caffaro confirmed he is the current CPSA Assistant Registrar for Registration, and the Tribunal accepts his in-depth explanation of the communication that occurs between provincial regulatory bodies when a physician applies for licensure in another Canadian province.

[206] The Tribunal also accepts Dr. Caffaro's testimony as to the content of the communications that occur between provincial regulatory bodies and finds it is appropriate for the home regulatory body to inform a receiving regulatory body of an ongoing complaint issue regarding a physician's clinical competence, especially given that all provincial medical regulatory bodies have an overarching mandate of protecting the public. The Tribunal did not find Dr. Alcaraz-Limcangco's characterization of these administrative communications between medical regulatory bodies as being unfair malicious acts the CPSA did to undermine her efforts at seeking employment to be plausible.

[207] The Tribunal did not find that the issue of the application to the CPSBC affected Dr. Alcaraz-Limcangco's responsibility to participate in the IPR process.

Lack of Insight

[208] The Tribunal also questioned Dr. Alcaraz-Limcangco's insight into the significance of the competence issues raised in her original CPSA complaint and the subsequent CAPE assessment.

[209] Dr. Alcaraz-Limcangco testified she did not sign the agreement from the CPSA to undergo the APASS process and restrict her practice, or the subsequent undertaking to this effect because as the process evolved she became more confused and fearful of the CPSA. She testified she was shocked when Dr. Staniland expressed these recommendations and that she never received an explanation from the College for their evolving stance over the IPR process. She testified she does not feel the CAPE assessment was a part of her IPR process and expected the first step to be a practice visit.

[210] The Tribunal accepts Dr. Alcaraz-Limcangco's testimony that she all along just wanted to practice as a broad-based family physician. However, she also stated she could not understand why the CPSA wanted to suspend or restrict her practice after the CAPE assessment. She explained she has practiced as a broad-based family physician her entire career and felt that she did not change her scope of practice when she joined the Prompt Clinic. She also acknowledged her CAPE assessment results were not good. Mr. Chak testified that he felt Dr. Alcaraz-Limcangco was fully qualified to practice as a broad-based family physician given her membership with the Canadian College of Family Physicians.

[211] The Tribunal finds the point of whether or not she practiced previously in a broad-based family practice was a secondary issue to the matter considered in the Hearing. The Tribunal accepts Dr. Alcaraz-Limcangco's testimony that she

ultimately wanted to practice as a broad-based family physician. Documents in the Exhibits demonstrate the College also recognized Dr. Alcaraz-Limcangco's goal.

- [212] However, the Tribunal also accepts the evidence presented showing the severe deficiencies in several clinical competencies that were preventing her from practicing in this fashion in a safe competent manner and found that this was the critical point that needed to be addressed before she could be allowed to continue as a family physician.
- [213] The CAPE assessment demonstrated competency below the level of a resident trainee. While Dr. Alcaraz-Limcangco and Mr. Chak characterized the APASS assessment as a punitive measure, the Tribunal preferred the evidence of Dr. Caffaro and Dr. Hartfield that the APASS assessment was a tool to help remediate Dr. Alcaraz-Limcangco to maximize the chances that she could ultimately have the practice she desired while at the same time helping the CPSA meet its mandate of protecting the public. This rationale was communicated to Dr. Alcaraz-Limcangco in documents in the Exhibits.
- [214] On this point, the Tribunal questioned Dr. Alcaraz-Limcangco's insight into the situation given her expressed confusion over why the College was trying to restrict her practice permit. The deficiencies identified in the CAPE assessment and the original complaint stemming from her clinical performance at the Centennial Centre were serious enough that the CPSA had concerns about patient safety. Documents in the Exhibits confirm that this concern was communicated to Dr. Alcaraz-Limcangco when she was presented with the agreement and subsequent undertaking with the CPSA to restrict her practice to mental health patients from Dr. Staniland in October 2018 and Dr. Caffaro in December 2018.

CPSA Communications

- [215] The Tribunal finds that the CPSA's repeated communication regarding the rationale behind the required practice restriction to be clear, consistent, and justified. The Tribunal accepts the College's position that as her regulator, the CPSA had to take action to protect the public.
- [216] The Tribunal accepts the evidence that the CPSA did shift their position on how they proposed the IPR process to evolve for Dr. Alcaraz-Limcangco but at the same time recognizes the CPSA changed positions for appropriate reasons. The CAPE result was so poor that as such, the shift to try remediate Dr. Alcaraz-Limcangco to a level of competency where she could pass a practice visit, resolve the Terms of Resolution and establish the broad-based family practice that she desired was reasonable.
- [217] The Tribunal finds that the communications from the CPSA to Dr. Alcaraz-Limcangco and Mr. Chak in this regard to be consistently supportive and clear in their reasoning. In her September 2018 letter, Dr. Staniland clearly explains

the implications of the poor CAPE assessment in that Dr. Alcaraz-Limcangco will require remediation. She brought up the option of the APASS assessment in this letter. This messaging was consistent in her next letter in October 2018 where she clearly outlines the CPSA recommendations, rationale behind the APASS assessment and invites Dr. Alcaraz-Limcangco to discuss further if clarification is needed. This letter states that if Dr. Alcaraz-Limcangco is not cooperative, Dr. Staniland will have nothing left to offer.

- [218] Subsequently, Dr. Caffaro tried to provide re-direction to the IPR process. Dr. Alcaraz-Limcangco acknowledged receipt of Dr. Caffaro's December 2018 letter which was intended to provide re-direction back to the IPR process.
- [219] Dr. Hartfield attempted again in December 2020 letter to re-engage Dr. Alcaraz-Limcangco in the IPR process to resolve the Terms of Resolution agreement signed in 2018.
- [220] Additionally, Dr. Hartfield's December 2020 letter was transmitted to Dr. Alcaraz-Limcangco via multiple methods. Dr. Alcaraz-Limcangco testified that she did receive this letter and acknowledged she did not respond to it. She also testified that prior to December 2020 she did try to engage with the College to find a way forward to resolve the Terms of Resolution. She confirmed that she did not communicate with the CPSA after receiving Dr. Hartfield's letter until the current complaint was issued.
- [221] The Tribunal therefore rejects Dr. Alcaraz-Limcangco's testimony that the CPSA was never clear in their explanations to her about the APASS assessment and practice restriction. The CPSA repeatedly expressed patient safety concerns to Dr. Alcaraz-Limcangco about her practice. The Tribunal also rejects Mr. Chak's testimony that the CPSA without warning changed their stance after the CAPE assessment. The Tribunal finds that throughout the entire process the CPSA communicated regularly and clearly in a supportive fashion with Dr. Alcaraz-Limcangco as to the status of the IPR process, proposed next steps and reasoning. While not documented, the Tribunal finds that on the balance of probability, Dr. Staniland likely expressed they would have to change the IPR process for Dr. Alcaraz-Limcangco to address her extremely poor CAPE assessment to Mr. Chak during offline discussions.

Continuing Competence File

- [222] Mr. Mellett argued that when Dr. Mazurek closed Dr. Alcaraz-Limcangco's Competence file in 2019, the IPR process was closed and as such, Dr. Alcaraz-Limcangco could not be found responsible to comply with a process that was closed.
- [223] The Tribunal was presented evidence (p 82, Exhibit 2) in an email from Dr. Caffaro to Mr. Chak that clearly states that while the Continuing Competence file is closed, Dr. Alcaraz-Limcangco still has not resolved the original matter of the Terms of Resolution with the CPSA. Dr. Caffaro clearly outlines a proposed path

forward for Dr. Alcaraz-Limcangco to resolve the matter and nowhere in this communication does it state that Dr. Alcaraz-Limcangco no longer has an obligation to satisfy the conditions set forth in the original Terms of Resolution.

[224] Additionally, there is evidence (p 109, Exhibit 1) that Mr. Mellett continued to work with Dr. McLeod the CPSA Registrar to find a way for Dr. Alcaraz-Limcangco to resolve the original IPR to the satisfaction of the CPSA after Dr. Mazurek had closed the Competence file.

[225] Dr. Hartfield's December 2020 letter clearly states Dr. Alcaraz-Limcangco has not resolved the Terms of Resolution with the College and that Mr. Mellett requested a meeting on her behalf with the Continuing Competence team to discuss what resuming the IPR process would involve. The Tribunal finds that this demonstrated Dr. Alcaraz-Limcangco's obligation to the IPR process and the Terms of Resolution still remained and that Mr. Mellett recognized this and had been working with the CPSA to find a way forward for Dr. Alcaraz-Limcangco to resolve the matter with the CPSA.

[226] Further, the Tribunal recognized the entire reason for the Terms of Resolution was an extremely poor assessment and concerns for patient safety borne out of Dr. Alcaraz-Limcangco's low clinical competence. The Tribunal finds that these concerns are significant and could not be discarded with the closure of the Continuing Competence file as at that point, Dr. Alcaraz-Limcangco had not satisfactorily completed the conditions of the original Terms of Reference. The Tribunal finds it impossible to accept the implication that the closure of the Continuing Competence file automatically meant there were no remaining competency issues in Dr. Alcaraz-Limcangco's practice.

[227] Instead, the Tribunal finds that even though the Continuing Competence file had been closed, Dr. Alcaraz-Limcangco still had an obligation to satisfactorily complete the IPR process with the CPSA before she could practice as a broad-based family physician, her stated ultimate goal. The Tribunal finds it an unrealistic expectation that with the closure of the Continuing Competence file, Dr. Alcaraz-Limcangco was free of any need or obligation to remediate her practice and could simply return to working as a broad-based family physician.

[228] More importantly, the Tribunal finds the gravity of the competence issues surrounding the Terms of Resolution required that Dr. Alcaraz-Limcangco still resolve the original Terms of Resolution with the CPSA if she was to continue to practice family medicine. Her current level of competence is not compatible with a safe competent practitioner, and this must be remedied to ensure the safety of the public and for Dr. Alcaraz-Limcangco to achieve her professional aspiration.

[229] Therefore, the Tribunal rejects the argument that with the closure of the Competence file in 2019 came the discharge of any ongoing responsibility Dr. Alcaraz-Limcangco had to complete the IPR and resolve the Terms of Resolution agreement she made with the CPSA.

- [230] Dr. Alcaraz-Limcangco's evidence was that she did not reply to Dr. Hartfield's invitation to re-join the Continuing Competence program out of fear and confusion. Despite this, she stated she is still willing to participate with her IPR on the condition that it is re-set to what she understands to be the original agreement which includes a practice visit.
- [231] The Tribunal finds that this expectation is not realistic given the results from the CAPE assessment. The evidence shows that assessment was done in 2018 and that the results were communicated with Dr. Alcaraz-Limcangco. Documents in the Exhibits demonstrate that the CPSA communicated with Dr. Alcaraz-Limcangco that the degree of her deficiencies were such that she required remediation to maximize her chances of passing a practice visit, being a safe competent practitioner and resolving her Terms of Resolution.
- [232] The Tribunal was presented with no evidence to show that Dr. Alcaraz-Limcangco has undergone any remediation approved by the CPSA since the 2018 CAPE assessment. Therefore, the Tribunal finds that on the balance of probabilities, Dr. Alcaraz-Limcangco currently still has significant deficits in most if not all clinical practice domains as demonstrated on her CAPE assessment and that she is not competent to practice independently as a family physician in a broad-based setting.
- [233] The Tribunal accepts Dr. Hartfield's testimony that every IPR assessment differs and must be tailored to an individual physician's circumstances. Therefore, the Tribunal accepts that the modifications to Dr. Alcaraz-Limcangco's IPR process proposed by the CPSA including the APASS assessment leading to a personal learning plan and practice restriction were reasonable suggestions to her IPR given Dr. Alcaraz-Limcangco's circumstances.
- [234] The Tribunal did acknowledge that Dr. Alcaraz-Limcangco's dealings with the CPSA regarding the Terms of Resolution and IPR have spanned over 3 years and that during this time, CPSA staff in the departments she was dealing with have changed. However, the Tribunal finds that despite the passage of time and personnel changes, the communications from the CPSA to Dr. Alcaraz-Limcangco and her legal counsel have been consistently supportive and transparent to the goals of remediation, Dr. Alcaraz-Limcangco practicing in her desired setting and patient safety.
- [235] The Tribunal considered the language in paragraph 4 of the Terms of Resolution that states if Dr. Alcaraz-Limcangco is not sufficiently compliant during the course of the process, the Complaints Director will notify her of her non-compliance and may give re-direction to her as to how her conduct must change to meet sufficient compliance. The Tribunal finds Dr. Caffaro's December 13, 2018 letter to Dr. Alcaraz-Limcangco to be consistent with this wording.
- [236] Paragraph 4 of the Terms of Resolution also states that if Dr. Alcaraz-Limcangco fails to participate in the IPR after warning from the Complaints Director, it may be sufficient cause to refer Dr. Alcaraz-Limcangco to a hearing. Dr. Caffaro's

December 2018 letter clearly states that the letter is to serve as a warning and to provide Dr. Alcaraz-Limcangco re-direction as to her actions as a physician and her participation with the IPR. It clearly outlines the CPSA's concerns regarding her practice and rationale for their IPR recommendations. It provides a timeline and deadline for Dr. Alcaraz-Limcangco to re-engage with the IPR and restrict her clinical practice. Dr. Alcaraz-Limcangco acknowledged that she did not sign the proposed undertaking with the CPSA.

- [237] The Tribunal finds that the language and actions of the College were consistent with the signed Terms of Resolution and therefore rejects Dr. Alcaraz-Limcangco's claim that the College's shifting positions were confusing and unpredictable to her.
- [238] Dr. Alcaraz-Limcangco testified that she always complied with the College and that she agrees that the requests from the CPSA in this matter were all reasonable. Dr. Alcaraz-Limcangco testified that she has high respect for the CPSA and its role as her regulatory body, and that she always did what the CPSA requested of her.
- [239] However, Dr. Alcaraz-Limcangco then testified she did not respond to Dr. Hartfield's December 2020 letter inviting her to re-engage with Continuing Competence to resolve her Terms of Resolution. She also did not comply with requests from Drs. Staniland and Caffaro to sign an agreement and undertaking to undergo the APASS assessment and restrict her medical practice. The Tribunal finds this contradiction between her testimony and her actions negatively impacted her credibility and ultimately thwarted the CPSA's role as a self-governing regulator with an overarching goal of protecting patients.
- [240] When asked about the proposed APASS assessment and withdrawal from broad-based family practice, Dr. Alcaraz-Limcangco characterized these measures as 'unreasonable'. However, other than characterizing the process as 'confusing', she provided no further evidence to support that the requests of the CPSA were unreasonable. Despite acknowledging receipt of an invitation from Dr. Hartfield to discuss the matter for clarification, she never responded.
- [241] Given the circumstances and the rationale outlined in documents in the Exhibits, the Tribunal finds that the measures proposed by the CPSA including the APASS assessment and practice restriction to be reasonable and fair.

Judicial Review

- [242] The Tribunal made no findings regarding Dr. Alcaraz-Limcangco's judicial review proceedings. The Tribunal respects that these are processes which Dr. Alcaraz-Limcangco has a right to pursue and that the judicial review is still ongoing.

The Allegation

- [243] The Allegation in the Notice of Hearing is that Dr. Alcaraz-Limcangco failed to participate in and complete the IPR as required under her agreement with the CPSA dated February 7, 2018, as part of the Terms of Resolution of the CPSA's complaint file number 160552.1.1, particulars of which include the most recent failure or refusal to engage in the IPR process as requested by letter from Dr. D. Hartfield (Assistant Registrar) dated December 3, 2020.
- [244] The Hearing Tribunal carefully reviewed and considered the evidence, including the testimony of the witnesses and the Exhibits presented, as well as the submissions of the parties.
- [245] The Tribunal finds that Dr. Alcaraz-Limcangco did fail to participate in and complete the IPR as required under the Terms of Resolution agreement she made with the CPSA on February 7, 2018. While she did consent to proceed with the CAPE assessment, she subsequently did not engage with the CPSA with the proposed APASS assessment and restriction on her practice permit as her IPR process evolved.
- [246] The Terms of Resolution state Dr. Alcaraz-Limcangco is to cooperate with all reasonable recommendations and requests that arise from the IPR process which may include further competence assessment, education and remedial interventions, restrictions and conditions on her practice and re-assessment as required (pp 24-25, Exhibit 1).
- [247] The IPR was initially going to involve a practice visit. This could not be done, given that Dr. Alcaraz-Limcangco did not have a sufficient practice. Instead, the College suggested and Dr. Alcaraz-Limcangco agreed to undergo the CAPE assessment.
- [248] The Tribunal finds the CPSA requests of Dr. Alcaraz-Limcangco during the evolution of her IPR process including the APASS assessment and requirement to restrict her medical practice were reasonable requests which followed the spirit of this wording and was consistent with it. The Tribunal finds that these modifications to the IPR were reasonable adjustments given the extremely poor CAPE assessment results.
- [249] The Tribunal finds the CPSA communicated repeatedly and clearly with Dr. Alcaraz-Limcangco about the rationale behind the APASS assessment and practice restriction.
- [250] The Tribunal finds that the CPSA followed the word of the Terms of Agreement in a predictable fashion including referring the matter to Professional Conduct when Dr. Alcaraz-Limcangco's compliance became a concern by the end of 2018. The Tribunal finds that Dr. Caffaro attempted to re-direct Dr. Alcaraz-Limcangco back to following the direction of the CPSA to resolve the IPR.

- [251] The Tribunal finds that in the CPSA's consistent attempts to guide Dr. Alcaraz-Limcangco through the IPR process and resolve the Terms of Resolution, the CPSA was trying to support Dr. Alcaraz-Limcangco in realizing her goal of practicing broad-based family medicine while at the same time meeting the CPSA's overarching mandate of protecting the public.
- [252] The Tribunal finds that when Dr. Hartfield reached out to Dr. Alcaraz-Limcangco and invited her back to resume her involvement with Continuing Competence to resolve the original Terms of Resolution, Dr. Alcaraz-Limcangco did not reply.
- [253] Even after Dr. Mazurek closed the Continuing Competence file in 2019, there is evidence in the Exhibits that the CPSA and legal counsel for Dr. Alcaraz-Limcangco (Mr. Chak and Mr. Mellett) continued to work to find a way forward so that Dr. Alcaraz-Limcangco could resolve the Terms of Resolution she agreed to with the CPSA.
- [254] The Tribunal finds this evidence confirms that the IPR process was never closed and that Dr. Alcaraz-Limcangco had an ongoing obligation with the CPSA to complete the IPR and resolve the Terms of Resolution.
- [255] Dr. Alcaraz-Limcangco did not agree to undergo the APASS assessment in 2018, did not sign the undertakings the CPSA sent her, and did not reply to Dr. Hartfield's invitation to re-open her Continuing Competence file and resume the IPR in December 2020. The Tribunal finds that Dr. Alcaraz-Limcangco was non-compliant with her IPR and Terms of Resolution with the CPSA.
- [256] Additionally, Dr. Alcaraz-Limcangco testified she was wary of the costs associated with the assessments recommended by the CPSA. The Tribunal does acknowledge that these costs would not have been insignificant. However, the Terms of Resolution agreement with the CPSA clearly states that she agrees to bear the costs of any further assessment or interventions on a cost recovery basis.
- [257] Mr. Mellett argued that the measures taken by the CPSA stemming from the CAPE assessment were punitive in nature given the costs and restrictions to Dr. Alcaraz-Limcangco's practice. The Tribunal saw these measures as an attempt to protect public safety while allowing Dr. Alcaraz-Limcangco to work and earn income in an area of relative strength as she remediated.
- [258] As the IPR process evolved, the CPSA did make efforts to allow Dr. Alcaraz-Limcangco to continue to work as a physician while protecting the public. As outlined above, the Tribunal finds the recommendations from the CPSA within the IPR process were reasonable ones given the circumstances. Further, the Tribunal finds the issue of the costs, while not insignificant, was the responsibility of Dr. Alcaraz-Limcangco and that the CPSA made efforts to treat Dr. Alcaraz-Limcangco fairly in the process and allow her to continue to practice medicine in a fashion that protects the public and allowed Dr. Alcaraz-Limcangco to work and earn income.

- [259] The Tribunal therefore did not find the recommendations from the CPSA to be punitive. Instead, the Tribunal finds the measures suggested to be reasonable fair recommendations given the circumstances. Additionally, the Tribunal accepts Dr. Caffaro's testimony that costs incurred by regulated members associated with assessments in an IPR process are on a cost-recovery basis and that the CPSA does not profit from them.
- [260] The Hearing Tribunal finds that the Allegation is therefore proven and that Dr. Alcaraz-Limcangco's failure to comply with her IPR and Terms of Resolution breach the CPSA Code of Conduct required of all Alberta Physicians. Specifically, this Code states that physicians will participate in professional development and assessment processes (p 144, Exhibit 1).
- [261] A Terms of Resolution reached between a regulated physician and the CPSA is a serious matter. It is a mechanism through which the CPSA can govern its regulated members to protect the public interest. Agreements between a physician and their regulatory body are significant in that they facilitate the ability of a regulatory body to self-regulate. Additionally, they allow a regulatory body to ensure their members are practicing safely and competently, thereby allowing the CPSA to meet its ultimate mandate of protecting the public.
- [262] The success of a regulatory body to self-regulate requires honesty, willingness and cooperation from their regulated members who enter into Terms of Resolution agreements with them.
- [263] The specific matter involving Dr. Alcaraz-Limcangco which led to her signed Terms of Resolution with the CPSA was not a trivial one. Serious issues were discovered relating to Dr. Alcaraz-Limcangco's clinical competence, and the Terms of Resolution were put into place as a way for the CPSA to help Dr. Alcaraz-Limcangco remediate these issues so that she could safely practice and the CPSA could meet its ultimate mandate of protecting the public. The CAPE assessment was undertaken as part of the Terms of Resolution process and additional significant concerns were raised as part of the CAPE Assessment.
- [264] The CPSA then tried to engage with Dr. Alcaraz-Limcangco to undergo further remedial assessments, including the APASS and restrictions on her practice. These were reasonable requests by the CPSA. However, Dr. Alcaraz-Limcangco ceased engaging with the CPSA.
- [265] In this case, Dr. Alcaraz-Limcangco did not engage in a Terms of Resolution and IPR process to resolve issues regarding significant concerns regarding her clinical competence.
- [266] The measures proposed by the CPSA in this matter were meant to address serious issues identified in Dr. Alcaraz-Limcangco's competency to safely practice medicine. In doing so, the CPSA was trying to support Dr. Alcaraz-Limcangco by helping her remediate to the point where she could practice safely

and competently and ultimately meet its mandate of protecting the public. Dr. Alcaraz-Limcangco was given multiple opportunities to engage with the CPSA in its attempts to help her remediate and comply with the Terms of Resolution.

[267] By failing to participate in the IPR process as required by the Terms of Resolution, Dr. Alcaraz-Limcangco undermined the CPSA's ability to regulate its members and protect the public. The ability to regulate its members is a necessary requirement to the ability and privilege of self-regulation.

[268] Unprofessional conduct is defined at s. 1(1)(pp) of the HPA, in relevant part, as: (ii) a contravention of a code of ethics or standards of practice; and (xii) conduct that harms the integrity of the regulated profession.

[269] As noted above, the Tribunal finds that Dr. Alcaraz-Limcangco's non-compliance breached the CPSA Code of Conduct. The breach was serious and constitutes unprofessional conduct. The Tribunal also found the conduct harms the integrity of the medical profession.

[270] Accordingly, Dr. Alcaraz-Limcangco's conduct with respect to the Allegation constitutes unprofessional conduct as defined by the HPA in section 1(1)(pp)(ii) and (xii).

VIII. CONCLUSION AND ORDERS

[271] As a result of the Hearing Tribunal's findings of unprofessional conduct against Dr. Alcaraz-Limcangco for the Allegation, the Hearing Tribunal will need to determine what, if any, orders it will make pursuant to section 82 of the HPA.

[272] The Hearing Tribunal will receive submissions on penalty from the parties. The Hearing Tribunal requests that the parties discuss the timing and method of providing submissions on penalty to the Hearing Tribunal and write to the Hearings Director with the proposal for making submissions on sanction.

[273] If the parties are unable to agree on a proposed procedure and timing, the Hearing Tribunal will make further directions on this point.

Signed on behalf of the Hearing Tribunal by the Chair this 4th day of January, 2022.



Dr. Don Yee