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. TAREK BENSASI

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

May 25, 2026

I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Dr. Tarek Bensasi on April 27, 2026. The members of the Hearing Tribunal were:

    - Mr. Terry Engen as Chair (and public member);
    - Dr. Jeff Grant;
    - Dr. Marelise Kruger;
    - Ms. Linda Sheen (public member).

2. Appearances:

    - Mr. Craig Boyer KC, legal counsel for the Complaints Director;
    - Dr. Tarek Bensasi;
    - Mr. Dan Morrow, legal counsel for Dr. Bensasi;
    - Ms. Vivian Stevenson acted as independent legal counsel for the Hearing Tribunal.

II. PRELIMINARY MATTERS

3. There were no objections to the Hearing Tribunal's jurisdiction or its composition. Neither party requested that all or a portion of the hearings be closed to the public.

4. Neither party raised any other preliminary issues.

III. CHARGES

5. The amended Notice of Hearing listed the following allegations:

    1. Between 2018 and July 2022, you did allow a female person who was not a regulated member of the CPSA, and who the following patients believed was "Dr. [redacted]" or "Dr. [redacted]", to see and assess them without adequate or any supervision;

        a. [redacted];

        b. [redacted];

        c. [redacted];

        d. [redacted]; and

        e. [redacted];

    2. Between 2018 and July 2022, you did create patient records that were inaccurate in that the entries stated that you had seen and assessed the patient, when you had not seen the patient, in your clinic, the [redacted] Medical Clinic, for the following patients;

a. [redacted];

b. [redacted];

c. [redacted];

d. [redacted]; and

e. [redacted].

3. Between 2018 and July 2022, you did improperly submit claims to the Alberta Health Care Insurance Plan for services required to be provided by you in the presence of your patient, when you did not see and assess the patient in person on multiple occasions during that time period for the following patients;

a. [redacted];

b. [redacted];

c. [redacted];

d. [redacted]; and

e. [redacted].

6. By way of an Admission and Joint Submission Agreement entered as Exhibit 1, Dr. Bensasi admitted that all three allegations are true and that his conduct with respect to all three allegations constitutes unprofessional conduct under the *Health Professions Act* RSA 2000, C. H-7 (the "HPA").

IV. EVIDENCE

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

Exhibit 1: Admission and Joint Submission Agreement

Exhibit 2: Agreed Exhibit Book, containing Tabs 1-21:

1. Amended Notice of Hearing
2. Complaint of [redacted], dated September 1, 2021
3. Complaint of [redacted], dated March 14, 2022
4. Dr. Bensasi's patient records for [redacted]
5. Alberta Health Billing records for [redacted]
6. Dr. Bensasi's patient records for [redacted]
7. Alberta Health Billing records for [redacted]
8. Dr. Bensasi's patient records for [redacted]
9. Alberta Health Billing records for [redacted]
10. Dr. Bensasi's patient records for [redacted]

11. Alberta Health Billing records for [redacted]
12. Dr. Bensasi's patient records for [redacted]
13. Alberta Health Billing Records for [redacted]
14. Dr. Bensasi Response re: [redacted] Complaint, dated April 21, 2022
15. Dr. Bensasi Response re: [redacted] Complaint, undated
16. Dr. Bensasi Further Response to [redacted] Complaint, dated May 16, 2025
17. Agreed Statement of Facts
18. CPSA website registration history and profile for Dr. [redacted]
19. CPSA Standard of Practice re: Supervision of Restricted Activities
20. CPSA Standard of Practice re: Responsibility for a Medical Practice
21. CPSA Standard of Practice re: Patient Record Content

8. The parties also provided an Agreed Statement of Facts. The Agreed Statement of Facts is Tab 17 in the Agreed Exhibit Book. It states that the following facts can be accepted by the Hearing Tribunal as true and having been proven on a balance of probabilities:

   i. At all material times, Dr. Bensasi has been a regulated member of the College of Physicians & Surgeons of Alberta.

   ii. Dr. Bensasi was an owner of the [redacted] Medical clinic (the "Clinic") located at [redacted] in Edmonton, Alberta.

   iii. [redacted] was an international medical graduate who was hired and worked as a clinical aid at the Clinic during the following periods:

      a. December 2018 through October 2019;

      b. February 2020 through April 2020; and

      c. September 2021 through July 2022.

   iv. Dr. Bensasi mistakenly believed that Ms. [redacted] could provide certain basic medical services without supervision.

   v. Ms. [redacted] wore a white lab coat when seeing patients at the Clinic.

   vi. During the investigation by the CPSA, the following five patients (the "Patients") were interviewed and described their experience as:

a. [redacted] described being seen by Ms. [redacted] alone on March 9, 2022 and Ms. [redacted] did not see Dr. Bensasi during her visit to the Clinic.

b. [redacted] described being seen by Ms. [redacted] alone on about 14 occasions during the period of December 2018 to February 2021 and that Ms. [redacted] did not see Dr. Bensasi during her visits to the Clinic on those occasions.

c. [redacted] described being seen by Ms. [redacted] alone on 2 occasions during the period of May to November 2019 and that Ms. [redacted] did not see Dr. Bensasi during her visits to the Clinic on those occasions.

d. [redacted] described being seen by Ms. [redacted] alone on about 2 occasions during the period of May to December 2019 and that Ms. [redacted] did not see Dr. Bensasi during her visits to the Clinic on those occasions.

e. [redacted] described being seen by Ms. [redacted] alone on 1 occasion during the period of July to August 2019 and that Ms. [redacted] did not see Dr. Bensasi during his visit to the Clinic on that occasion.

vii. Each of the five patients described in paragraph 6 also described to the investigator that [redacted] introduced herself to the patient as "Dr. [redacted]" and each was left with the impression that Ms. [redacted] was a CPSA licensed physician.

viii. Dr. Bensasi never introduced [redacted] to any patients as "Dr. [redacted]" or "Dr. [redacted]".

ix. Dr. Bensasi's charts for the Patients show him as the physician who saw and treated the Patients on the occasions described in paragraph 6. While he was in the Clinic on some of the occasions and discussed the patients' treatment with Ms. [redacted], he did not personally attend with the Patients on the occasions described in paragraph 6.

x. Dr. Bensasi submitted claims to the Alberta Health Care Insurance Plan as if he had been the physician who had seen and treated the Patients on the occasions described in paragraph 6.

xi. Ms. [redacted] subsequently underwent a practice readiness assessment by the CPSA during the period of February to October 2025 and became registered for independent practice on the Provisional Register of the CPSA on October 30, 2025.

V. SUBMISSIONS

9. Counsel for the Complaints Director made brief submissions highlighting the admissions made by Dr. Bensasi, the Agreed Statement of Facts and the

contents of the Agreed Exhibit Book. Counsel for the Complaints Director summarized the three general categories of unprofessional conduct in which Dr. Bensasi had engaged and identified specific pages of the Agreed Exhibit Book that contained evidence of that conduct. The evidence referenced by counsel for the Complaints Director included the letters of complaint, chart notes relating to the patient visits at issue and the corresponding billing records.

10. Counsel for the Complaints Director also noted the relevant provisions of the *Alberta Health Care Insurance Act* RSA 2000 c. A-20 (the "AHCIA"), the *Claims for Benefits Regulation*, the Alberta Health Care Insurance Plan (the "AHCIP") Governing Rules, and the relevant Standards of Practice.

11. Counsel for Complaints Director asked the Hearing Tribunal to accept the admissions set out in the Admission and Joint Submission Agreement as being supported by the evidence that had been put forward and as constituting unprofessional conduct under the HPA.

12. Counsel for Dr. Bensasi supported the submission of the Complaints Director and drew the attention of the Hearing Tribunal to certain facts in the Agreed Statement of Facts, including that Dr. Bensasi had mistakenly believed that Ms. [redacted] could provide basic medical services, and that Dr. Bensasi himself had never advised his patients that Ms. [redacted] was a physician. Counsel for Dr. Bensasi submitted that the evidence showed that Dr. Bensasi had overseen the care of four of the five patients and had seen them at times other than those identified in the Agreed Statement of Facts.

VI. FINDINGS

13. The Hearing Tribunal accepts Dr. Bensasi's admission that all three allegations in the Notice of Hearing are true and proven on a balance of probabilities and the conduct set out in the allegations is unprofessional conduct.

VII. DECISION WITH REASONS

14. With respect to the first allegation, all the patients described very similar circumstances in their letters of complaint. The patients indicated that they met Ms. [redacted] at the clinic in the absence of Dr. Bensasi and she gave them medical advice. All the patients were of the understanding that Ms. [redacted] was a physician. Dr. Bensasi admits that Ms. [redacted] saw patients in his absence. He says this was because he mistakenly believed that she could provide certain basic medical services without supervision.

15. The Hearing Tribunal is satisfied that allowing patients to be seen by non-regulated members, creating inaccurate charts and submitting claims for patient visits with respect to which he had no personal involvement constitute unprofessional conduct on the part of Dr. Bensasi. Such conduct is contrary to the Standards of Practice re: Supervision of Restricted Activities and

Responsibility for a Medical Practice and harms the integrity of the medical profession.

16. The medical profession is subject to regulation in the public interest. That is why only physicians and physician assistants who are registered with the CPSA can provide authorized services in Alberta. It is the CPSA's procedures for registration that govern who may provide those services, not the judgment of an individual physician who thinks a particular individual may have the necessary skills. It is irrelevant what qualifications or experience an unregistered individual may have, or that the individual subsequently becomes registered.

17. Furthermore, it is the professional responsibility of every physician in Alberta to know or to find out whether an individual who will be providing services to patients is permitted to provide those services and in what circumstances. Dr. Bensasi's mistaken belief that Ms. [redacted] was permitted to provide certain basic services does not make his conduct any less unprofessional.

18. Regarding the second allegation, none of the patient charts contained in the Agreed Exhibit Book indicate that Ms. [redacted] was involved in providing the patients with healthcare services. On their face, the charts indicate that it was Dr. Bensasi who provided all of the services these patients received.

19. The Hearing Tribunal is satisfied that Dr. Bensasi's charting in relation to patient visits where he was not present is a breach of the Standards of Practice, brings the medical profession into disrepute and is therefore unprofessional conduct.

20. Finally, and in relation to the third allegation, the Hearing Tribunal was provided with the billing records that correspond to the patient charts. Those billing records confirm that Dr. Bensasi submitted claims to the AHCIP even though he had not seen and treated the patients who were the subject of those claims.

21. Dr. Bensasi's conduct in this regard is contrary to the regime that is set up under the AHCIA, the Claims for Benefits Regulation and the AHCIP Governing Rules, all of which contemplate the physician will be present and involved in the provision of services for which claims are made. The claims system relies heavily on the integrity and ethical obligations of those who are submitting claims. It is detrimental to the reputation of the profession for a physician to submit claims in their own name for services they did not provide.

VIII. ORDERS

22. Included in the Admission and Joint Submission Agreement was a joint submission with respect to sanction and costs. The parties proposed a six-month suspension of Dr. Bensasi's practice permit, with two months of the suspension being held in abeyance pending Dr. Bensasi's completion of the

other orders of the Hearing Tribunal. Those other orders include Dr. Bensasi completing and passing a prescribed Ethics course by July 31, 2026, with a further course of work if he does not unconditionally pass the prescribed course and payment of costs of the investigation and hearing in the amount of $10,000.

23. In relation to the joint submission on sanction, counsel for the Complaints Director referred the Hearing Tribunal to the Supreme Court of Canada's decision in *R. v Anthony Cook*, 2016 SCC 43 ("*Cook*"). Although the *Cook* decision arose in the context of joint sentencing submissions in a criminal matter, it is well-accepted in professional discipline proceedings.

24. Counsel for the Complaints Director submitted that in accordance with *Cook*, the Hearing Tribunal should give considerable deference to a joint submission on sanction and only depart from that submission if it considers the sanction to be contrary to the public interest. This deference to the parties' agreement is critical to the conduct process because it allows for resolution of contested proceedings. Parties will not be prepared to agree to resolve matters based on a joint submission if they do not have a significant degree of confidence the joint submission will be accepted.

25. Counsel for the Complaints Director urged the Hearing Tribunal to accept the proposed sanction as being in the public interest. He submitted that the proposed sanction was appropriate when considered in relation to the factors set out in the decision of *Jaswal v Medical Board (Nfld.)*, 1996 CanLII 11630 (NL SC), including the outcomes in similar proceedings.

26. Counsel also provided three cases to the Hearing Tribunal: (1) *Kloppers* (a 2014,decision of the College of Physicians and Surgeons of Manitoba); (2) *Mohan* (a 2015 decision out of the College of Physicians and Surgeons of Ontario ("CPSO")); and (3) *Dalshaug* (a 2022 decision, also out of the CPSO).

27. Regarding the *Jaswa*l factors, the Hearing Tribunal considers the nature and gravity of the conduct to warrant a more severe sanction. As mentioned previously in this decision, medical services should only be provided by individuals whose skills and qualifications have been confirmed by the CPSA. A physician who permits an unregistered person to assess and treat patients in their clinic creates a significant risk to any member of the public who attends that clinic. That risk may have been ameliorated here to the extent that Ms. [redacted] had received medical training and had qualified as a physician in another jurisdiction, but it is still an unacceptable risk.

28. The Hearing Tribunal also considers Dr. Bensasi's conduct in creating inaccurate charts and in making improper claims for payment to be of a grave and serious nature because that conduct raises issues of honesty and integrity and undermines the reputation of the profession as a whole.

29. The conduct in question was not an isolated incident as it related to any of the three allegations. The conduct occurred over a significant time period (2018 to July of 2022) and with respect to a number of patients. Dr. Bensasi had ample opportunity to confirm whether Ms. [redacted] was permitted to provide the services she was providing and to alter his conduct. Where there is a pattern of behaviour as opposed to an isolated incident, this calls for a more severe sanction.

30. The impact that Dr. Bensasi's conduct had on his patients was an important consideration for the Hearing Tribunal. His patients were understandably confused and upset. One of them questioned the quality of care that she had received and whether she had been adversely impacted by that care.

31. The Hearing Tribunal is satisfied based on these factors that a suspension, which is a significant sanction, is justified and appropriate.

32. In terms of the suspension and its length, the Hearing Tribunal views the proposed suspension as sufficient to deter Dr. Bensasi and other physicians from engaging in this type of conduct. The suspension carries with it its own financial consequences. The requirement that Dr. Bensasi complete an ethics course at his own expense also carries an element of deterrence, while reflecting a rehabilitative aspect to the sanction that the Hearing Panel considers appropriate.

33. Regarding the factors that call for a less severe sanction, the Hearing Panel was advised that Dr. Bensasi does not have a prior discipline record. This is a mitigating factor.

34. Another significant mitigating factor is Dr. Bensasi's formal admission of the conduct at issue and acknowledgment the conduct was unprofessional conduct.

35. The Hearing Tribunal is also satisfied that the sanction that is proposed is commensurate with the sanctions imposed in the three discipline cases provided by counsel. Those cases involved similar conduct and suspensions were imposed ranging from three to six months.

36. The Hearing Tribunal has reviewed the joint submission on sanction and considered the submission in relation to the *Jaswal* factors. The Hearing Tribunal is satisfied that the sanctions are appropriate, reasonable, and within the range of acceptable sanctions for unprofessional conduct of this nature. The Hearing Tribunal believes the proposed sanction satisfies the public interest test and sees no valid reason that would warrant a departure from the joint submission.

37. The parties also agreed upon an order as to costs in the fixed amount of $10,000. Counsel for the Complaints Director submitted this costs amount was consistent with the principles set out by the Alberta Court of Appeal in *Charkhandeh v College of Dental Surgeons of Alberta*, 2025 ABCA 258.

Counsel for the Complaints Director also advised the Hearing Tribunal that the recoverable costs to the end of the hearing would be about $30,000 so the order sought is for one-third of that amount.

38. Costs are generally in the discretion of the Hearing Tribunal. Based on the representations of counsel for the Complaints Director and the fact that the costs award forms part of the joint submission, the Hearing Tribunal awards costs against Dr. Bensasi in the amount requested.

39. Accordingly, the Hearing Tribunal accepts the joint submission on sanction and makes the following orders:

    a. Dr. Bensasi shall receive a six-month suspension of his practice permit, with four months to be served starting on a date determined by the Complaints Director, and the remaining two months held in abeyance pending Dr. Bensasi fulling the orders of the Hearing Tribunal;

    b. Dr. Bensasi shall, at his own cost, take and unconditionally pass the CPEP PROBE: Ethics & Boundaries Program – Professional / Problem-Based-Ethics by July 31, 2026, or such later date that is acceptable to the Complaints Director;

    c. In the event Dr. Bensasi does not obtain an unconditional pass of the CPEP Probe course, that he shall then, at his own cost, undertake a one-on-one course of work with a medical ethicist acceptable to the Complaints Director by December 31, 2026, or such later date that is acceptable to the Complaints Director.

    d. In the event there is an issue regarding Dr. Bensasi's fulfillment of the orders of the Hearing Tribunal, the Hearing Tribunal shall retain jurisdiction to determine if Dr. Bensasi shall be required to serve all or a portion of the two months of suspension held in abeyance

    e. Dr. Bensasi shall pay a portion of the costs of the investigation and hearing in the amount of $10,000.00, which can be paid by monthly installments on terms acceptable to the Complaints Director.

Signed on behalf of the Hearing Tribunal by the Chair:

Mr. Terry Engen

Dated this 25th day of May, 2026.