

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. ROBERT MACHUK

**DECISION OF THE HEARING TRIBUNAL OF
THE COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA
April 28, 2026**

I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Dr. Robert Machuk on March 25, 2026. The members of the Hearing Tribunal were:
 - Mr. Geoffrey Coombs as Chair (and public member);
 - Dr. Pooja Das Kumar;
 - Dr. Eric Fung;
 - Ms. Judy Tran (public member).
2. Appearances:
 - Mr. Craig Boyer, legal counsel for the Complaints Director;
 - Dr. Robert Machuk;
 - Mr. Tim Ryan, legal counsel for Dr. Machuk;
 - Ms. Tracy Zimmer acted as independent legal counsel for the Hearing Tribunal.

II. PRELIMINARY MATTERS

3. There were no preliminary issues raised. There were no objections to the composition of the Hearing Tribunal or the jurisdiction of the Hearing Tribunal to proceed with the hearing.
4. The hearing was open to the public pursuant to section 78 of the *Health Professions Act*, RSA 2000, c. H-7 ("HPA"). There was no application to close the hearing.

III. CHARGES

5. The Amended Notice of Hearing listed the following allegations:
 1. You failed to maintain a professional demeanor in a difficult clinical visit with your patient, [Patient]¹, on October 31, 2023;
 2. You failed to properly supervise your staff who posted a comment on a social media website under your name on or about November 9, 2023 stating that the Patient had been drinking heavily implying that she was impaired by alcohol at her visit with you on October 31, 2023;
 3. You created a late entry to the chart of your patient, Patient, on or about November 28, 2023 stating that the patient smells of alcohol during the exam, was belligerent [sic] and made a scene in the waiting room yelling

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

at other patients, and your chart contained no indication that it was a late entry or the date on which it was added to the patient record.

IV. EVIDENCE

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

Exhibit 1: Agreed Exhibit Book which contained the following tabs:

1. Amended Notice of Hearing dated March 4, 2026;
2. Complaint By Patient dated November 22, 2023;
3. Dr. Machuk's Response to Complaint dated December 11, 2023;
4. Email from Patient dated May 15, 2025 with screen shots of social media posts;
5. Dr. Machuk's Patient Records for Patient;
6. Memo dated March 13, 2025 by K [REDACTED] M [REDACTED] regarding conversation with technician from QHR regarding Dr. Machuk's electronic medical records software system;
7. Memo dated March 14, 2024 by K [REDACTED] M [REDACTED] summarizing the results from audit of [Patient] electronic medical record and late entries made to the record after patient visit on October 31, 2023;
8. CPEP Probe Course Report for Dr. Machuk dated April 2, 2020;
9. Letter from Dr. C [REDACTED] to Dr. Machuk dated May 8, 2020 regarding conditional pass of CPEP Probe course;
10. Preliminary Investigation Report dated September 9, 2024 regarding incident at Royal Alexander Hospital on February 3, 2022;
11. CMA Code of Ethics and Professionalism;
12. CPSA Standard of Practice on Patient Record Content.

Exhibit 2: Admission and Joint Submission Agreement dated March 4, 2026.

V. SUBMISSIONS REGARDING THE ALLEGATIONS

Submissions on Behalf of the Complaints Director

7. Mr. Boyer thanked Mr. Ryan for his efforts that allowed the parties to reach an agreement and proceed in the most efficient manner possible.
8. Mr. Boyer advised that Dr. Machuk admitted to the allegations set out in the Amended Notice of Hearing which included failure to maintain a professional demeanour in a difficult clinic visit with his patient on October 31, 2023, failure

to properly supervise his staff who posted comments on social media under Dr. Machuk's name implying that the Patient had been impaired by alcohol during the visit, and creating late entries in the Patient's chart on or about November 28th, 2023, stating that the Patient smelled of alcohol during the exam without indicating that it was a late entry.

9. Mr. Boyer proceeded to review the documents in the Agreed Exhibit Book highlighting the complaint, the screenshots of the social media post, the entry for the appointment on October 31, 2023, the memo from the CPSA investigator and audit information confirming the entry was changed on November 28, 2023 and on February 10, 2024, adding commentary about alcohol use and the Patient being disruptive and belligerent.
10. Mr. Boyer advised that there had been a previous complaint against Dr. Machuk involving patient interactions that had been resolved through Dr. Machuk agreeing to attend the CPEP PROBE course in March 2020 to which Dr. Machuk received a conditional pass. In May 2020, Dr. C██████, then Complaints Director for the CPSA, wrote Dr. Machuk a letter identifying the conditional pass and hoping that Dr. Machuk does not have any further interactions with the conduct department.
11. Mr. Boyer further advised that the Preliminary Investigation Report is regarding a complaint about an incident that took place on February 3, 2020 between Dr. Machuk and a Royal Alexandra Hospital staff member while Dr. Machuk was attending the hospital to pick up his wife.
12. Mr. Boyer confirmed that Dr. Machuk had not only admitted the allegations but also acknowledged that the conduct was contrary to both the CMA Code of Ethics and the CPSA's Standard of Practice on Patient Record Content. Mr. Boyer noted that the conduct of Dr. Machuk did not meet the expectations of an ethical and professional physician when dealing with a patient encounter nor did he ensure that staff were properly posting on social media posts and not making comments about the patient. Finally, it was improper for Dr. Machuk to add editorial comments to a patient record long after the encounter and with no indication that they were late entries.
13. Mr. Boyer submitted that there was sufficient evidence to support the admissions for the Hearing Tribunal to be satisfied with accepting the admissions under section 70 of the HPA.

Submissions on Behalf of Dr. Machuk

14. Mr. Ryan noted that the Admission and Joint Submission Agreement dated March 4, 2026 outlines the negotiation process. While there was some ambiguity as to what happened with respect to the office and with respect to the documentation, the parties came to an agreement that best reflects the ambiguity and consensus on what occurred.
15. Mr. Ryan reiterated that Dr. Machuk admits that the conduct agreed to amounts to unprofessional conduct as based on the CMA Code of Ethics and the CPSA Standard of Practice regarding Patient Record Content.

Questions from the Hearing Tribunal

16. There were no questions from the Hearing Tribunal.

VI. DECISION

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

VII. FINDINGS AND REASONS

19. The Hearing Tribunal considered Dr. Machuk's admissions under section 70 of the HPA. An admission of unprofessional conduct on the part of the physician may only be acted upon if it is acceptable to the Hearing Tribunal. The admissions were acceptable to the Hearing Tribunal.
20. Allegation 1 states: You failed to maintain a professional demeanor in a difficult clinical visit with your patient, [Patient], on October 31, 2023.
21. The Hearing Tribunal considered the complaint by the Patient and Dr. Machuk's admitted conduct in this instance in the context of the CMA Code of Ethics and Professionalism.

22. In particular, the complaint raised concerns that Dr. Marchuk was very dismissive and arrogant towards the Patient. The Patient felt that Dr. Machuk acted annoyed towards her and was condescending.
23. Dr. Machuk admitted that he failed to maintain a professional demeanor. While no evidence was presented of Dr. Machuk's conduct in the appointment, the Hearing Tribunal accepted his admission and noted that no evidence was offered that was contrary to the events indicated in the complaint.
24. Allegation 2 states: You failed to properly supervise your staff who posted a comment on a social media website under your name on or about November 9, 2023 stating that the Patient had been drinking heavily implying that she was impaired by alcohol at her visit with you on October 31, 2023.
25. The Agreed Exhibit Book contains screenshots of the social media post made under Dr. Machuk's name. The post fully corroborates the allegation. As such, the Hearing Tribunal finds there is sufficient evidence to support the allegation occurred as stated.
26. The Hearing Tribunal finds that both allegations 1 and 2 contravene the expectation in the CMA Code of Ethics and Professionalism for the medical professional to always treat the patient with dignity and respect the equal and intrinsic worth of all persons, among other obligations in the Code.
27. While the Hearing Tribunal notes the evidence is that a staff member at Dr. Machuk's clinic made the post, it recognizes that regulated members of the CPSA are required to direct and take responsibility for their medical practice.
28. Allegation 3 states: You created a late entry to the chart of your patient, Patient, on or about November 28, 2023 stating that the patient smells of alcohol during the exam, was billigerant [sic] and made a scene in the waiting room yelling at other patients, and your chart contained no indication that it was a late entry or the date on which it was added to the patient record.
29. The Hearing Tribunal considered Dr. Machuk's admitted conduct in this instance in the context of the CPSA Standard of Practice relating to patient record content. The evidence in the audit of the electronic medical records clearly supports that Dr. Machuk made edits to the October 31, 2023 appointment notes on two separate occasions, once on November 28, 2023 and again on February 10, 2024, and that he did not indicate that the additional comments were late entries.

30. The Hearing Tribunal finds that these actions breached the CPSA Patient Record Content Standard of Practice, constituting unprofessional conduct pursuant to section 1(1)(pp)(ii) of the HPA.

VIII. SUBMISSIONS ON SANCTION

Submissions on Behalf of the Complaints Director

31. Mr. Boyer presented a Brief of Law on Joint Submissions. This summarizes the case law in Canada, in particular, the Supreme Court of Canada decision in *R v Anthony-Cook*, 2016 SCC 43 ("*Anthony-Cook*"), that considerable deference should be given to a joint submission on sanction. The Hearing Tribunal should only reject a joint submission if it is manifestly unjust and not in the public interest to accept it. The Brief of Law summarizes a number of cases where *Anthony-Cook* has been applied in professional discipline.
32. Mr. Boyer stated that Exhibit 1 shows that there have been prior concerns with Dr. Machuk's conduct: the 2020 concern dealt with through the CPEP PROBE Course, and the February 2022 concern that was investigated. He noted that prior conduct is a factor recognized in the *Jaswal* decision.
33. Mr. Boyer also noted there were other factors to consider for the sanction including the age of the Patient (74), that Dr. Machuk was an experienced physician, so he is expected to perform at a higher standard than his conduct exhibited.
34. Mr. Boyer referred to the four cited cases provided to the Tribunal:
 - a. In a decision involving the College of Physicians and Surgeons of Ontario, Dr. Price admitted to unprofessional conduct after concerns were raised about him altering medical records and failing to identify them as late changes. The accepted joint sanctions included a reprimand, a 3-month suspension, completion of an ethics and medical record-keeping course, and inspections and costs.
 - b. In another decision involving the College of Physicians and Surgeons of Ontario from 2020, Dr. Miller was found to have insulted and made unfounded accusations against a pharmacist. Previous complaints had been made to the College regarding Dr. Miller's communication. Sanctions included a mandatory in-person educational program with one-on-one instruction, a 3-month suspension, and payment of costs.
 - c. In a 2024 decision involving the College of Physicians and Surgeons of Newfoundland and Labrador, Dr. Azher was found to have altered patient records related to several patient clinical visits without any indication of that being done. There was no prior history of discipline. The joint

submission was a reprimand, a 1-month suspension, ethics and medical record-keeping course, and the payment of costs in the amount of \$10,000.

- d. In a 2022 decision involving the CPSA, Dr. Srikisson was found to have failed to arrange timely diagnostic imaging, didn't create an adequate record for the patient, and then later made changes to the record without noting them as being late changes. Sanctions ordered included an ethics course, record-keeping course, and payment of a portion of the costs.

35. Mr. Boyer reviewed the Joint Submission on Sanctions for Dr. Machuk. The parties jointly propose the following:

1. Dr. Machuk's practice permit shall be suspended for a period of three months to be served starting on May 1, 2026.
2. If Dr. Machuk provides a written apology to the Patient, that is in a form acceptable to the Complaints Director, by April 30, 2026, two months of the period of suspension shall be deemed to be served and the period of active suspension of one month to be served by Dr. Machuk shall be May 1 to May 31, 2026.
3. If Dr. Machuk does not provide a written apology that is acceptable to the Complaints Director by April 30, 2026, Dr. Machuk's practice permit shall remain suspended until July 31, 2026.
4. Dr. Machuk shall, at his own cost, attend and complete an assessment at the Acumen Assessments program in Lawrence, Kansas by September 30, 2026.
5. The Complaints Director shall provide the letter of instruction to the Acumen Assessments team, and the materials provided to the assessment team shall include the exhibits in the Agreed Exhibit book.
6. Dr. Machuk shall follow and implement any recommendations for changes in practice or any recommendations for treatment or therapy, and in the event the Complaints Director and Dr. Machuk are unable to agree on the implementation of the recommendations in the assessment report from Acumen Assessments, the Hearing Tribunal shall retain jurisdiction to make any further directions or orders under section 82 of the Health Professions Act.
7. Dr. Machuk shall pay a portion of the total recoverable costs of the investigation and hearing in the amount of \$5,000.00, which can be paid on terms acceptable to the Complaints Director.

36. Mr. Boyer advised that Dr. Machuk has already begun work on the apology letter to the Patient.
37. Mr. Boyer explained that the requirement to undergo an assessment at Acumen Assessment, which is a residential assessment program that involves a multi-disciplinary assessment, has the goal of digging into what may be driving some of the problematic behaviour to identify how to help Dr. Machuk have better experiences and outcomes with patient encounters. Mr. Boyer advised that this program has been used in the past by the CPSA and has found it to be a reliable assessment program.
38. Finally, Mr. Boyer advised that the \$5,000 in costs is a small portion of the costs of the proceedings and is in keeping with the Court of Appeal's decision on costs in *Charkhandeh v College of Dental Surgeons of Alberta*, 2025 ABCA 258 ("*Charkhandeh*").
39. Mr. Boyer stated the sanction has elements of remediation and deterrence, as well as responsibility for some of the costs. He submitted that the proposed sanctions are within the range of outcomes demonstrated in the case law and are in the public interest.

Submissions on Behalf of Dr. Machuk

40. Mr. Ryan submitted that the *Jaswal* factors that the Hearing Tribunal should consider to understand Dr. Machuk's perspective are that Dr. Machuk cooperated with the investigation, admitted the conduct which allowed for shorter proceedings, and no witnesses, and agreed to a joint submission on sanction relatively quickly.
41. Mr. Ryan also noted that by agreeing to the Acumen Assessment, Dr. Machuk was acknowledging that something could be done to hopefully avoid similar conduct happening in the future.
42. Mr. Ryan advised that the original positions of the parties for the joint sanction had been quite different, so this agreement reflects a true negotiation and compromise which is a major factor for the Hearing Tribunal to consider.

Questions from the Hearing Tribunal

43. There were no questions from the Hearing Tribunal.

IX. DECISION REGARDING SANCTION

44. The Hearing Tribunal accepts the Joint Submission on Sanction as proposed by the parties.

X. FINDINGS AND REASONS FOR SANCTION

45. The Hearing Tribunal considered the submissions of the parties and the factors set out in the *Jaswal* case referenced by Mr. Boyer and Mr. Ryan. The Brief of Law on Joint Submissions was also reviewed.
46. Dr. Machuk's admitted conduct was serious, as he made late entries and edits to a patient chart without indicating them as such, he failed to maintain a professional demeanour with a patient, and he failed to supervise social media postings by his staff under his name which resulted in negative comments made about a patient.
47. The Hearing Tribunal found that Dr. Machuk's admitted unprofessional conduct, while not on the high end of the spectrum, amounted to serious unprofessional conduct. His conduct was not representative of practicing medicine with integrity and respect.
48. The Hearing Tribunal also considered that Dr. Machuk is an experienced physician who has prior history of complaints similar in nature to that which was in front of the Hearing Tribunal in these proceedings.
49. The Hearing Tribunal recognized Dr. Machuk's efforts to cooperate with the investigation and acknowledge his conduct and show remorse for his conduct by agreeing to write an apology letter and efforts to remediate by agreeing to attend an assessment that will help ensure similar conduct does not happen in the future.
50. The Hearing Tribunal recognized that Dr. Machuk's admission to the allegation and the Joint Submission on sanction saved the time and expense of proceeding with a contested hearing and was reassured that Dr. Machuk was already taking steps to draft the apology letter.
51. The Hearing Tribunal found participation in the Acumen Assessment and any recommendations stemming from it are appropriate in this case to identify any issues in Dr. Machuk's behaviour that can be improved within the support offered by the Acumen Assessment process. This should improve Dr. Machuk's practice and the care he provides to his patients overall. The Hearing Tribunal

was satisfied that the assessment will provide Dr. Machuk further insight into this matter.

52. The Hearing Tribunal considered the scale of the financial cost imposed in the sanction. The sanction is reasonable in the circumstances and within the range defined by the cited cases provided while still aligning with the principles set out in the *Charkhandeh* decision. The Hearing Tribunal considered that it is appropriate that Dr. Machuk bears some of the costs of the investigation and hearing.
53. Overall, the Hearing Tribunal found the Joint Submission reasonable and appropriate in its proportion and details after review of relevant case law presented in the submissions from the parties.
54. The Hearing Tribunal does understand its obligation to defer to the Joint Submission unless it is contrary to the public interest or would undermine the administration of justice. Given the Hearing Tribunal's findings and reasons above, the Hearing Tribunal concludes the sanctions proposed in the Joint Submission are reasonable and meet the public interest tests.

XI. ORDERS

55. The Hearing Tribunal hereby orders pursuant to section 82 of the HPA:
 1. Dr. Machuk's practice permit shall be suspended for a period of three months to be served starting on May 1, 2026.
 2. If Dr. Machuk provides a written apology to the Patient, that is in a form acceptable to the Complaints Director, by April 30, 2026, two months of the period of suspension shall be deemed to be served and the period of active suspension of one month to be served by Dr. Machuk shall be May 1 to May 31, 2026.
 3. If Dr. Machuk does not provide a written apology that is acceptable to the Complaints Director by April 30, 2026, Dr. Machuk's practice permit shall remain suspended until July 31, 2026.
 4. Dr. Machuk shall, at his own cost, attend and complete an assessment at the Acumen Assessments program in Lawrence, Kansas by September 30, 2026.
 5. The Complaints Director shall provide the letter of instruction to the Acumen Assessments team, and the materials provided to the assessment team shall include the exhibits in the Agreed Exhibit book.

6. Dr. Machuk shall follow and implement any recommendations for changes in practice or any recommendations for treatment or therapy, and in the event the Complaints Director and Dr. Machuk are unable to agree on the implementation of the recommendations in the assessment report from Acumen Assessments, the Hearing Tribunal shall retain jurisdiction to make any further directions or orders under section 82 of the Health Professions Act.
7. Dr. Machuk shall pay a portion of the total recoverable costs of the investigation and hearing in the amount of \$5,000.00, which can be paid on terms acceptable to the Complaints Director.

Signed on behalf of the Hearing Tribunal by the Chair:



Mr. Geoffrey Coombs

Dated this 28th day of April, 2026.