

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. NIRUPA SRIKISSON

**DECISION OF THE HEARING TRIBUNAL OF
THE COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA
JULY 29, 2022**

I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Dr. Nirupa Srikiison on April 27, 2022. The members of the Hearing Tribunal were:

Ms. Naz Mellick of Edmonton as Chair (and public member);
Dr. Harish Amin of Calgary;
Dr. William Craig of Edmonton;
Ms. Patricia Matusko of Beaumont (public member).

Ms. Mary Marshall acted as independent legal counsel for the Hearing Tribunal.

Appearances:

Ms. Aman Costigan and Ms. Ashley Reid, legal counsel for the Complaints Director;
Dr. Nirupa Srikiison;
Ms. Karen Pirie, legal counsel for Dr. Srikiison.

II. PRELIMINARY MATTERS

2. Neither party objected to the composition of the Hearing Tribunal or its jurisdiction to proceed with the hearing.
3. The hearing was open to the public pursuant to section 78 of the *Health Professions Act, RSA 2000, c. H-7* ("HPA").
4. Counsel for the Complaints Director made an application to hold the hearing in private. Hearings are open to the public unless the Hearing Tribunal directs otherwise. The allegations relate to █████ family members of Dr. Srikiison. There are a large number of documents that contain personal and private medical records, and not disclosing their personal health information outweighs the desirability of having the hearing in public.
5. The application was supported by Dr. Srikiison. Counsel for the Investigated Member submitted that the family members are not complainants, and they would not have consented to having their information made public. It is appropriate to do whatever can be done to keep the information private.
6. The Hearing Tribunal questioned whether there was another way of protecting the privacy of patients other than having the entire hearing in private. Counsel for the Complaints Director submitted that patient names and health information may be referred to throughout the hearing, including the sanctions portion of the hearing. As such, the application was for closure of the entire hearing. On balance, not disclosing patients' confidential health information outweighs the desirability of having a public hearing.

7. Counsel for Dr. Srikisson submitted that, given the nature of the charges, there is no real way to protect the personal information of the patients. The allegations all revolve around the treatment of Dr. Srikisson's family members. They did not consent to the disclosure of their health information. The family members are not complainants, and this brings a different perspective to the determination of whether the hearing should be held in public. Decisions from other jurisdictions show that there have been publication bans in these circumstances.
8. Counsel for the Complaints Director submitted that it will be up to the College to determine how the decision is published.
9. The Hearing Tribunal ordered that the hearing be closed and members of the public be excluded from the hearing.
10. A decision to close any portion of the hearing will not be made lightly even in situations where there is agreement between the parties. The policy of openness reflects the College's public interest mandate. The College has been given the authority to discipline its members, and must do so in a transparent way. In this situation, all of the allegations relate to providing services to family members, and their personal health information will be referred to throughout the hearing. The Hearing Tribunal was satisfied that the interest of protecting the privacy of the third parties in relation to their personal health information outweighed the desirability of adhering to the principle that hearings be open to the public.

III. CHARGES

11. The Amended Notice of Hearing listed the following allegations:
 1. You did improperly provide medical care, including prescribing medication, to [REDACTED], on or about March 16, 2010 to December 1, 2017, contrary to section 20 of the Canadian Medical Association Code of Ethics.
 2. You did fail to create and maintain a medical record for your care and prescribing to [REDACTED], contrary to the College of Physicians and Surgeons of Alberta Standard of Practice concerning Patient Record Content.
 3. You did inappropriately access the Netcare electronic health information of [REDACTED], 65 times over 37 different dates, and reviewed a total of 537 records between December 5, 2017 to February 17, 2018, when you were not his treating physician and had no professional reason to access his health information.
 4. You did improperly provide medical care, including prescribing medication, to [REDACTED], on or about June 15,

2009 to July 30, 2019, contrary to section 20 of the Canadian Medical Association Code of Ethics.

5. You did fail to create and maintain a medical record for your care and prescribing to [REDACTED], contrary to the College of Physicians and Surgeons of Alberta Standard of Practice concerning Patient Record Content.
6. You did inappropriately access the Netcare electronic health information of [REDACTED], 7 times over 5 different dates, and reviewed a total of 16 records between March 4, 2017 to May 4, 2017, when you were not her treating physician and had no professional reason to access her health information.
7. You did improperly provide medical care, including prescribing medication, to [REDACTED], on or about November 20, 2010 to February 24, 2019, contrary to section 20 of the Canadian Medical Association Code of Ethics.
8. You did fail to create and maintain a medical record for your care and prescribing to [REDACTED], contrary to the College of Physicians and Surgeons of Alberta Standard of Practice concerning Patient Record Content.
9. You did inappropriately access the Netcare electronic health information of [REDACTED], 25 times over 23 different dates, and reviewed a total of 80 records between February 7, 2015 to April 15, 2018, when you were not his treating physician and had no professional reason to access his health information.
10. You did improperly provide medical care, including prescribing medication, to [REDACTED], on or about February 4, 2016 to October 14, 2018, contrary to section 20 of the Canadian Medical Association Code of Ethics.
11. You did fail to create and maintain a medical record for your care and prescribing to [REDACTED], contrary to the College of Physicians and Surgeons of Alberta Standard of Practice concerning Patient Record Content.
12. Dr. Srikisson admits the allegations in the Amended Notice of Hearing (the "Allegations") as being true and that such conduct amounts to unprofessional conduct.

IV. EVIDENCE

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

Exhibit 1: 2022-04-26 Agreed Exhibit Book with Index

Tab 1: Notice of Hearing dated August 23, 2021

- Tab 1.1:** Amended Notice of Hearing dated April 27, 2022
- Tab 2:** Email Katherine P. Damron, Complaint Inquiry Coordinator to Dr. Nirupa Srikiison via Physician Portal enclosing letter dated January 5, 2018
- Tab 3:** Email Dr. Nirupa Srikiison enclosing Physician Response dated February 16, 2018
- Tab 4:** Email Corryn Pennock, Senior Medical Advisor Assistant to Duncan Worden, Senior Manager, HIA Policy, Alberta Health, enclosing letter of Request for Netcare Audit Log from Dr. Ritchie dated August 15, 2018
- Tab 5:** Letter Duncan Worden to Dr. John D. Ritchie dated September 14, 2018 enclosing Netcare access
- Tab 6:** Email Dr. John D. Ritchie to Valerie Prather, Q.C. dated May 16, 2019 enclosing revised Meeting Memorandum
- Tab 7:** Fax Walmart Pharmacy to Dr. John D. Ritchie enclosing prescribing history dated December 14, 2019
- Tab 8:** Fax Rexall Drayton Valley to Dr. John D. Ritchie enclosing prescribing history dated August 5, 2019
- Tab 9:** Prescribing History from Value Drug Mart dated August 21, 2019
- Tab 10:** Fax Winter's Pharmacy to Dr. John D. Ritchie enclosing prescribing history dated July 24, 2019
- Tab 11:** Fax Dr. Christopher Park-Ling Lin to Dr. John D. Ritchie enclosing patient records dated August 22, 2019
- Tab 12:** Letter Dr. Rafaqat Ali to Dr. John D. Ritchie, with enclosures dated August 19, 2019
- Tab 13:** College of Physicians & Surgeons of Alberta Standard of Practice - Patient Record Content
- Tab 14:** Canadian Medical Association Code of Ethics, dated March 2011
- Tab 15:** Canadian Medical Association Code of Ethics and Professionalism dated December 2018
- Tab 16:** Excerpts from the *Health Information Act*, RSA 2000, c H-5
- Tab 17:** Excerpts from the *Health Information Regulation*,

Alta Reg 70/2001

Exhibit 2: 2022-04-26 Fully Signed Admission and Joint Submission Agreement

14. Counsel for the Complaints Director also filed the following materials:
- a. Book of Authorities of the Complaints Director, including eight tabs:
 - i. Brief of Law regarding Joint Submissions, dated April 26, 2022;
 - ii. *Srikisson, Re*, 2022 CanLII 16827;
 - iii. *Kolodenko, Re*, 2018 CanLII 31994;
 - iv. *Watrich, Re*, 2013 CanLII 14735;
 - v. *College of Physicians and Surgeons of Ontario v Raddatz*, 2020 ONCPSD 27;
 - vi. *College of Physicians and Surgeons of Ontario v Esmond*, 2016 ONCPSD 4;
 - vii. *College of Physicians and Surgeons of Ontario v Irvine*, 2011 ONCPSD 39; and
 - viii. *Jaswal v Medical Board (Nfld)*, 1996 CanLII 11630 (NLSC) (excerpts).
 - b. *College of Physicians and Surgeons of Ontario v Hurmatov*, 2019 ONCPSD 42.

V. SUBMISSIONS REGARDING THE ALLEGATIONS

Submissions by Counsel for the Complaints Director

15. Counsel for the Complaints Director provided a brief overview of the charges. There are similar charges relating to [REDACTED] family members. Dr. Srikisson improperly provided medical care and prescriptions to [REDACTED], [REDACTED] [REDACTED]. She failed to create and maintain medical records for these family members. There are three additional charges relating to improper access to Netcare relating to [REDACTED]. The Complainant is a former Complaints Director for the College who opened a complaint and directed an investigation.
16. Counsel for the Complaints Director reviewed medical and pharmacy records, and Netcare audit logs. She submitted that the allegations are factually proven on a balance of probabilities. Dr. Srikisson has admitted that the conduct contravenes the Canadian Medical Association Code of Ethics, the College of Physicians & Surgeons Standard of Practice Regarding Patient Record Content, and section 25 of the *Health Information Act*, RSA 2000, c. H-5. Regarding the Canadian Medical Association Code of Ethics (CMA

Code of Ethics), both the old and new CMA Code of Ethics apply depending on the dates when treatment was being provided.

17. Section 25 of the *Health Information Act* contains a prohibition and no custodian shall use information except in accordance with the Act. Section 27 contains a list of permitted uses for custodians. Section 2(2) of the Health Information Regulation provides that regulated members of the College of Physicians and Surgeons of Alberta are designated as custodians.

Submissions by Counsel for Dr. Srikisson

18. Counsel for Dr. Srikisson confirmed her agreement to the charges, and confirmed that they are rationally based on the information that was provided.

Questions from the Hearing Tribunal

Which charges does the new CMA Code of Ethics apply to?

19. Counsel for the Complaints Director submitted that the new CMA Code of Ethics was approved by the CMA Board of Directors in December 2018. As such, the timing for the new CMA Code of Ethics would be charges that relate to matters after December 2018 (i.e., Charge 4 and Charge 7).

Does section 56.5(1) apply to conduct by Dr. Srikisson in relation to Netcare?

20. Independent Legal Counsel for the Hearing Tribunal read her advice into the record. Part 5.1 of the *Health Information Act* relates to Netcare (Alberta Electronic Health Record). Section 56.5(1) states how custodians may use information in Netcare and any use of Netcare must be done in accordance with section 56.5(1).
21. Counsel for the Complaints Director submitted that Dr. Srikisson did not access the information for a permitted use in accordance with section 56.5 of the *Health Information Act*. This conduct amounts to a breach of the *Health Information Act*.
22. Counsel for Dr. Srikisson submitted that the consequences remain the same, because the overarching obligation in the *Health Information Act* is not to access health information for an improper purpose which is what occurred here.

VI. FINDINGS REGARDING THE ALLEGATIONS

23. After hearing from the parties and reviewing the evidence in the Exhibit Book, the Hearing Tribunal determined that there was sufficient evidence to support Dr. Srikisson's admissions in relation to the Allegations, and that the

conduct constitutes “unprofessional conduct” pursuant to section 1(1)(pp) of the HPA.

24. Section 1(1)(pp)(ii) and (iii) provide as follows:

1(1) *In this Act,*

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

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

(iii) *contravention of another enactment that applies to the profession;*

25. Allegations 1, 4, 7 and 10 relate to improperly providing medical care to [REDACTED] family members. The relevant dates range from 2010 to 2019 and are covered by two different versions of the CMA Code of Ethics. The provisions in both versions of the CMA Code of Ethics are very similar. The current version states that in the context of the patient–physician relationship:

Limit treatment of yourself, your immediate family, or anyone with whom you have a similarly close relationship to minor or emergency interventions and only when another physician is not readily available; there should be no fee for such treatment.

26. The version of the CMA Code of Ethics that was in effect until December 2018 stated that Responsibilities to the Patient include:

Limit treatment of yourself of members of your immediate family to minor or emergency services and only when another physician is not readily available; there should be no fee for such treatment.

27. Both versions are clear that physicians should not treat family members except in very limited circumstances which were not present here. Dr. Srikisson breached the CMA Code of Ethics when she provided medical care, including prescribing medication, to [REDACTED] family members.

28. Allegations 2, 5, 8 and 11 deal with failing to create and maintain medical records. This failure contravened the CPSA Standard of Practice on Patient Record Content, and specifically Standard 1(a) and (b), and 2(a), (b), and (f) which provide as follows:

(1) A regulated member who provides assessment, advice and/or treatment to a patient **must:**

(a) document the encounter in a patient record (paper or electronic);

(b) ensure the patient record is:

- (i) an accurate and complete reflection of the patient encounter to facilitate continuity in patient care;
 - (ii) legible and in English;
 - (iii) compliant with relevant legislation and institutional expectations; and
 - (iv) completed as soon as reasonable to promote accuracy.
- (2) A regulated member must ensure the patient record contains:
- (a) clinical notes for each patient encounter including:
 - (i) presenting concern, relevant findings, assessment and plan, including follow-up when indicated;
 - (ii) prescriptions issued, including drug name, dose, quantity prescribed, directions for use and refills issued;
 - (iii) tests, referrals and consultations requisitioned, including those accepted and declined by the patient; and
 - (iv) interactions with other databases such as the Alberta Electronic Health Record (Netcare).
 - (b) information pertaining to the consent process;
 - (f) any communication with the patient concerning the patient's medical care, including unplanned face-to-face contacts;
29. Allegations 3, 6 and 9 deal with inappropriate Netcare access. Section 25 of the *Health Information Act* states that no custodian shall use health information except in accordance with the Act. Section 56.5 clarifies that an access of the Electronic Health Record ("Netcare") is a use of health information. Section 56.5(1)(b) provides that authorized custodians, such as Dr. Srikisson, may use information that is accessible via Netcare for limited purposes under section 27(1)(a), (b), (f), or (g) of the *Health Information Act*. Dr. Srikisson breached section 25 of the *Health Information Act* when she used health information in contravention of those requirements.

VII. SUBMISSIONS ON SANCTION

30. After the Hearing Tribunal advised the parties of its findings in relation to the Allegations, the Hearing Tribunal invited the parties to make submissions with respect to sanction. The parties presented a Joint Submission Agreement regarding sanctions ("Joint Submission").

Submissions by Counsel for the Complaints Director

31. Counsel for the Complaints Director provided an overview of the proposed sanctions and presented a Brief of Law regarding Joint Submissions. The Hearing Tribunal should review proposed sanctions with deference, and reject them in narrow circumstances.
32. Dr. Srikisson will be required to undertake and complete an assessment by the Comprehensive Occupational Assessment for Professionals ("COAP Assessment") or an equivalent organization approved by the Complaints Director. The COAP Assessment takes place over 2-3 days, and costs approximately \$10,000.
33. Counsel for the Complaints Director reviewed the general principles underlying sanctions. A fundamental purpose is to ensure that the public is protected from acts of unprofessional conduct, and the sanction should provide specific deterrence for the member. The sanction should also provide general deterrence for other members of the College. Rehabilitation of the member can also protect the public because the member will understand that what they did was unacceptable and why. There must be an appropriate balance between deterrence and rehabilitation.
34. Counsel for the Complaints Director reviewed a few of the factors in the decision of *Jaswal v. Medical Board (Nfld.)* and how those factors applied to the present case:
- *The nature and gravity of the proven allegations:* Dr. Srikisson provided medical care to █████ family members without creating or maintaining records and accessed Netcare.
 - *The previous character of the member:* Dr. Srikisson has one prior disciplinary matter.
 - *The role of the physician in acknowledging what occurred:* Dr. Srikisson has made an admission and the hearing has proceeded by way of agreement. This is a mitigating factor
 - *The need to maintain public confidence:* A message must be sent that the College takes this type of behaviour seriously and applies sanctions.

35. Counsel for the Complaints Director reviewed decisions from Ontario dealing with inappropriate treatment of family members and submitted that the proposed sanctions were consistent with the ones that were applied in the following cases: *College of Physicians and Surgeons of Ontario and Raddatz*; *College of Physicians and Surgeons of Ontario v Hurmatov*; and *College of Physicians and Surgeons of Ontario v Esmond*.
36. Counsel for the Complaints Director referred to CPSA decisions in *Kolodenko* and *Watrich* regarding inappropriate use of information in Netcare. The suspension period was 30 days in *Kolodenko*, and 60 days in *Watrich* with 30 days held in abeyance.
37. The proposed penalty is quite similar and meets the purpose of sanctions. There will be a three-month suspension with one month held in abeyance. The COAP Assessment addresses the need for rehabilitation and protects patients who are served by the physician. Dr. Srikisson is currently completing the PROBE ethics and boundaries course. Together these sanctions will provide guidance on inappropriate crossing of professional boundaries.
38. It is proposed that Dr. Srikisson be responsible for a portion of the costs. The purpose of a costs award is not to punish the member, but to allow the College to recoup some of the costs of an investigation and hearing. The cost of the COAP Assessment is \$10,000, and Dr. Srikisson will be subject to a period of suspension. These factors have been taken into account when recommending that Dr. Srikisson be responsible for 60% of the costs of the investigation and hearing.
39. Overall, this is a fair sanction that appropriately balances rehabilitation and deterrence, and ensures that Dr. Srikisson is able to continue to provide care in the community.

Submissions by Counsel for Dr. Srikisson

40. Counsel for Dr. Srikisson provided some additional context for the Hearing Tribunal to consider when addressing the proposed penalty. Dr. Srikisson has been practising since 1995, and came to Canada in 2009. She has been practising with the Drayton Valley Clinic since 2009.
41. Dr. Srikisson is the eldest of three children. Her family relies on her [REDACTED] [REDACTED] as a doctor, and she knows the details of their medical circumstance. [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] there was a time where [REDACTED] were seeing other physicians but they were not always available.
42. The treatment that [REDACTED] received from Dr. Srikisson was primarily prescribing medications. Dr. Srikisson did not make a diagnosis or act as a primary care physician to [REDACTED]. Dr. Srikisson went with [REDACTED] to

see other physicians and participated in physician conferences. She accessed Netcare with the consent of family members. The family members did not access opioids or restricted medications.

43. In late 2017 Dr. Srikisson's ██████ became very ill, and she accessed Netcare numerous times for medical insurance purposes. Some of the occasions where access occurred are seconds apart and were a single access where multiple documents were viewed.
44. In January 2018, Dr. Srikisson received this complaint. In the same month ██████ passed away, compounding her and her family's stress.
45. Dr. Srikisson never considered herself to be the primary care provider and did not create medical records for family members. Their records are in the electronic medical records for other physicians. Dr. Srikisson did not bill for the services.
46. Approximately one year after the death of ██████, Dr. Srikisson lost a patient and her husband filed a complaint which led to the prior disciplinary process. As a result of that process, Dr. Srikisson undertook an Individual Practice Review which has been submitted to the Complaints Director. She has completed a medical records course, and the PROBE ethics and boundaries course.
47. Counsel for Dr. Srikisson reviewed the decisions from Ontario, and submitted that they were appropriate cases for comparison purposes. Although Dr. Srikisson has a prior disciplinary decision, the concerns differ from those that are before the Hearing Tribunal in this hearing. As such, this prior disciplinary matter should not be considered an aggravating factor.
48. Dr. Srikisson's circumstances involve a close family unit with cultural expectations. While she accessed Netcare with their permission, she did not consider herself to be their physician. Dr. Srikisson submits that the two months of actual suspension will be a personal and professional burden, as well as a burden for her small community and clinic.

VIII. ORDER AND REASONS FOR ORDER

49. Counsel for the Complaints Director and counsel for Dr. Srikisson made a Joint Submission as to an appropriate penalty. The Hearing Tribunal has discretion to accept or reject a joint submission. However, the law provides that the Hearing Tribunal should not depart from a joint submission unless the proposed penalty would bring the administration of justice into disrepute or is otherwise not in the public interest. The stringent nature of the public interest test when it is applied to discipline panels was explored in *Bradley v. Ontario College of Teachers*, 2021 ONSC 2303:

The public interest test in Anthony-Cook applies to disciplinary bodies. Any disciplinary body that rejects a joint submission on penalty must

apply the public interest test and must show why the proposed penalty is so 'unhinged' from the circumstances of the case that it must be rejected.

50. The fundamental principles underlying penalty orders include public protection and maintaining public confidence in the ability of the College to regulate the profession in the public interest. The penalty should act as a deterrent to the member and to the profession as a whole. The penalty should be proportionate to the conduct.
51. Dr. Srikisson provided medical care for █████ family members on multiple occasions over a number of years. A complaint was made in January 2018 by the former Complaints Director. Dr. Srikisson stopped providing medical care to family members in 2019. She treated family members for conditions which were not urgent where other health care professionals were available. In doing so, she acted in disregard for professional expectations and against the CMA Code of Ethics.
52. There is increased awareness in society relating to privacy issues, particularly with respect to electronic health records. There is a greater potential for private information to be accessed and confidentiality breached. The principles of confidentiality are not new to the profession. A strong message needs to be sent to the profession that inappropriate use of information in Netcare is a serious matter and will not be tolerated.
53. The Hearing Tribunal was concerned about the lack of awareness of the provisions in the *Health Information Act* governing the use of health information in Netcare. The provisions in section 56.5 are restrictive, and apply to physicians who access Netcare in their clinics. Permitted uses are strictly limited and include providing health services; determining or verifying the eligibility of an individual to receive a health service; carrying out any purpose authorized by an enactment of Alberta or Canada; or processing payment for health services. Dr. Srikisson's use of health information in Netcare did not fall within any of these categories.
54. The proposed sanctions did not address the need for additional education regarding the *Health Information Act*, and information in Netcare. The Hearing Tribunal determined the omission of an educational component relating to privacy and confidentiality of health information in Netcare did not meet the test for the rejection of a proposed penalty. Specifically, the proposed penalty was not so "unhinged" from the circumstances that it must be rejected.
55. The Tribunal considered Dr. Srikisson's submissions (para. 48) related to her family circumstances and cultural expectations. The Tribunal recognizes that our desire and expectations to assist family members reflect the inherent obligations associated with personal, individual commitments to others, and is not necessarily unique to one culture but is situated across cultures. Expectations related to personal commitments need not pose a significant

issue for physicians who are mindful of the alternatives when they seek to assist their family members in obtaining medical care. Dr. Srikisson made no submissions respecting any attempts to explore how she could aid her family and fulfill their requests without violating her obligations to her regulatory body.

56. In terms of mitigation, the Hearing Tribunal accepts that Dr. Srikisson has admitted to the Allegations and has taken responsibility for her actions. Dr. Srikisson was dealing with difficult family circumstances. Although Dr. Srikisson has a prior disciplinary decision with the College, the facts are not similar to ones that are being considered here.
57. The Hearing Tribunal reviewed previous decisions which had some similarities to that of Dr. Srikisson. The Hearing Tribunal recognizes that it can be guided by previous decisions, but each case will have unique facts which must be taken into account when determining the appropriate sanction.
58. In *Watrich, Re*, Dr. Watrich accessed the electronic health records of three people with whom she had no patient/physician relationship. Dr. Watrich was suspended for 60 days, with 30 days of active suspension and 30 days held in abeyance for six months, conditional on good behavior. She was required to pay for, attend and complete the Boundaries, Ethics and Professionalism course offered by the College of Physicians and Surgeons of British Columbia. Dr. Watrich was ordered to pay costs of \$22,232.59 related to the College's investigation and hearing.
59. In *Kolodenko, Re*, Dr. Kolodenko used Netcare between 2013 and 2015 to access the personal health information of a physician she was romantically involved with. To avoid a 30-day suspension, the Hearing Tribunal directed Dr. Kolodenko to complete additional privacy training and practise for 12 months without any further privacy incidents. She was ordered to reimburse the College for the costs of the investigation and hearing (\$10,706.24).
60. The Hearing Tribunal also reviewed decisions of the Discipline Committee of the College of Physicians and Surgeons of Ontario in *Raddatz, Esmond, Irvine and Hurmatov*.
61. Based on the Hearing Tribunal's review of all of these cases, the Hearing Tribunal finds that the proposed penalty falls within a reasonable range of penalties and is proportionate to the nature of the misconduct. Remediation is an important objective in this situation, and it is appropriate that Dr. Srikisson undertake the COAP Assessment.
62. The Hearing Tribunal hereby orders pursuant to section 82 of the HPA:
 - a. Dr. Srikisson's practice permit shall be suspended for a period of 3 months, of which 2 months are to be served starting on a date determined by the Complaints Director, with the additional 1 month of

the suspension to be held in abeyance pending fulfilment of the remaining terms of the sanction order;

- b. Dr. Srikisson shall, at her own cost, undertake and complete an assessment by Comprehensive Occupational Assessment for Professionals or an equivalent organization approved by the Complaints Director. If, as a result of the assessment, there are any recommendations, the Complaints Director will direct that they be addressed by Dr. Srikisson and monitored by the Physician Health Monitoring Program (PHMP); and
- c. Dr. Srikisson shall be responsible for 60% of the costs of the investigation and hearing, payable on terms acceptable to the Complaints Director.

Signed on behalf of the Hearing Tribunal by the Chair:

A handwritten signature in black ink, appearing to read 'Naz Mellick', with a stylized flourish at the end.

Ms. Naz Mellick

Dated this 29th of July 2022.