

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. JUNG HWA LEE

**DECISION OF THE HEARING TRIBUNAL OF  
THE COLLEGE OF PHYSICIANS  
& SURGEONS OF ALBERTA  
September 11, 2023**

## **I. INTRODUCTION**

1. The Hearing Tribunal held a hearing into the conduct of Dr. Jung Hwa Lee on June 21, 2023 at 9:00am. The members of the Hearing Tribunal were:

Dr. Ralph Strother of Calgary as Chair;  
Dr. Melanie Stapleton of Calgary;  
Mr. Kwaku Adu of Edmonton (public member);  
Ms. Barbara Rocchio of Edmonton (public member);

Ms. Natasha Egan acted as independent legal counsel for the Hearing Tribunal.

2. Appearances:

Ms. Stacey McPeek, legal counsel for the Complaints Director;  
Dr. Jung Hwa Lee;  
Ms. Taryn Burnett, legal counsel for Dr. Lee.

## **II. PRELIMINARY MATTERS**

3. There were no objections to the composition of the Hearing Tribunal or its jurisdiction to proceed with the hearing, and there were no other preliminary matters raised at the outset of the hearing.

## **III. CHARGES**

4. The Notice of Hearing listed the following allegations:
  - a. On or about June 19, 2020, you did access the personal health information record regarding ██████████ at the University of Calgary Student Wellness Services without an authorized purpose for doing so.

ALL OF WHICH is contrary to the *Health Information Act*, RSA 2000, c H-5 (the "HIA") and the Canadian Medical Association Code of Ethics and Professionalism (the "Code"), which amounts to unprofessional conduct under the *Health Professions Act* ("HPA").

5. Pursuant to the Agreed Statement of Facts set out below Dr. Lee admits that the allegations set out in the Notice of Hearing are factually proven.
6. Dr. Lee further admits that she did not have an authorized purpose for accessing the personal health information of ██████ on June 19, 2020.
7. Dr. Lee does not admit that this conduct amounts to unprofessional conduct under the HPA.

#### IV. EVIDENCE

8. The hearing proceeded based on the following evidence:
  - Exhibit 1 Agreed Exhibit Book, Tabs 1-5 (“Exhibit Book”)
  - Exhibit 2 Agreed Statement of Facts dated February 13, 2023 (“Agreed Statement of Facts”).
  - Exhibit 3 Updated Notice of Hearing dated April 6, 2023 (“Updated Notice of Hearing”).
9. No witnesses were called to testify.
10. The Exhibit Book contained the following Tabs:
  - Tab 1:** Notice of Hearing dated December August 26, 2022;
  - Tab 2:** Letter of Complaint from ■ dated March 4, 2021;
  - Tab 3:** WOLF EMR Audit Log for ■’s patient file June 19, 2020;
  - Tab 4:** Letter of response from Dr. Lee dated May 3, 2021;
  - Tab 5:** Certificate of Completion: CMPA Education Online – Privacy and Confidentiality, dated July 26, 2020.
11. The Agreed Statement of Facts set out the evidence as follows:
  - A. Background**
    - a. Dr. Lee obtained her Doctor of Medicine from McGill University in 2006.
    - b. Dr. Lee became a member of the CPSA in August 2012.
    - c. Since then, Dr. Lee has been a member of the CPSA in good standing.
    - d. Dr. Lee joined the University of Calgary Student Wellness Services medical clinic (the “Clinic”) as a contract physician in 2013.
    - e. Dr. Lee was employed at the Clinic until January 2021, when the Clinic notified her that her contract would not be renewed. She was also not scheduled for any shifts between September 2020 and January 2021.
  - B. Background and Context to the Complaints**
    - f. In June 2020, ■ was employed as a licensed practical nurse at the Clinic.
    - g. Dr. Lee was never involved in the clinical care of ■.

- h. In August 2019, the Clinic management advised that Clinic staff were not to use the Clinic for any booked appointments with physicians.
- i. On March 23, 2020, the Clinic was locked down due to University of Calgary policies and Government of Alberta health mandates related to the COVID-19 pandemic.
- j. During the lockdown, the Clinic sent regular reminders to staff that the Clinic had to remain closed due to the University of Calgary's policy.
- k. On June 15, 2020, Dr. Lee was advised that third party private pay immunization clinics for incoming medical students were to begin.
- l. Historically, the consultation fee for these clinics were shared equally among the physicians working in the office at the same time as the immunization clinics were going on.
- m. Dr. Lee and several other physicians inquired with the lead physician, Dr. Julie Hong, about how the fees for these clinics would be directed.
- n. Dr. Hong replied to the physicians that she was overseeing the forms and laboratory results but did not confirm how fees would be directed. When Dr. Lee and the other physicians inquired again, Dr. Hong did not respond.
- o. A group of physicians, including Dr. Lee, were concerned about changes that had been made unilaterally and requested a meeting to discuss the change to the billing policy, and to advocate for the reinstatement of in-person appointments for the students.
- p. While discussing with other physicians about their collective concerns, Dr. Lee became aware that Dr. Hong had run two days of Botox injection clinics for migraine patients, while the Clinic was on lockdown.
- q. Dr. Lee did not understand how or why Dr. Hong was able to work in the Clinic while it was closed to the rest of the physicians
- r. A physician's schedule is visible to all clinic staff on the EMR. When Dr. Lee reviewed Dr. Hong's schedule, she learned that several of the migraine patients included Clinic staff, despite the August 2019 direction.

### **C. June 19, 2020**

- s. Concerned that management was withholding information, Dr. Lee sought to examine the billing and scheduling information for a handful of patients.

- t. An EMR audit done by the University of Calgary showed that Dr. Lee accessed the medical chart of [REDACTED]. According to the audit, the access started at 5:39:43 pm and concluded at 5:39:59 pm.
- u. The audit trail revealed that "patient records," "vaccinations," and other submodules of [REDACTED]'s charts were accessed. The personal health information in the chart is inseparable from the scheduling and billing information.
- v. Dr. Lee made no copies of the personal health information.
- w. Dr. Lee:
  - i. did not disclose personally identifiable health information to anyone;
  - ii. does not recall any information related to [REDACTED] that might have been displayed; and
  - iii. did not print, record, or disseminate any of the information she accessed.

#### **D. Admission**

- x. Dr. Lee acknowledges that the Charge 1 in the Notice of Hearing, dated August 26, 2022 is factually proven.
  - y. Dr. Lee admits that she did not have an authorized purpose for accessing the personal health information record of [REDACTED] on June 19, 2020.
  - z. Dr. Lee **does not admit** that her conduct as outlined in Charge 1 in the Notice of Hearing and this Agreed Statement of Facts constitutes unprofessional conduct.
12. The Updated Notice of Hearing was entered into evidence with the confirmation that none of the charges contained therein were different from that contained at Tab 1 of the Exhibit Book. The only changes were to the date of the hearing and the date the Updated Notice of Hearing was signed.

#### **V. SUBMISSIONS**

##### **Complaints Director**

- 13. Ms. McPeek provided the Hearing Tribunal with written submissions on behalf of the Complaints Director dated June 20, 2023 ("Complaints Director's Written Submissions")
- 14. The Complaints Director's Written Submissions also contained an attached list of authorities as follows:

- Tab 1:** *Health Information Act, RSA 2000, c H-5;*
- Tab 2:** *Health Information Regulation, Alta Reg 70/2001;*
- Tab 3:** *Alberta College of Pharmacy v. Stanislaus, 2021 decision ("Stanislaus");*
- Tab 4:** *Kolodenko (Re), 2018 CanLII 31994 (AB CPSDC);*
- Tab 5:** CMA Code of Ethics and Professionalism;
- Tab 6:** *Health Professions Act, RSA 2000, c H-7;*
- Tab 7:** *Hodgson (Re), 2020 CanLII 86676 (AB CPSDC);*

15. Ms. McPeek argued that the question before the Hearing Tribunal is somewhat simplified because, to Dr. Lee's credit, she admits the conduct outlined in the charges as factually proven and admits that she did not have an authorized purpose for accessing the personal information of ■■■.
16. She submitted that the function of the Tribunal is to identify the standard of conduct that is expected for the profession and then apply that standard to the admitted conduct.
17. She prefaced her submissions by saying that she believes Dr. Lee and the Complaints Director are likely looking for some guidance about what the standard is.
18. Ms. McPeek drew the Tribunal's attention to the high standard set at s. 107 of the HIA which states, in part, that "no custodian shall knowingly gain or attempt to gain access to health information in contravention of this Act." Ms. McPeek further drew the Tribunal's attention to sections 60 and 25 of the HIA which further outlines specific standards for custodians. She submitted that the standard for custodians is even higher than the already high standard restricting access or attempts to access health information. Custodians also have an additional obligation to protect against unauthorized access.
19. Ms. Peek encouraged the Tribunal to consider *Stanislaus* for the principle that even where there is no ill intent, no dissemination of information and access is very brief, such access still amounts to professional misconduct.
20. With respect to the Code, Ms. McPeek noted that physicians are required to be aware of the legal and regulatory requirements that govern medical practice and that the HIA is such a requirement. Dr. Lee's motivation was personal and ultimately was at the expense of ■■■'s privacy. Rule 18 of the Code requires physicians to collect, use and disclose only as much health information as necessary to benefit the patient. Since the access should not have occurred, Rule 18 of the Code was also breached.
21. Finally, Ms. McPeek submitted that the definitions of professional misconduct defined in subsections 1(1)(pp)(ii) and (iii) of the HPA apply because Dr. Lee

both contravened a Code of Ethics (the Code) and another enactment that applies to the profession (the HIA).

22. The Complaints Director acknowledges that there are cases where an honest mistake is found to not be unprofessional conduct and, again, the Complaints Director is looking for guidance as to whether, in this instance, there is a different standard to apply.
23. Finally, although Dr. Lee did not have any ill intentions, both the HIA and the HPA are clear that a lack of ill intention does not justify access.
24. With respect to the additional cases, Ms. McPeck note that none deal with a breach of the HIA and that many outline more serious breaches. The Complaints Director is not unmindful that the breach could have been far worse but sanction may ultimately be where the severity of the conduct will rest.
25. The Complaints Director is looking for some guidance from the Tribunal about what ultimately constitutes unprofessional conduct if it is not that the HIA provisions are absolute.

#### **Dr. Lee**

26. Ms. Burnett provided the Tribunal with written submissions on behalf of Dr. Lee dated June 20, 2023 ("Dr. Lee's Written Submissions").
27. Dr. Lee's Written Submissions also contained an attached list of authorities as follows:

**Tab 1:** *Health Professions Act, RSA 2000, c H-7, s. 1(1)(pp)(ii) and (iii);*

**Tab 2:** *Datar, Re, 2016 CarswellAlta 2613 ("Datar");*

**Tab 3:** *Reid v College of Chiropractors of Ontario, 2016 ONSC 1041 ("Reid");*

**Tab 4:** *Moll v College of Psychologists v Alberta, 2011 ABCA 110 ("Moll");*

**Tab 5:** *DD v Wong Estate, 2019 ABKB 171 ("Wong Estate");*

**Tab 6:** *Jiwa, Re, College of Physicians and Surgeons of Alberta, November 26, 2020;*

**Tab 7:** *Hodgson, Re, College of Physicians and Surgeons of Alberta, September 14, 2020 ("Hodgson");*

**Tab 8:** *Watrich, Re, 2013 CarswellAlta 3025;*

**Tab 9:** *Stanislaus, Re, Alberta College of Pharmacy, October 25, 2021.*

**Tab 10:** *Ontario (College of Physicians and Surgeons of Ontario) v Di Paola, 2016 ONCPSD 48.*

**Tab 11:** *Kolodenko, Re, 2018 CarswellAlta 497.*

**Tab 12:** *College of Physical Therapists of Alberta v 162351, 2013 ABPACA 1.*

**Tab 13:** *Gareau v Larabie*, 2021 CanLII 34292.

**Tab 14:** *Zamora, Re*, College of Physicians and Surgeons of Ontario, December 15, 2017.

**Tab 15:** *Ontario (College of Physicians and Surgeons of Ontario) v Brooks*, 2016 ONCPSD 29.

28. Ms. Burnett agreed with Ms. McPeck that the issue in this case is whether or not the 16 seconds of access by Dr. Lee to ■■■'s medical chart amounts to unprofessional conduct.
29. She argued, in particular, that the Complaints Director's submission that accessing health information in contravention of the HIA is de facto unprofessional conduct, is not the law.
30. The Tribunal's attention was directed to the decisions cited in Dr. Lee's Written Submissions. Ms. Burnett noted that in *Datar* the Hearing Tribunal recognized that not every breach of a standard will constitute unprofessional conduct and that the determination is always contextual. She submitted that it is important for the Tribunal to recognize that this is the early days of Covid, that physicians at the clinic were working remotely and that the 16 seconds of access was in the context of billing issues at the clinic.
31. Ms. Burnett submitted that *Stanislaus* is distinguishable on many fronts including with respect to motivation. In that case, she argues, Mr. Stanislaus was attempting to dissuade the individual from submitting an insurance claim for a motor vehicle accident they had been involved in, which is not at all analogous to the facts that are before the Tribunal. Dr. Lee was not accessing ■■■'s medical records to exploit that information but rather to investigate billing practices. This is clear in the two-page audit log and the fact that the personal health information in the chart is inseparable from the scheduling and billing information.
32. Ms. Burnett directed the Tribunal's attention to Dr. Lee's response in Exhibit 1 where she states that she did not appreciate the other options available to her at that time to obtain the information she needed to address her concerns. There is no evidence before the Tribunal that Dr. Lee acted with an intent to infringe on ■■■'s privacy.
33. The *Reid* decision was cited by Ms. Burnett for the principle that a departure from the standards of the profession must be so significant that it constitutes professional misconduct. She cited *Moll* for the principle that it is not enough to find that certain questionable acts occurred but rather the circumstances under which they occurred and why, in their totality, they amount to misconduct, must be considered. She noted that in *Wong Estate* the Court stated that there is such thing as a reasonable mistake and that error alone does not attract liability.



34. Ms. Burnett cited *Hodgson* and noted that the Tribunal found in that case that the access to personal health information was minimal and that the information was not shared or exploited. She urged the Tribunal to give weight to the evidence around the context of Dr. Lee's access, that she acknowledged in hindsight that there was a better way to have gotten the information and that she regretted her actions.

## **VI. QUESTION FROM HEARING TRIBUNAL AND ADDITIONAL SUBMISSIONS FROM THE PARTIES**

35. Mr. Adu asked both counsel if they had found any cases where billing practices were considered in a context such as this even if it wasn't specifically in the case of a physician. Both counsel stated that they had not found any cases on point.
36. Mr. Adu noted that Ms. Burnett has submitted that Dr. Lee acknowledges that in hindsight there were other things she could have done to obtain the information. Mr. Adu inquired how, in particular, the uncertainty around Covid effected Dr. Lee and her ability to utilize the system that she should have used to obtain the information.
37. In response Ms. Burnett stated that, at the time, the clinic was shut down. She notes that in the normal course, Dr. Lee would have been in clinic and there would have been more opportunity to dialogue with complete staff. She notes that a lot of people have forgotten how scary Covid was at the outset and that, in that environment, physicians were working remotely from home. Clinicians were not around their colleagues to discuss these issues and were working in a bit of a vacuum.
38. Mr. Adu inquired what other methods Dr. Lee could have utilized from home. Ms. Burnett stated that the other method that could have been utilized would have required the matter to be channelled through someone else to investigate and that Dr. Lee could not have done it by herself at home.

## **VII. FINDINGS**

39. The Hearing Tribunal's task is to determine whether the allegations in the Updated Notice of Hearing are factually proven, to determine the standard of the profession expected in the factual circumstances and to decide whether, on a balance of probabilities, the conduct rises to the level of unprofessional conduct.
40. In fulfilling this task, the Hearing Tribunal is confined to considering the allegations set out in the Notice of Hearing.

*Was the conduct in question "factually proven"*

41. The allegations in this case relate to the specific conduct of Dr. Lee on June 19, 2020. The Hearing Tribunal considered whether the allegations were factually proven, as alleged in the Notice of Hearing.
42. The Hearing Tribunal reviewed and considered the evidence contained in the Exhibit Book and Agreed Statement of Facts, as well as the submissions of the parties.
43. Dr. Lee admits, and the evidence supports, that she did, on or about June 19, 2020 access the personal health information record of ■ without an authorized purpose for doing so. As such, the Tribunal finds that the allegations set out in the Updated Notice of Hearing are factually proven.

*Was the conduct in question in contravention of the HIA and/or the Code?*

44. The *Health Information Regulation*, Alta Reg 70/2001 designates a custodian, in part, as follows:

**Custodians designated**

2(2) For the purposes of 1(1)(f)(ix) of the Act, the following are designated as custodians:

...

- (i) regulated members of the College of Physicians and Surgeons of Alberta;

45. The relevant portions of the HIA are as follows:

**Prohibition re use of health information**

25 No custodian shall use health information except in accordance with this Act.

...

**Use of individually identifying health information**

27(1) A custodian may use individually identifying health information in its custody or under its control for the following purposes:

- (a) providing health services;
- (b) determining or verifying the eligibility of an individual to receive a health service;
- (c) conducting investigations, discipline proceedings, practice visits or inspections relating to the members of a health profession or health discipline;
- (d) conducting research or performing data matching or other services to facilitate another person's research;
  - (i) if the custodian or researcher has submitted a proposed research protocol to a research ethics board in accordance with section 49;
  - (ii) if the research ethics board is satisfied as to the matters referred to in section 50(1)(b);
  - (iii) if the custodian or researcher has complied with or undertaken to comply with the conditions, if any, suggested by the research ethics board, and
  - (iv) where the research ethics board recommends that consents should be obtained from the individuals who are the subjects of the health information to be used in the research, if those consents have been obtained;
- (e) providing for health services provider education;
- (f) carrying out any purpose authorized by an enactment of Alberta or Canada;
- (g) for internal management purposes, including planning, resource allocation, policy development, quality improvement, monitoring, audit, evaluation, reporting,

obtaining or processing payment for health services and human resource management.

...

**Duty to protect health information**

60(1) A custodian must take reasonable steps in accordance with the regulations to maintain administrative, technical and physical safeguards that will:

- (a) protect the confidentiality of health information that is in its custody or under its control and the privacy of the individuals who are the subjects of that information,

...

- (c) protect against any reasonably anticipated
  - (i) threat or hazard to the security or integrity of the health information or of loss of the health information, or
  - (ii) unauthorized use, disclosure or modification of the health information or unauthorized access to the health information
- (d) otherwise ensure compliance with this Act by the custodian and its affiliates.

...

**Offences and penalties**

107(2) No person shall knowingly:

- (a) collect, use, disclose or create health information in contravention of this Act,
- (b) gain or attempt to gain access to health information in contravention of this Act,

...

46. The relevant portions of the Code are as follows:

"The CMA Code of Ethics and Professionalism articulates the ethical and professional commitments and responsibilities of the medical profession. The Code provides standards of ethical practice to guide physicians in fulfilling their obligation to provide the highest standard of care and to foster patient and public trust in physicians and the profession"

...

"Physicians should aspire to uphold the virtues and commitments in the Code, and they are expected to enact the professional responsibilities outlined in it."

...

"Physicians should be aware of the legal and regulatory requirements that govern medical practice in their jurisdictions."

**B. FUNDAMENTAL COMMITMENTS OF THE MEDICAL PROFESSION:**

**Commitment to respect for persons**

Always treat the patient with dignity and respect the equal and intrinsic worth of all persons.  
Always respect the autonomy of the patient.  
Never exploit the patient for personal advantage.

...

**C. PROFESSIONAL RESPONSIBILITIES:**

...

**PHYSICIANS AND THE PRACTICE OF MEDICINE****Patient privacy and the duty of confidentiality**

18. Fulfill your duty of confidentiality to the patient by keeping identifiable patient information confidential; collecting using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient and within the patient's circle of care. Exceptions include situations where the informed consent of the patient has been obtained for disclosure or as provided for by law.
- ...
20. Recognize and manage privacy requirements within training and practice environments and quality improvement initiatives, in the context of secondary uses of data for health system management, and when using new technologies in clinical settings.
47. Dr. Lee admits, the evidence supports and the Tribunal finds, that at the time Dr. Lee accessed the personal health information record of ■■■, Dr. Lee was a Regulated Member of the College of Physicians and Surgeons of Alberta and therefore a custodian under s. 2(2) of the Alberta *Health Information Regulation*.
48. There is no evidence that Dr. Lee accessed the personal health information record of ■■■ with a reasonable medical indication for doing so or for the provision of care or emergency.
49. With respect to section 27(1) of the HIA, Dr. Lee admits, and the evidence supports that she did not access the personal health information of ■■■ for an authorized purpose within the HIA. She did so for matters of a private dispute within the clinic medical practice. Furthermore, Dr. Lee, on the basis of evidence presented, was not in a role in the Clinic where her duties would intersect with the use of private information for the exceptions listed under s. 27(1)(g).
50. The Tribunal finds that in accessing the personal health information record of ■■■ in these circumstances, Dr. Lee is clearly in breach of her obligation under s. 60 of the HIA to take reasonable steps to maintain safeguards protecting the confidentiality of health information under her control and the privacy of ■■■ who was the subject of that health information, as well as her obligation to protect against the unauthorized use of ■■■'s health information or unauthorized access to ■■■'s health information.
51. Similarly, the Tribunal finds that Dr. Lee clearly breached her obligation under s. 107 of the HIA in that she both used and gained, or attempted to gain, access to ■■■'s health information in contravention of the HIA.
52. With respect to the Code, the Tribunal finds that although ■■■ was not Dr. Lee's patient, ■■■ was a patient of Dr. Lee's clinic. The Tribunal finds that Dr. Lee's conduct was in breach the Code. In particular:

- a. Dr. Lee's actions breached her commitment to the medical profession by failing to respect the autonomy of the clinic's patient and exploiting the patient's privacy for personal gain; and
- b. Under Rule 18, Dr. Lee accessed ■■■'s personal health information record more than was necessary (since no access was necessary) for a reason that did not benefit ■■■ and without ■■■'s consent.

Is the breach of the Code and HIA a contravention of s. 1(1)(pp)(i) and (ii) of the HPA

53. Sections 1(1)(pp)(i) and (ii) of the HPA read as follows:

**Interpretation**

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;

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

54. Council of the CPSA has adopted the Code in accordance with s. 133 of the HPA and the College bylaws. As set out above, the Tribunal finds that Dr. Lee contravened the Code. The Tribunal therefore finds that Dr. Lee falls squarely within the definition of unprofessional conduct under s. 1(1)(pp)(i) of the HPA.
55. As a custodian, the HIA is directly applicable to Dr. Lee and all other members of the profession. In contravening the HIA, Dr. Lee falls squarely within the definition of unprofessional conduct under s. 1(1)(pp)(ii) of the HPA.

Did the contravention under s. 1(1)(pp)(ii) and (iii) of the HPA rise to the level of professional misconduct?

56. The case law provided was reviewed. Many of the cases cited were decided in the context of negligence rather than the HIA or were not otherwise applicable. The Tribunal acknowledges Dr. Lee's arguments with respect to *Hodgson* but notes that in *Hodgson* the Tribunal clearly found that the access, in addition to being brief, minimal and not intended to cause harm, was also unintentional.
57. Dr. Lee did not unintentionally access the personal health information record of ■■■, nor did she do so in error.

58. Dr. Lee admits that she intentionally accessed the personal health information record of ■■■ to obtain information in a personal investigation into matters that were of a private dispute. In so doing, Dr. Lee exhibited not only poor judgment but also knowingly contravened the HIA and the Code.
59. The Tribunal finds that, on the evidence provided and the facts of this particular case, the actions of Dr. Lee did rise to the level of professional misconduct under the HPA.

### **VIII. DECISION WITH REASONS**

60. The specific facts and evidence provided to the Tribunal were carefully considered.
61. The Tribunal finds that the Agreed Statement of Facts and additional evidence supports that Dr. Lee did access the personal health information record of a member of the public, not under her care, with no mitigating reasons in contravention of the HIA and the Code.
62. The Tribunal finds that the Complaints Director has met the burden of proving that Dr. Lee's breach of the HIA and the Code, on a balance of probabilities, rises to the level of professional misconduct under the HPA.

### **IX. ORDERS**

63. As a result of the Tribunal's finding of unprofessional conduct against Dr. Lee, the Hearing Tribunal will need to determine what, if any, orders it will make pursuant to section 82 of the HPA.
64. The Tribunal will receive submissions on penalty from the parties. The Tribunal requests that the parties discuss the timing and method of providing submissions on penalty to the Tribunal and write to the Hearing Director with the proposal for making submissions on sanction.
65. If the parties are unable to agree on a proposed procedure and timing, the Tribunal will make further directions on this point.

Signed on behalf of the Hearing Tribunal by the Chair:



Dr. Ralph Strother

Dated this 11<sup>th</sup> day of September, 2023.