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. OMATSEYE EDEMA

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

June 22, 2026

I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Dr. Omatseye Edema on May 13, 2026. The members of the Hearing Tribunal were:

   Dr. Kimberley Myers as Chair;
   Dr. Marelise Kruger;
   Mr. David Rolfe (public member);
   Mr. Don Wilson (public member).

2. Appearances:

   Ms. Elizabeth Ulmer, legal counsel for the Complaints Director;
   Dr. Omatseye Edema (the "Investigated Member");
   Mr. Fred Kozak acted as independent legal counsel for the Hearing Tribunal.

II. PRELIMINARY MATTERS

3. Neither party objected to the composition of the Hearing Tribunal or its jurisdiction to proceed with the hearing. There were no matters of a preliminary nature.

III. CHARGES

4. The Notice of Hearing listed the following allegations:

   1. On or about May 31, 2024 the Investigated Member issued a prescription for his patient [redacted], a resident of Florida, for Domperidone 10 mg for a supply of 200 days to be dispensed by a British Columbia based business operating as Price Pro Pharmacy, and in doing so he failed to comply with the College of Physicians & Surgeons of Alberta (CPSA) Standards of Practice, particulars of which include one or more of the following:

      a. Failing to create a patient record to provide the clinical basis for his decision to prescribe the medication contrary to Sections 1 and 2 of the CPSA Standard of Practice on Patient Record Content;

      b. Failing to confirm that the prescription issued was being transmitted to a licensed pharmacy contrary to section 3 of the CPSA Standard of Practice on Prescribing Administration; and

      c. Providing virtual care to patient [redacted] without complying with the CPSA Standard of Practice on Virtual Care, including sections 6, 8, 9, 10, 12, and 13.

IV. EVIDENCE

5. The hearing proceeded based on the Admission and Joint Submission Agreement of May 8, 2026 ("Joint Submissions") and the Agreed Exhibit book ("Exhibit Book") attached as Schedule "A". No witnesses were called to testify.

6. The Hearing Tribunal reviewed the Joint Submission and Exhibit Book agreed to by both parties. These documents set out the party's agreement as follows:

   a) The Complaints Director initiated a complaint pursuant to s. 56 of the *Health Professions Act* dated December 5, 2024 (the "Complaint").

   b) The Complaints Director directed an investigation be conducted into the Complaint.

   c) After completion of the investigation, the Complaints Director determined that there was sufficient evidence of unprofessional conduct by the Investigated Member to refer the matter to a hearing before a Hearing Tribunal.

   d) A Notice of Hearing dated February 9, 2026 was issued by the Hearings Director for a hearing commencing on May 13, 2026 and the Notice of Hearing was served on the Investigated Member through his CPSA physician portal.

   e) The Investigated Member admitted to the allegations in the Notice of Hearing as true and that such conduct amounts to unprofessional conduct and he made these admissions in accordance with Section 70 of the *Health Professions Act*.

   f) The Complaints Director and the Investigated Member reached an agreement on terms for an Admission and Joint Submission to present to the Hearing Tribunal.

   g) The Complaints Director and the Investigated Members have agreed upon a joint submission on penalty to present to the Hearing Tribunal.

   h) The Investigated Member was advised and is aware of his right to seek independent legal advice regarding referral of this matter to a hearing before a Hearing Tribunal as well as the contents and terms of the Admission and Joint Submission.

   i) The Investigated Member confirms that, notwithstanding having had an opportunity to obtain independent legal advice, he desires to proceed without legal representation at the hearing of this matter and was agreeable to the terms of the Admission and Joint Submission.

j) The Investigated Member acknowledges and understands that the joint submission presented to the Hearing Tribunal is not binding on the Hearing Tribunal.

7. The Exhibit Book contained the following documents, all of which were considered by the Hearing Tribunal in its deliberation of this matter:

a) Notice of Hearing dated February 9, 2026

b) Section 56 Complaint with enclosures, dated December 5, 2024

c) Investigated Member Response to Complaint with enclosures, dated February 15, 2025

d) Letter to Investigated Member requesting complete chart for patient [redacted] dated April 17, 2025

e) Patient record of [redacted]

f) Letter to Investigated Member requesting additional records, dated May 13, 2025

g) Email from Investigated Member providing additional records, dated May 27, 2025

h) Additional records from Investigated Member

i) Communication with College of Pharmacists of British Columbia, dated July 2025

j) Transcript of Interview of Investigated Member, dated July 30, 2025

k) CPSA Investigator Memo, dated August 20, 2025

l) Letter to Investigated Member of referral of matter to Hearing Legal Referral Process, dated September 18, 2025

m) Response of Investigated Member to Hearing Legal Referral notice, dated October 9, 2025

n) CPSA Standards of Practice – Patient Record Content

o) CPSA Standards of Practice – Prescribing Administration

p) CPSA Standards of Practice – Virtual Care

V. SUBMISSIONS

Complaints Director

8. Ms. Ulmer, on behalf of the Complaints Director, introduced the facts that led to the Joint Submission and Admissions and entered the Admission and Joint Submission Agreement as Exhibit 1 and the Agreed Exhibit Book as Exhibit 2.

9. Ms. Ulmer specifically drew the Tribunal's attention to Tabs 2, 3, 5, 7, 9, 12, 13, 14, 15 and 16 of the Exhibit Book which indicated as follows:

a) Document Number 2: The Complaints Director initiated a Complaint against the Investigated Member that his conduct was believed to constitute unprofessional conduct in that:

   i. He remotely prescribed Domperidone to a resident of Florida with the prescription forwarded to an online pharmacy based in British Columbia to be filled before being sent to the patient in Florida, and

      1. Domperidone is restricted by the U.S. FDA and would otherwise require a U.S. physician to apply for special authorization on behalf of patients who meet certain criteria, and

      2. the patient was hospitalized and diagnosed with cardiac arrhythmia, and

   ii. the Investigated Member made statements of advertisement on the website for the "Cucumber Health Virtual Medical Clinic" for which the Investigated Member is described as the clinic's Medical Director and the only physician otherwise identified, and that these statements are contrary to the CPSA's "Virtual Care" Standard of Practice.

b) Document Number 3: The Investigated Member responded to the Complaint as follows:

   i. Regarding the advertisement on the Cucumber Health Virtual Medical Clinic website:

      1. The Investigated Member had never intended to suggest that he provided medical care to patients worldwide without adhering to jurisdictional licensing requirements but rather aimed to indicate that he might provide care to international visitors who are physically in Canada and require medical attention.

      2. To ensure clarity and compliance with CPSA's Virtual Care Standard of Practice, he corrected his website statements to explicitly clarify that he does not routinely treat international patients outside of Canada, removing any potentially misleading statements that could suggest that he provides unrestricted global telemedicine services.

      3. He remains fully committed to aligning his practice with CPSA standards and welcomes additional guidance on best practices for virtual care advertising.

ii. Regarding the Domperidone prescription to [redacted]:

1. The Investigated Member sincerely appreciates that the CPSA brought this matter to his attention.

2. He wishes to clarify that he was not intentionally engaging in the direct prescription of medication to U.S. residents.

3. He understood that he had been requested by Price Pro Pharmacy to review and verify prescriptions that were already initiated by U.S physicians.

4. He was under the impression that his role was to conduct an administrative safety review of prescriptions that had already been issued by U.S. physicians.

5. He believed that since these patients had been seen, assessed and prescribed treatment by a licensed U.S. physician, his role was merely to verify the appropriateness of the medication before it was dispensed in Canada.

6. He was not aware that this constituted a violation of CPSA regulations regarding virtual care and prescribing to non-residents.

7. He now understands the jurisdictional limitations on his practice and acknowledges the error in his interpretation.

iii. Since learning of the Complaint, the Investigated Member ceased all involvement with Price Pro Pharmacy as of January 17, 2025.

iv. The Investigated Member contacted the patient [redacted] to gain further insight into her history with Domperidone. The patient indicated that they have a medical exemption letter on file in their clinic allowing them to receive Domperidone. The patient provided a copy of the original prescription from their U.S. gastroenterologist which was attached for review.

v. The Investigated Member states that he has repeatedly requested the patient chart notes from Price Pro Pharmacy to provide additional documentation but did not receive a response and no longer had access to the Pharmacy's electronic medical record system.

vi. The Investigated Member states that he takes this matter very seriously and is deeply committed to working with the CPSA to ensure full compliance with regulatory guidelines. He sincerely regrets this misunderstanding and has taken measures to prevent recurrence,

including ceasing all prescription review activities for non-Alberta patients, revising his website to eliminate any ambiguity about his virtual practice, reviewing the CPSA Standards of Practice on Virtual Care and Prescribing to strengthen his compliance and is open to taking any remedial training or courses as recommended by the CPSA to reinforce proper regulatory compliance. He appreciates the opportunity to provide his response and rectify any missteps.

c) Documents #5 & 7: the patient records submitted include:

i. the electronic prescription by the Investigated Member for patient [redacted] for Domperidone:

ii. the Price Pro Pharmacy page for the medical profile for patient [redacted] indicating the medications that the patient is actively taking, including Domperidone, as well as Reviewing Prescribers, both U.S. and Canada, which includes the name of the Investigated Physician although this physician's name is crossed off:

iii. the Price Pro Pharmacy page for Comments for patient [redacted] with a SOAP note by the Investigated Physician indicating that the patient has been prescribed Domperidone by her USA doctor and is looking to get medication from a Canadian pharmacy and needs a Canadian doctor to authorize the prescription, that the Investigated Member verified that the prescription was from a U.S. doctor, that there was no contraindication to use of this medication noted, and that the prescription was approved. This note is electronically signed and dated by the Investigated Physician;

iv. A photograph of the original prescription for Domperidone signed by a U.S physician with an electronic confirmation of completing the prescription, with a notation of first fill of Domperidone 10 mg 3 times a day May 31, 2024, a refill of Domperidone 10 mg 3 times a day September 13, 2024, and next fill December 22, 2024.

d) Document #9: The B.C. College of Pharmacists confirmed that Price Pro Pharmacy is not a registered pharmacy within the organization.

e) Document #12: CPSA Letter notifying the Investigated Member that following the preliminary Investigation Report, the Complaint is referred to the Hearing Legal Referral process.

In his Analysis, the Complaints Director noted that:

i. Regarding the issue of Advertisement of Cucumber Health Virtual Medical Clinic, the CPSA Virtual Care Standard of Practice states that:

1. The regulated member providing virtual care must first ensure they have a physical clinic, or an agreement with a physical clinic, within reasonable travel proximity of the patient, to fulfill the need for in-person care when appropriate, required, or requested by the patient, and

2. A regulated member must not prescribe opioids or other controlled medications to patients unless:

    a. They have examined the patient in person;

    b. They have a longitudinal treating relationship with the patient; or

    c. They are in direct communication with another regulated health professional who has examined the patient.

ii. Cucumber Health is registered at a private residence in Calgary, and the Investigated Member stated that this residence is only used as a mail location, housing no medical equipment, and he does not see patients here.

iii. The Advertisement of the Clinic from the Summary of Evidence was not aligned with the Standard of Practice, specifically, that they would prescribe opioids without examining the patient or having a direct line of communication to the prescribing physician, and that the Advertisement indicates that they treat patients anywhere in the world.

iv. Following the revision to the webpage by the Investigated Member to bring it in line with the Standard of Practice, a recent CPSA review showed that the statements regarding opioid prescriptions had been amended to include a full discussion of opioid prescriptions in virtual care settings and referenced the relevant SOP. Further, the disclaimer was added that the Clinic's virtual medical services were only provided to residents of Alberta by licensed Alberta healthcare providers, and that patients residing outside of Alberta may not be eligible for certain clinical services.

v. The Investigated Member had stated that he had agreements in place with various physicians to see patients in person should the need arise; these individuals were contacted by the Investigator, and they confirmed the existence of this arrangement.

vi. Regarding the issue of the Domperidone prescription for patient [redacted], the CPSA Virtual Care Standard of Care states that, in addition to the previously stated requirements:

1. The regulated member providing virtual care must be aware of and comply with licensing requirement of the jurisdiction in which the patient is located;

2. The regulated member providing virtual care across the Alberta border must ensure they have appropriate liability insurance to provide care across jurisdictions.

vii. Regarding the issue of the Domperidone prescription for patient [redacted], the CPSA Prescribing Administration Standard of Care states:

1. The regulated member who transmits a prescription must ensure the transmission for the purpose of dispensing can only be received by the intended licensed pharmacy.

viii. The sequence of events related to the prescribing of Domperidone was accepted and included that the Investigated Member was contacted by an unlicensed BC online pharmacy, Price Pro, to fulfill longstanding Domperidone prescription for a patient [redacted] who was a resident in Florida.

ix. The Investigated Member stated that, prior to signing the prescription, he verified that the patient had an exemption, required for U.S. Domperidone prescriptions, from a U.S. physician. Through the course of the investigation, the Investigated Member later confirmed that he had not in fact received the exemption.

x. The Complaints Director concluded that the evidence supports that the Investigated Member:

1. Did not assess the patient or communicate with the patient's physician;

2. Did not review sufficient medical history as required, including not confirming the Domperidone exemption;

3. Transmitted the prescription to an unlicensed pharmacy;

4. Did not provide a physical location within proximity to the patient;

5. Did not provide evidence of having had appropriate liability insurance.

xi. The Complaints Director put forward his preliminary findings as follows:

1. The evidence supports that at the time of the Complaint:

a. Cucumber Health advertised services in contravention of CPSA's Virtual Care SOP;

b. The Investigated Member prescribed Domperidone to a U.S. resident in contravention to the CPSA's Prescribing Administration and Virtual Care SOP.

f) Document #13: The Investigated Member's Response to the HLR Notice:

i. The Investigated Member acknowledged that the issue of the Domperidone prescription fell below the CPSA standards and regretted his lapse in judgment, and that he has ceased all such activity since January 17, 2025, audited his processes, and implemented robust controls to prevent any recurrence.

ii. The Investigated Member has removed or corrected statements that could imply global telemedicine access from his website and added an explicit Controlled Drugs policy and links to the CPSA SOP for Virtual Care.

iii. The Investigated Member stated that he now maintains a strict Alberta-only scope, location verification, pharmacy license verification, hard stop on cross-border prescribing/authorization and CMPR confirmation of coverage for his actual scope of practice.

iv. The Investigated Member requested resolution via Advice and/or a Binding Undertaking rather than a referral to a Hearing Tribunal.

g) Documents # 14, 15 & 16: CPSA Standards of Practice, Patient Record Content, Prescribing Administration, Virtual Care.

10. Ms. Ulmer directed the Tribunal's attention next to the Admission and Joint Submission, Exhibit 1, which acknowledges the events leading to this hearing and that the Investigated Member admits the allegations are true and constitute unprofessional conduct.

11. Ms. Ulmer noted that the Tribunal has been provided with a short Brief of Law, previously shared with the Investigated Member, which briefly outlines the legal principles and considerations applicable when a tribunal is asked to accept an agreed admission and joint submission. Specifically, a decision-maker should not depart from a joint submission unless a proposed penalty would bring the administration of justice into disrepute or otherwise be contrary to the public interest. For a joint submission to be possible, parties require confidence that they will be accepted.

Investigated Member

12. The Investigated Member confirmed that he had entered into the agreement voluntarily and with full understanding of its terms.

13. The Investigated Member acknowledged that his actions in this matter fell below the standards expected of him as a physician regulated by the CPSA.

14. The Investigated Member deeply regrets his error in judgment in this case and the concerns it created.

15. The Investigated Member takes full responsibility for his actions, and remains fully committed to safe, ethical and compliant medical practice going forward.

VI. DECISION OF THE HEARING TRIBUNAL

16. The Hearing Tribunal deliberated on whether, on a balance of probabilities, the Investigated Member is guilty of allegations 1(a), 1(b), and 1(c), as laid out in the Notice of Hearing. The Hearing Tribunal carefully reviewed and considered the documents contained in Exhibits 1 and 2 and the submissions of both parties.

17. As set out above, the Investigated Member admitted to these allegations and that his conduct represents unprofessional conduct under s. 70(1) of the HPA.

18. The Hearing Tribunal finds that allegations 1(a), 1(b) and 1(c) in the Notice of Hearing are factually proven and that the evidence does support the Investigated Member's admission on a balance of probabilities.

19. The Tribunal also finds that the Investigated Member's conduct constitutes unprofessional conduct under s. 1(1)pp(ii) of the HPA.

20. Allegation 1(a) states that the Investigated Member failed to adequately create a patient record to provide the clinical basis for his decision to prescribe Domperidone in contravention of the CPSA's Standard of Practice – Patient Record Content. This standard states that a regulated member who provides assessment, advice and/or treatment to a patient must document the presenting concern, relevant findings, assessment and plan. The Investigated Member did not assess the patient, nor review sufficient medical history as required. The Investigated Member did not consider his role as extending beyond verifying the appropriateness of the medication before it was dispensed. The Investigated Member did not review sufficient medical history as required, including confirming the Domperidone exception.

21. Given this evidence, and the fact that the Investigated Member is not denying that the allegation 1(a) is true, the Hearing Tribunal has determined that this allegation is proven on a balance of probabilities.

22. Allegation 1(b) states that the Investigated Member failed to confirm that the prescription issued was being transmitted to a licensed pharmacy in contravention of the CPSA's Standard of Practice – Prescribing Administration. This standard states that a regulated member must ensure that the transmission for the purpose of dispensing can only be received by the intended *licensed* pharmacy. The Investigation demonstrated that this pharmacy was not a registered or licensed pharmacy within the B.C. Registry of Pharmacists. The Investigated Member did not verify that Price Pro Pharmacy was a licensed pharmacy before entering into a relationship with the pharmacy.

23. Given this evidence, and the fact that the Investigated Member is not denying that the allegation 1(b) is true, the Hearing Tribunal has determined that this allegation is proven on a balance of probabilities.

24. Allegation 1(c) states that the Investigated Member failed to provide virtual care to patient [redacted] in contravention of the CPSA's Standard of Practice – Virtual Care. This standard states that a regulated member providing virtual care must first ensure they have a physical clinic, or an agreement with a physical clinic within reasonable travel proximity of the patient, to fulfill the need for in-person care when appropriate, required or requested by the patient. The regulated member providing virtual care must create, maintain and provide a copy of the patient's medical record in accordance with the SOP and must perform an appropriate assessment of the patient prior to initiating treatment. The regulated member must not prescribe opioids or other controlled medications to patients unless they have examined the patient in person, or have a longitudinal treating relationship with the patient, or are in direct communication with another regulated health professional who has examined the patient. The Investigation demonstrated that this was a U.S. patient and there was no appropriate physical clinic or agreement with a physical clinic in place for this patient. The Investigated Member did not perform an appropriate assessment of the patient prior to initiating treatment and considered their role solely to verify the appropriateness of the medication dispensed. The Investigated Member prescribed a controlled substance without verifying that there was an exemption in place for the Domperidone as required in the U.S. Further, at the time of the Complaint, the website of the Investigated Member did indicate that he would prescribe opioids without examining the patient or having a direct line of communication to the prescribing physician, and also that he would treat patients anywhere in the world.

25. Given this evidence, and the fact that the Investigated Member is not denying that allegation 1(c) is true, the Hearing Tribunal has determined that this allegation is proven on a balance of probabilities.

26. The Hearing Tribunal took note that the admission by the Investigated Member formed part of the Joint Submission Agreement between the Complaints

Director and the Investigated Member. The Hearing Tribunal respects such agreements and found no reason to interfere with the Admissions.

27. The Hearing Tribunal then considered whether the conduct admitted to was unprofessional. Given that s.1(1)pp(ii) of the HPA includes conduct that contravenes standards of practice, and as detailed above, it has been proven that the Investigated Member breached three of the CPSA's Standards of Practice, the Hearing Tribunal finds that the conduct admitted to constitutes unprofessional conduct.

28. The parties were informed that the Hearing Tribunal accepted the Admissions as proven and agreed that the conduct was unprofessional. The parties were invited to make submissions on sanctions.

VII. SUBMISSIONS ON SANCTION

Complaints Director

29. Ms. Ulmer, on behalf of the Complaints Director, reviewed the proposed sanction. The sanctions proposed by the parties are as follows:

    a) The Investigated Member shall receive a written reprimand in the form of a copy of this Tribunal's written decision;

    b) The Investigated Member shall provide the Complaints Director with evidence that he has successfully completed, at his own expense, a record keeping course acceptable to the Complaints Director, within a 12-month period of the Tribunal's written decision;

    c) The Investigated Member shall provide the Complaints Director with evidence that he has successfully completed, at his own expense, the PBI Risk Management Essential Extended Course (RM-10 Extended), within 6 months of the Tribunals' written decision, or another date acceptable to the Complaints Director.

30. Ms. Ulmer directed the Hearing Tribunal to a number of cases that support that the penalty agreed to by both parties is reasonable, proportionate and consistent with prior decisions. Although directly relevant cases were not identified, three cases with previous CPSA decisions involving similar considerations with respect to proposed penalty were highlighted.

    a) In *Adebayo*, agreed sanction for breaching SOP related to documentation of adequate history and patient examination and inappropriate Botox prescription included a reprimand and completion of a record-keeping course.

    b) In *Wardell*, agreed sanction for breaching SOP related to telemedicine (comparable to virtual medicine), failure to see patients, failure to

document appropriate medical history, inappropriate medical authorization of cannabis and potential contraindication of patients receiving that treatment, included a 12-month physician health monitoring program, and payment of 20% of the costs of the hearing and investigation.

c) In *Botha*, agreed sanction for breaching SOP related to records keeping and failure to respond to a patient request for records, and failure to respond to the CPSA included a 60-day suspension, fine and costs, record-keeping course, and full independent practice review program following completion of that record course.

d) In *Khan*, agreed sanctions for cosigning prescriptions for two B.C. pharmacies by an Ontario Investigated Member, and providing blank signed prescription forms to patients to use for self-prescribing, included a reprimand, 3-month suspension, completion of an ethics course, and up to $6,000 in costs.

e) In *Gore*, agreed sanctions for a physician who cosigned prescriptions for non-patients as well as animals, included a reprimand and $6000 in costs.

31. Ms. Ulmer stated that these cited cases address more substantial and serious conduct that is at issue with this Hearing. This is reflected in the penalty range agreed to by the Complaints Director and the Investigated Member. No costs are being sought, nor any fine. It is limited to the record-keeping course, risk management course and a reprimand.

32. Ms. Ulmer stated that the sanction is aimed at both deterrence as well as general practice improvement.

33. Ms. Ulmer also highlighted the factors which a Hearing Tribunal may consider when deciding on sanction as set out in Jaswal v. Newfoundland Medical Board, (1996), 42 Admin L.R> (2d)233. Ms. Ulmer made the following submissions with respect to the factors from Jaswal:

a) With respect to the nature and gravity of the unprofessional conduct, they are sufficiently serious given the global context to providing virtual care and cosigning prescriptions for patients not seen and in foreign jurisdictions.

b) The Investigated Member has been a practitioner for 12 years in Alberta and has substantial experience in practice, and ought to have been aware of the CPSA standards of practice.

c) There are no prior complaints or findings of unprofessional conduct against the Investigated Member, a factor in his favour.

d) The Investigated Member has acknowledged his conduct and cooperated with the investigation which is a mitigating factor.

34. Ms. Ulmer highlighted the need to promote deterrence to protect the public and uphold professional standards, especially in looking at the global context of provision of virtual care and the potential for such boundaries to become blurred. It is critical that the CPSA maintain its ability to govern and uphold the standards of the profession in these matters.

35. Ms. Ulmer submitted that the Investigated Member has acknowledged his conduct, participated fully in the process, and made changes to his practice as a result.

Investigated Member

36. The Investigated Member indicated that he was in agreement with, and accepting of, the joint penalty submissions.

37. The Investigated Member notes that he appreciates the opportunity, a painful one for him, but one which he has learnt from, and going forward will be more careful with his practice and try to continually improve to see that his practice adheres to the CPSA standards of practice.

VIII. FINDINGS AND DECISION ON SANCTIONS

38. The Hearing Tribunal adjourned to carefully consider the submissions of the parties and the factors that are typically considered when determining sanction in the professional regulatory context. Sanctions must be in the public interest and are designed to protect the public from unprofessional conduct by regulated members. Both deterrence and rehabilitation are relevant factors to consider in determining whether a proposed sanction is appropriate and in the public interest.

39. The Hearing Tribunal respects that significant deference is to be given to the Joint Submissions. It is the view of the Tribunal that the sanctions proposed will not bring the administration of justice in the professional regulatory context into disrepute.

40. The Hearing Tribunal agrees with Ms. Ulmer's review of the *Jaswal* factors as they relate to this instance and agrees that the weight she suggests be given to each of those reviewed as appropriate. Further to these factors, the Tribunal considered that the length of time that the misconduct occurred was brief with relatively isolated instances, and that the extent of harm caused to the patient was not egregious. The Tribunal notes that the Investigated Member was practicing without appropriate liability insurance, with the potential of far worse outcomes than occurred in this instance.

41. The Tribunal is of the opinion that the proposed sanctions fall within the range of acceptable sanctions having regard to the factors set out in *Jaswal*, the

relevant Standards of Practice, the caselaw provided, and the Investigated Member's admitted conduct.

42. The proposed sanctions can be summarized as a reprimand and two educational and practice improvement measures. Both parties agree that the written decision would serve as a reprimand.

43. The Tribunal is of the view that the proposed sanctions emphasize rehabilitation rather than punishment or deterrence. It should be noted that in the absence of a joint sanction agreement, the Tribunal would have been disposed to see proposed sanctions include a fine or suspension in keeping with the range of sanctions demonstrated in the caselaw submitted by the Complaints Director.

44. In keeping with the principle of giving significant deference to the Joint Submissions, the Tribunal accepts the sanctions proposed in the Joint Submissions, with the written decision serving as the reprimand.

IX. ORDERS

45. Accordingly, the Hearing Tribunal accepts the Joint Submissions and makes the following orders pursuant to s. 82 of the HPA:

    a) The Investigated Member shall receive a written reprimand in the form of a copy of this Tribunal's written decision.

    b) The Investigated Member shall provide the Complaints Director with evidence that he has successfully completed, at his own expense, a record keeping course acceptable to the Complaints Director, within a 12-month period of the Tribunal's written decision.

    c) The Investigated Member shall provide the Complaints Director with evidence that he has successfully completed, at his own expense, the PBI Risk Management Essential Extended Course (RM-10 Extended), within 6 months of the Tribunals' written decision, or another date acceptable to the Complaints Director.

Signed on behalf of the Hearing Tribunal by the Chair:

Dr. Kimberley Myers

Dated this 22nd day of June, 2026.