

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. IVOR ORUKPE

**DECISION OF THE HEARING TRIBUNAL OF
THE COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA**
January 30, 2026

I. INTRODUCTION

1. The Hearing Tribunal held a hearing into the conduct of Dr. Ivor Orukpe on September 16, 2025. The members of the Hearing Tribunal were:

Dr. John Pasternak as Chair;
Dr. Goldees Liaghati-Nasseri;
Mr. David Rolfe (public member);
Ms. Linda Sheen (public member).

2. Appearances:

Mr. Craig Boyer, legal counsel for the Complaints Director;
Dr. Ivor Orukpe, Investigated Person;
Ms. Alison Gray, legal counsel for Dr. Orukpe;
Ms. Julie Gagnon, 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.
4. The hearing was open to the public pursuant to section 78 of the *Health Professions Act*, RSA 2000, c. H-7 (“**HPA**”). Neither party brought an application to close the hearing.

III. CHARGES

5. The Notice of Hearing listed the following allegation (the “**Allegation**”):
 1. On or about February 5, 2023, you did demonstrate a lack of knowledge or lack of skill or judgment in the provision of professional services to your patient, particulars of which include one or more of the following;
 - a. You prescribed an excessive amount of Methadone for your patient at 30 mg per day given the reported concurrent history of drug and alcohol use by the patient;
 - b. You failed to have a discussion with your patient about contacting a trusted family member to ensure your patient’s safety after he reported having to self-administer Naloxone after taking his initial dose of Methadone earlier in the day;
 - c. You failed to discuss with your patient that he should consider going to the emergency department for monitoring as the Naloxone wore off given the short-acting nature of Naloxone and the long-acting nature of Methadone.

- d. You failed to make an adequate contemporaneous note of your interaction with your patient on February 5, 2023, including a discussion with your patient of the risks of using opioids and/or alcohol while taking Methadone.
- 6. The Hearing Tribunal was advised that the parties were proceeding by admission of unprofessional conduct and joint submission on sanction and that the parties would be speaking to the issues of costs separate to the agreement.

IV. EVIDENCE

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

Exhibit 1 - Agreed Exhibit Book

- Tab 1 - Notice of Hearing dated March 24, 2025
- Tab 2 - [REDACTED] complaint form dated January 19, 2023
- Tab 3 - Dr. Orukpe response letter dated March 22, 2024
- Tab 4 - Virtual appointment details dated February 5, 2023
- Tab 5 - Cell phone records and appointment details dated March 1, 2023
- Tab 6 - Toxicology report dated March 1, 2023
- Tab 7 - Alberta Court of King's Bench Appointment of Administrator dated October 17, 2023
- Tab 8 - Alberta Health Services letter to Dr. [REDACTED] dated August 12, 2024
- Tab 9 - Alberta Health Services letter to Dr. [REDACTED] dated July 23, 2024 with attached hospital records for [NK]
- Tab 10 - Dr. [REDACTED] expert opinion dated April 29, 2024
- Tab 11 - Dr. Orukpe letter in response to expert opinion of Dr. [REDACTED] dated June 24, 2024
- Tab 12 - Dr. [REDACTED] addendum report dated July 9, 2024
- Tab 13 - A Guideline for the Clinical Management of Opioid Use Disorder
- Tab 14 - CPSA Standard of Practice regarding Safe Prescribing for Opioid Use Disorder
- Tab 15 - CPSA Standard of Practice regarding Patient Record Content
- Tab 16 - American Society of Addiction Medicine order 109620 dated June 7, 2023 regarding The ASAM Virtual Review Course 2023
- Tab 17 - CSAM-SMCA 2023 Scientific Conference email dated June 7, 2023 to Dr. Orukpe confirming registration and providing receipt

Tab 18 - CSAM-SMCA 2023 Scientific Conference Confirmation of Attendance Certificate

Tab 19 - International Society of Addictions Medicine Certificate for Dr. Orukpe dated November 1, 2023

Tab 20 - CSAM-SMCA 2024 Scientific Conference receipt #CSAM2024-ULFDT481 dated June 30, 2024

Tab 21 - American Society of Addiction Medicine order #137371 dated January 22, 2025 regarding ASAM 56th Annual Conference

Tab 22 - American Board of Preventive Medicine invoice #650572 dated May 24, 2025 regarding Addiction Medicine Exam registration fee

Tab 23 - CSAM-SMCA 2025 Scientific Conference 2025 invoice #1237064945 dated June 11, 2025

Tab 24 - American College of Academic Addiction Medicine invoice #14061 dated July 14, 2025 regarding 2025 – 2026 ACAAM Core Board Prep Bundle

Tab 25 - Transaction Receipt dated July 14, 2024 from American Society of Addiction Medicine

Tab 26 - ASAM eLearning registration complete notification dated July 15, 2025 regarding Board Exam Study Tool (BEST) 2025

Tab 27 - CCSA's Issues of Substance 2025 Conference (November 17 – November 19, 2025) registration dated August 12, 2025

Tab 28 - Letter of Mentorship for Dr. Ivor Orukpe – undated

Tab 29 - Letter to Registrar and Hearing Committee dated September 9, 2025

Exhibit 2 – Admission and Joint Submission Agreement

Exhibit 3 – Summary of Costs

8. The following document was provided to the Hearing Tribunal, but not marked as an Exhibit:

Canadian Lawyer Magazine Survey of Legal Fees

9. The Hearing Tribunal was also provided a Brief of Law – Joint Submissions and the following authorities:

Dr. Kevin Scott - HE20240152-HCR-Public

Dr. Watt, 2024 Canlii 146947

Dr. Samuel, 2016 Canlii 74171

Dr. McCubbin, 2022 Canlii 2811

Dr. Iyer, 2021 Canlii 113151

Dr. Cavanagh, 2025 Canlii 91455

Charkhandeh v. College of Dental Surgeons of Alberta, 2025 ABCA 258

Cameron and Carpay, 2025 ABLS 24

Alberta College of Physical Therapists v. Fitzpatrick, 2015 ABCA 95

Jaswal v Newfoundland Medical Board, [1996] NJ No 50

Additional Written Submissions (received following September 16, 2025):

Dr. Orukpe's Submissions on Costs dated October 31, 2025;

Complaints Director's Submissions on Costs dated November 20, 2025;

Dr. Orukpe Reply Submissions on Costs dated December 5, 2025.

V. SUBMISSIONS

Submissions by the Parties on the Allegation

10. Mr. Boyer thanked Ms. Gray for her assistance in reaching the agreement which allowed the process to be more streamlined. He then requested that the Agreed Exhibit Book be marked as Exhibit 1 and the Admission and Joint Submission Agreement marked as Exhibit 2.
11. Mr. Boyer reviewed the Admission and Joint Submission Agreement and provided further submissions detailing evidence in the Agreed Exhibit Book. Mr. Boyer noted the following:
 1. The expert report which was critical of the amount of Methadone prescribed given the presenting history of the patient, the charting issue regarding the discussion of risk of use of alcohol and drugs while also taking Methadone, and the lack of discussion with the patient about the urgency of dealing with the matter of either having a family member stay with the patient or to attend the emergency room when the Naloxone wears off given the expected continued long acting effects of Methadone.
 2. Information from the social worker that she had relayed to Dr. Orukpe on the evening of February 5, 2023 that the patient had called, had reported the self-administration of Naloxone after the initial dosage of Methadone being taken.
 3. A toxicology report which showed the measured amount of Methadone, Diazepam and Venlafaxine at autopsy.
 4. The CPSA Standards of Practice regarding:
 - Safe Prescribing for Opioid Use Disorder; and
 - Patient Record Content.

5. Courses and conferences which Dr. Orukpe had attended on his own accord since February 5, 2023 designed to improve his skills and judgement in the prescribing of opioids.
12. Ms. Gray then provided submissions on:
 1. The training that Dr. Orukpe had undertaken to become a specialist in managing patients with Opioid Use Disorder and the scope of the area of Alberta which he is responsible for.
 2. That this is his first disciplinary proceeding.

Questions from the Hearing Tribunal

13. The Hearing Tribunal adjourned to discuss the submissions pertaining to the Allegation and returned to ask for further information pertaining to particulars (b) and (c).
14. Mr. Boyer provided a case example of a physician who failed in his responsibility to attend to a patient who was suicidal, the analogy being that after the patient had taken Naloxone, Dr. Orukpe failed to have a discussion with the patient, given the short window of safety that this dose of Naloxone would provide and the extended effects of Methadone which would still be ongoing.
15. Ms. Gray noted her understanding that the College's expert took the position that Dr. Orukpe should have tried to contact the patient. She noted that Dr. Orukpe should have discussed contacting a trusted family member or should have discussed going to the emergency room and submitted that it would be open to the Hearing Tribunal to determine if only (b) or (c) applied.
16. Mr. Boyer noted there was one Allegation with examples of a lack of skill or judgment. Dr. Orukpe could have discussed with the patient both options of contacting a trusted family member or going to the emergency room.
17. The Hearing Tribunal then advised the parties that it accepted the joint submission pertaining to the Allegation and that the evidence supported that Allegation 1 was proven on a balance of probabilities and constitutes unprofessional conduct. The Hearing Tribunal then invited submissions on sanction.

Submissions from the Parties on Sanction

18. Mr. Boyer referenced the decision in *R v Anthony-Cook*, 2016 SCC 43 noting that there is a high level of deference owed to a joint submission on sanction. It is in the public interest to have joint submissions. Mr. Boyer noted that the proposed sanction is reasonable and would not bring the administration of justice into disrepute.

19. Mr. Boyer referenced factors from the case of *Jaswal v Newfoundland Medical Board*, [1996] NJ No 50 and focussed on the range of sanctions in previous cases. In particular, he referenced:
 - 1) *CPSA v Samuels* in which a physician failed to come to hospital to assess a patient. He was assessed a reprimand and payment of costs in the range of \$16,000.
 - 2) *CPSA v Iyer* which involved a doctor who failed to manage serious complications of treatment and this resulted in a reprimand, some additional training and cost in the range of \$12,000.
 - 3) *CPSA v Watt* in which a doctor failed to provide necessary supervision for patients, was given a reprimand, course on risk management and costs in the range of \$20,000.
20. Mr. Boyer submitted that these three cases were appropriate examples as the patient in this case was a young man who was quite ill with an addiction. The records show the patient had a number of challenges, prior suicide attempts, heavy use of alcohol, and prescriptions for Benzodiazepines. The conduct at issue was serious but was only a one-time event, not a pattern of recurring behaviour or conduct by Dr. Orukpe.
21. Mr. Boyer noted that Dr. Orukpe had on his own taken a number of pertinent continuing professional development courses and arranged for a colleague to be a mentor in the work that he does. The report from the mentor is positive. Colleagues have written letters of support which demonstrate that Dr. Orukpe took this tragic event very much to heart and has wanted to learn and improve his skills from that. Therefore, it would not be necessary for the Hearing Tribunal to make specific orders about improving skills other than a charting course that is available through the University of Toronto, as recommended in the joint submission, which would ensure that that component of the admitted conduct is addressed.
22. Ms. Gray submitted that the *Anthony-Cook* case affirms that decision-makers should not depart from a joint submission on sanction unless the proposed sentence would bring the administration of justice into disrepute or would otherwise be contrary to the public interest, which is a very high standard. The Supreme Court emphasized that for joint submissions to be possible, the parties must have a high degree of confidence that they will be accepted. Subsequent case law confirms that joint submissions are to be encouraged, not ignored; that they are in the public interest; that they help avoid lengthy disciplinary hearings and increased costs, which are borne by members of the profession. She noted that a high level of certainty is required in order to induce professionals to waive their rights to a contested hearing.
23. Ms. Gray noted other relevant factors which include whether the professional continued to practice without incident following the misconduct and whether

the professional has demonstrated skill, and the prospect of rehabilitation. This is Dr. Orukpe's first complaint. He cooperated throughout the disciplinary process, and proceeding by agreement has saved the complainant from having to testify at a contested hearing. The proposed penalty is reasonable given the nature and extent of the continuing education Dr. Orukpe has undertaken with the goal of improving his clinical skills in order to provide excellent and safe care to his patients.

24. Ms. Gray noted that Dr. Orukpe began a mentoring relationship with a senior colleague and has been practising under his mentorship since January 2024 to ensure adherence to best practices and to improve on his skills and knowledge. The mentor provided a very positive letter of mentorship for Dr. Orukpe. There is a letter of support for Dr. Orukpe from the medical director of Virtual Opioid Dependency Program with Recovery Alberta, and the medical lead for the Alberta Rural Narcotics Transition Services. Both have worked with Dr. Orukpe since November 2022 and state that they have observed firsthand his exceptional clinical judgment, steadfast work ethic, and deep commitment to patient care.
25. Ms. Gray submitted that the charting course that Dr. Orukpe is required to take enables practice improvement so that no similar deficits in documentation recur in the future, and the work that he has already done with respect to improving his skills and knowledge in the area of addictions medicine also meets the rehabilitation factor highlighted by the Alberta Court of Appeal.
26. The Hearing Tribunal adjourned to deliberate on the proposed sanction. The Hearing Tribunal reconvened and advised the parties that it accepted the proposed sanction and invited submissions regarding costs.

Submissions from the Parties Regarding Costs

27. Mr. Boyer noted the recent decision of the Court of Appeal in *Charkhandeh v College of Dental Surgeons of Alberta*, 2025 ABCA 258. Mr. Boyer presented a document entitled Summary of Costs (Exhibit 3) that included information on costs incurred, including information on expert fees and legal fees (including hours worked). Mr. Boyer also submitted a document entitled "Canadian Lawyer Magazine Survey of Legal Fees" which provides information on fees for lawyers across Canada.
28. Mr. Boyer noted that the Court provided guidance in *Charkhandeh* that the gravity of the charges was not a consideration in setting costs. The Court also noted certain types of expenses that are not included in the Summary of Costs, including costs for independent legal counsel. Mr. Boyer noted that the Court of Appeal has not generally intervened in costs unless they are above the \$100,000 mark. Mr. Boyer reviewed factors from *Charkhandeh*, noting that the costs must be reasonable costs for the College to incur and that it must be reasonable to transfer the burden of those costs to the professional. The quantum of costs should be an amount that it is reasonable for a party to pay

and must be proportionate to the issues involved, the circumstances of the member and the overall burden it places on the member. In looking at legal fees, the Court in *Charkhandeh* noted that the legal fees for the Complaints Director should be for one lawyer at a mid-level seniority, at appropriate rates. Mr. Boyer noted that the Canadian Lawyer Magazine Survey of Legal Fees for a 10 year call in western Canada is \$441 per hour. Mr. Boyer noted that the total number of hours worked by counsel for the Complaints Director was provided, so that the hourly rate could be determined.

29. Mr. Boyer submitted that an appropriate costs award would be 50% of the costs of the hearing (being the costs in the Summary of Costs and costs for the hearing) set to a maximum of \$10,000.
30. Ms. Gray submitted that *Charkhandeh* represents a complete reset in how costs should be awarded. The Hearing Tribunal must determine first whether costs are actually warranted and if so, apply the framework developed to determine the reasonable quantum of costs. Costs are not intended to form an additional level of sanction but to allocate the costs of the proceedings. The Court noted that a party who wastes costs through unreasonable or inefficient litigation can be expected to be held accountable. The Court also held that costs must be exercised judicially and transparently, based on relevant considerations.
31. Ms. Gray noted that the hearing was initially scheduled for four days, but because of Dr. Orukpe's admission, was reduced to a one day hearing. There should not be any costs allocated to Dr. Orukpe for preparing witnesses, because the requirement for witnesses was dispensed with by the agreement. Dr. Orukpe should also not be responsible for any costs, as the decision of this Hearing Tribunal will be a benefit to him, but also to the profession at large. Ms. Gray took the position that Dr. Orukpe should not be responsible for costs incurred for the hearing on September 16, 2025.
32. Ms. Gray took the position that the Hearing Tribunal could not make a reasoned and justified decision based on the information before it as the Complaints Director has not put the necessary evidence before the Hearing Tribunal to enable it to determine a quantum of costs in accordance with *Charkhandeh*. There is no presumption that costs are reasonable and should be paid by the member, simply because the Complaints Director has incurred them. The Hearing Tribunal is required to scrutinize the expenses and why they were incurred, to determine whether or not they are reasonable. Ms. Gray noted that it is also not clear if GST is included in the amount claimed by the Complaints Director for legal costs. In order to properly assess costs, the Hearing Tribunal must be provided with the legal invoices for costs. Ms. Gray submitted that it was not the quantum of costs at issue in *Charkhandeh* but the methodology used to get to the quantum.
33. Ms. Gray took the position that there was no basis to award costs given the information before the Hearing Tribunal. There was also no basis for awarding

costs, given Dr. Orukpe's cooperation in the process. If the Hearing Tribunal determines that costs are in order, the costs order should be a minimal order, in the range of \$2,500.

34. Mr. Boyer took the position that it would not be appropriate to provide legal invoices given that this would require a waiver of privileged information. Ms. Gray noted that where a party is seeking solicitor-client costs, they are required to produce invoices.
35. Ms. Gray objected to the Canadian Lawyer Magazine Survey of Legal Fees being marked as an exhibit. The Hearing Tribunal determined the document was information before the Hearing Tribunal but did not mark it as an exhibit.

Written Submissions Following September 16, 2025

36. During the deliberation process, the Hearing Tribunal had additional questions for the parties and sought, through its independent legal counsel, clarification and additional information regarding the costs incurred by the Complaints Director for the day of the hearing. The parties provided further information by written submissions.
37. Ms. Gray submitted that there was no objection to the clarification provided regarding Exhibit 3 but objected to the Complaints Director being able to submit further evidence after the hearing was concluded. She took the position that it was inappropriate for the Hearing Tribunal to ask for additional information on costs following the hearing. Ms. Gray cited authorities for the proposition that it is improper for a party to try to put information to a Hearing Tribunal after the hearing has ended and the decision is reserved. She submitted that the questions put to the parties through independent legal counsel went beyond clarification. Ms. Gray also objected on the basis that the information regarding legal costs was unsworn evidence.
38. Mr. Boyer took the position that the rules of evidence do not apply to evidence that is before the Hearing Tribunal pursuant to section 79(5) of the HPA and noted that the Court in *Charkhandeh* did not state that sworn evidence regarding expenses is required. The Court did not intend the Hearing Tribunal to have a third phase of a hearing to have evidence called on expenses related to the investigation and hearing. He submitted that the inquiries made through independent legal counsel were questions arising out of information already before the Hearing Tribunal and it was within its authority to seek additional clarification and information. Mr. Boyer took the position that \$10,000 in costs should be awarded.
39. Ms. Gray submitted in reply that the suggestion that sworn evidence is not required is in complete opposition to the Court's decision and noted that there is nothing in *Charkhandeh* that supports the proposition that the Court did not intend for there to be a third phase of a hearing to address costs. Ms. Gray noted that the position of the Complaints Director that costs of \$10,000 should

be awarded was an improper shift from the position taken at the hearing and that no costs should be awarded.

40. The Hearing Tribunal met in-camera on December 18, 2025 for deliberations, including to consider the further written submissions of the parties.

VI. FINDINGS

41. The Hearing Tribunal accepts the evidence as presented in the Admission and Joint Submission Agreement, as well as the evidence in the expert report and toxicology report.
42. The Admission and Joint Submission Agreement provides as follows:

WHEREAS the Complaints Director received a complaint dated January 19, 2024 from Mrs. [REDACTED], regarding her son, [REDACTED], deceased, who had been a patient of Dr. Orukpe (the "**Complaint**");

AND WHEREAS the Complaints Director directed an investigation into the Complaint;

AND WHEREAS after the completion of the investigation, the Complaints Director determined that there was sufficient evidence of unprofessional conduct by Dr. Orukpe to refer the matter to a hearing before a Hearing Tribunal;

AND WHEREAS a Notice of Hearing dated March 24, 2025 was issued by the Hearings Director for a hearing starting on September 16, 2025;

AND WHEREAS Dr. Orukpe was served with the Notice of Hearing on or about March 24, 2025;

AND WHEREAS Dr. Orukpe admits the allegations in the Notice of Hearing as being true and that such conduct amounts to unprofessional conduct and that Dr. Orukpe makes the admission in accordance with section 70 of the HPA;

AND WHEREAS Dr. Orukpe has undertaken a significant amount of professional development work as a result of his experience learned from the Complaint and the investigation into the Complaint.

AND WHEREAS the Complaints Director and Dr. Orukpe have agreed upon a joint submission on penalty to present to the Hearing Tribunal which will hear and assess the evidence and admission of Dr. Orukpe;

AND WHEREAS Dr. Orukpe acknowledges and understands that the joint submission presented to the Hearing Tribunal is not binding on the Hearing Tribunal;

IN CONSIDERATION OF THE FOREGOING, AND SUCH FURTHER AND OTHER CONSIDERATION, THE SUFFICIENCY OF WHICH IS ACKNOWLEDGED BY DR. ORUKPE, IT IS HEREBY AGREED THAT:

1. The preamble and attached schedule form part of this Agreement.
2. Dr. Orukpe shall confirm to the Hearing Tribunal that the allegations in the Notice of Hearing are true and that his conduct with respect to the said allegations represents unprofessional conduct within the meaning of the HPA.
3. Dr. Orukpe and the Complaints Director agree to the presentation of an Agreed Exhibit Book to the Hearing Tribunal, the contents of which are listed in the attached Schedule "A".
4. Subject to the Hearing Tribunal accepting the Agreed Exhibit Book as described in Schedule "A", and accepting Dr. Orukpe's admission that the allegations in the Notice of Hearing are true and that his conduct represents unprofessional conduct within the meaning of the HPA, Dr. Orukpe and the Complaints Director agree to make the following joint submission on penalty and ask the Hearing Tribunal to Order that:
 1. Dr. Orukpe shall receive a reprimand;
 2. Dr. Orukpe shall, at his own expense, undertake and complete the medical records course offered by the University of Toronto, Faculty of Medicine, by December 31, 2025.
<https://www.cpd.utoronto.ca/recordkeeping/>
 3. The Hearing Tribunal shall determine the issue of costs after submissions by the parties.
43. The expert report supports a finding that Dr. Orukpe prescribed an excessive amount of Methadone at 30 mg per day, given the reported concurrent history of drug and alcohol use by the patient. The records provided in the Agreed Exhibit Book also support that Dr. Orukpe did not discuss with the patient the options of contacting a trusted family member to ensure the patient's safety after he reported having to self-administer Naxolone after taking an initial dose of Methadone or going to the emergency department for monitoring as the Naloxone wore off. In addition, the evidence provided supports a finding that Dr. Orukpe did not take adequate contemporaneous notes.

VII. DECISION WITH REASONS

Decision on the Allegation

44. The Hearing Tribunal finds that Allegation 1 (a) to (d) is proven on a balance of probabilities and that the conduct constitutes unprofessional conduct.
45. Dr. Orukpe prescribed an excessive amount of Methadone for his patient, given the reported concurrent history of drug and alcohol use by the patient. Dr. Orukpe should have discussed with the patient the options of contacting a trusted family member to ensure the patient's safety after he reported having to self-administer Naxolone after taking an initial dose of Methadone or going to the emergency department for monitoring as the Naloxone wore off. The records provided also establish that Dr. Orukpe failed to make adequate contemporaneous notes of his interactions with the patient on February 5, 2023, including a discussion with the patient of the risks of using opioids and/or alcohol while taking Methadone.
46. Dr. Orukpe's proven conduct demonstrated a lack of judgment as well as a breach of the Standard of Practice - Patient Record Content. Given the serious risks around opioid use, including the risks for a patient who has a history of addiction, physicians must be vigilant in prescribing opiate agonist drugs. The expert determined that an excessive amount of Methadone was prescribed given the circumstances of this case. Dr. Orukpe would be expected to know that the effects of Naloxone given would not outlast the long lasting effects of Methadone and ought to have discussed with the patient contacting a trusted family member or going to the emergency department. Dr. Orukpe also failed to create adequate records in accordance with the Standard of Practice – Patient Record Content. Adequate patient records are necessary to ensure continuity of care and protection of the patient. The breaches are sufficiently serious to constitute unprofessional conduct pursuant to sections 1(1)(pp)(i) and (ii) of the HPA.

Decision on the Sanction

47. The Hearing Tribunal considered the proposed sanction of a reprimand and a record keeping course. The Hearing Tribunal recognizes that this is Dr. Orukpe's first finding of unprofessional conduct. In addition, Dr. Orukpe has taken steps to learn from this experience and improve his skills and practice, to ensure this situation does not reoccur. The Hearing Tribunal commends Dr. Orukpe for the courses he has taken and for engaging a mentor. Given these factors, a reprimand and a course in record keeping are appropriate.
48. The Hearing Tribunal is also mindful of the high level of deference that is owed to a joint submission on sanction based on the *Anthony-Cook* decision, which has been applied in the context of professional disciplinary hearings. The Hearing Tribunal found that given the circumstances of this case, the proposed

sanction is reasonable and protects the public interest. The proposed sanction does not bring the administration of justice into disrepute. It recognizes the courses and mentoring undertaken by Dr. Orukpe to date and represents a balanced approach to imposing a sanction that is proportionate and that protects the public interest.

Decision on Costs

49. The Summary of Costs (Exhibit 3) provided indicates that \$7,287 has been incurred in legal costs for counsel for the Complaints Director from November 2024 to September 12, 2025 representing 15.9 hours of work. The summary also shows costs in the amount of \$1,950 for "Consulting - Expert Opinions - File". The total costs in the Summary of Costs are therefore \$9,237.
50. The Hearing Tribunal considered the additional written submissions of the parties in response to the Hearing Tribunal's requests for clarification and cost information. The Hearing Tribunal is the master of its own procedure and can receive evidence in any manner it considers appropriate (HPA, s. 79(5)). The Hearing Tribunal is not functus until a written decision is issued. The Hearing Tribunal notes that during the hearing on September 16, 2025, the issue of legal costs, including those for attending the hearing was a live issue. Communications with the parties was done by communications through independent legal counsel to both parties. The Hearing Tribunal rejects the proposition that it is not able to obtain additional information following a hearing. Both parties were provided the opportunity to make written submissions, which they did provide and neither party requested the Hearing Tribunal to reconvene the hearing to hear oral submissions from the parties.
51. The Hearing Tribunal considered the issue of costs in light of the *Charkhandeh* decision. The Hearing Tribunal first considered whether costs should be awarded at all in this case. The Hearing Tribunal determined that costs were appropriate to be ordered. The Notice of Hearing includes one Allegation with four particulars, with a full admission on the Allegation and all particulars. This is not a case where the Hearing Tribunal determined that certain allegations were not proven or that time and resources were wasted in pursuing allegations. The one Allegation in the Notice of Hearing was appropriately referred to a hearing and put before a Hearing Tribunal. It was found to be proven. The Hearing Tribunal found that this was an appropriate case to order costs.
52. The Hearing Tribunal then considered the quantum of costs. There were two types of costs before the Hearing Tribunal: costs of the expert and costs of legal counsel for the Complaints Director. No hearing related costs were sought (such as court reporter or per diem costs for Hearing Tribunal members) and costs of independent legal counsel are not being sought. The Hearing Tribunal considered that, given the Court's comments in *Charkhandeh*, it was appropriate to exclude these costs.

53. The Hearing Tribunal considered the costs of the expert. The Hearing Tribunal noted that the issues were related to the expected standard of practice, requiring an expert analysis and report, to assist the Hearing Tribunal in understanding the expected standard of practice and the breaches that occurred in this case. The expert report was relied on by the Hearing Tribunal. The Hearing Tribunal considered that the amount of \$1,950 for the expert costs were reasonable costs incurred.
54. The Hearing Tribunal then considered the costs of legal counsel for the Hearing Tribunal. It was noted that the Summary of Costs (Exhibit 3) had costs of \$7,287 for the period of November 2024 to September 12, 2025 representing 15.9 hours worked. Such costs did not include costs for the day of the hearing.
55. While counsel for Dr. Orukpe took issue with the level of detail in the Summary of Costs, the Summary of Costs shows the number of hours spent and the total costs, allowing the Hearing Tribunal to know the hourly rate (although the Hearing Tribunal notes it is not clear if this includes GST). However, the Hearing Tribunal noted there was cost information before the Hearing Tribunal.
56. The Hearing Tribunal found the Summary of Costs confusing in the manner the legal fees were summarized and noted that in the future, it would be helpful to have a clearer Summary of Costs, showing the clear listing of the legal fees with the number of hours spent, and the estimated legal fees for the day of the hearing.
57. The Hearing Tribunal viewed that, in this case, the level of detail provided on the costs incurred, including the expert costs and the legal fees for counsel for the Complaints Director, with the number of hours spent, was sufficient for the Hearing Tribunal to make a determination on costs.
58. The Hearing Tribunal considered that it was reasonable for Dr. Orukpe to be responsible for a portion of the costs of the hearing, including a portion of the expert costs and a portion of the fees for legal counsel for the Complaints Director. The Hearing Tribunal determined that a costs order of \$2,500 was reasonable in the circumstances of this case.

VIII. ORDERS

59. For the reasons set out above, the Hearing Tribunal orders, pursuant to section 82 of the HPA:
 1. Dr. Orukpe shall receive a reprimand;
 2. Dr. Orukpe shall, at his own expense, undertake and complete the medical records course offered by the University of Toronto, Faculty of Medicine, by December 31, 2025.
(<https://www.cpd.utoronto.ca/recordkeeping/>)

3. Dr. Orukpe shall pay costs in the amount of \$2,500 payable within 60 days of the date of this written decision, or such further time that may be agreed to by the Complaints Director.

Signed on behalf of the Hearing Tribunal by the Chair:



Dr. John Pasternak

Dated this 30th day of January, 2026.