

ALBERTA COLLEGE OF PHARMACY

IN THE MATTER OF
THE HEALTH PROFESSIONS ACT

AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF

DAVID HILL
Registration No. 3079

DECISION OF THE HEARING TRIBUNAL

September 12, 2018

I. INTRODUCTION

The Hearing Tribunal held a hearing into the conduct of David Hill. In attendance on behalf of the Hearing Tribunal were: Kelly Olstad, Pharmacist and Chairperson; Sarah Gutenberg, Pharmacist; Beverly Rushton, Pharmacist; June McGregor, Public Member. Katrina Haymond acted as independent legal counsel to the Hearing Tribunal

In attendance at the hearing were David Hill, investigated person; Galen Lund, counsel for the investigated person; James Krempien, Complaints Director for the Alberta College of Pharmacy (the "College")¹; David Jardine, counsel for the complaints director; Annabritt Chisholm, co-counsel for the complaints director and Monty Stanowich, Compliance Officer for the College;

The hearing took place on the 27th day of June, 2018 at the second floor conference center, 8215 112 St. NW, Edmonton, AB. The hearing was held under the terms of Part 4 of the *Health Professions Act* ("HPA").

There were no objections to the composition of the Hearing Tribunal or the jurisdiction of the Hearing Tribunal to proceed with a hearing.

II. ALLEGATIONS

The Notice of Hearing was entered into the record and marked as Exhibit 1. The Notice of Hearing alleged that as a pharmacist and licensee of Dave Hill Pharmacy in Fort McMurray, Alberta, Mr. Hill:

1. Knowingly submitted the following documentation to Alberta Blue Cross in response to a directed audit of 105 prescription claims, 20 pharmacy service claims and five drug products for the drug product purchasing and dispensing analysis that commenced September 15, 2015:
 - a. 56 prescription claims where the prescriber's signature was falsified and the prescription documentation was not authorized by the prescriber;
 - b. 19 prescription claims where prescribing documentation provided by the pharmacy was missing the pharmacist's signature;
 - c. a claim where the pharmacist knowingly dispensed Respimat but made a claim for Spiriva;
 - d. two prescriptions (for five claims) before the pharmacist received authorization from the prescriber;
 - e. nine claims where the Comprehensive Annual Care Plan (CACP) Initial Assessments;
 - i. were missing the pharmacist's signature, and
 - ii. the pharmacy did not document the instructions regarding the CACP follow up assessment.
 - f. two prescriptions where the total quantity claimed was beyond the quantity authorized by the prescriber;
 - g. three prescriptions where the total quantity claimed was beyond the quantity authorized by the prescriber;

¹ On July 1, 2018 the Alberta College of Pharmacists' name changed to the Alberta College of Pharmacy.

- h. 16 pharmacist prescriptions where the prescription documentation did not include the rationale for prescribing;
 - i. one pharmacist prescription and three claims for pharmacy services where the original prescription documentation was missing;
 - j. two prescriptions where on each, the handwritten prescription was signed by the prescribing pharmacist but the rationale/notification documented was written and signed by someone other than the prescriber.
2. Knowingly facilitated the creation and provision of fabricated documents for the purposes of the Alberta Blue Cross pharmacy audit including:
 - a. turning back the computer to make it appear that the documentation occurred at the time of the prescribing event instead of in response to the audit, and
 - b. falsifying the prescriber's signature.
3. Dishonestly suggested to Alberta Blue Cross that the 56 prescription claims with false signatures were to have been signed by the prescribing pharmacist, [REDACTED], but that he failed to do so.
4. Dispensed Respimat (tiotropium) 24 µg after receiving a patient's prescription for Spiriva (tiotropium) 18 µg without adapting the prescription or consulting the original prescriber and then created a false record on a patient profile and submitted this false information to Alberta Blue Cross to obtain remuneration for Spiriva (tiotropium) 18 µg.
5. Knowingly permitted pharmacists without prescribing authority to prescribe in another pharmacists' name.
6. Failed to ensure documentation within the pharmacy was completed in a timely, consistent and accurate manner, finalized and filed, such that:
 - a. signatures and prescribing rationales were missing from prescription documentation, and
 - b. original transaction records were not maintained.
7. Failed to ensure that your pharmacy was maintaining a system that;
 - a. identified each regulated member and employee who was granted access to the system, and
 - b. created an accurate audit trail of persons using the system, despite being aware of the requirement to do so and the capability of the pharmacy's software to accomplish this.
8. Created an environment and policy where your employees did not ensure pharmacist prescription notifications were regularly sent to other healthcare professionals as required.

III. EVIDENCE

The hearing proceeded by way of an Agreed Statement of Facts and Admission of Unprofessional Conduct. No witnesses were called to testify.

The following exhibits were entered by agreement of the parties:

- Exhibit 1: Agreed Statement of Facts
- Exhibit 2: Admission of Unprofessional Conduct
- Exhibit 3: Joint Submission on Sanctions

Agreed Statement of Facts:

The facts that were agreed to by the parties were set out in the Agreed Statement of Facts, which was signed by Mr. Hill and the Complaints Director. The Agreed Statement of Facts was as follows:

1. David Hill has been a registered regulated pharmacist with the Alberta College of Pharmacy since October 13, 1978.
2. At all times relevant to this matter, Mr. Hill was the licensee and proprietor of Dave Hill Pharmacy in Fort McMurray, Alberta.
3. This matter arose as a result of a complaint from Mr. Jil Tanguay, Manager of Claims Assurance Services at Alberta Blue Cross and a complaint from Mr. Richard Redl, a pharmacy consultant employed by Alberta Blue Cross. Copies of these complaints are attached as Tabs 1 and 2.
4. The claims arose as a result of information provided to or obtained by Alberta Blue Cross during a directed audit of Dave Hill Pharmacy.
5. The complaints were investigated by Mr. Monty Stanowich, an investigator appointed by the Complaints Director of the Alberta College of Pharmacy, Mr. James Krempien.
6. Mr. Stanowich provided an Investigation Report detailing the results of his investigation to Mr. Krempien on October 17, 2017. Based on the Investigation Report including the attached documents, the Complaints Director, Mr. Krempien, determined that the complaints should be referred to a Hearing Tribunal. A copy of Mr. Krempien's Record of Decision referring the complaints is attached as Tab 3.
7. After receiving Mr. Krempien's Record of Decision, the Hearings Director of the Alberta College of Pharmacy, Ms. Margaret Morley, appointed this Hearing Tribunal.
8. By agreement of the parties, the original hearing date for this matter was adjourned to June 27, 28, and 29, 2018. A copy of the Notice of Hearing is attached as Tab 4.
9. Mr. Hill and the Complaints Director have now agreed that this hearing will proceed by way of a written Admission of Unprofessional Conduct by Mr. Hill and a Joint Submission on Sanctions.

Several documents were attached to the Agreed Statement of Facts, including: the letter of complaint submitted by Jil Tanguay, Manager, Claims Assurance Services at Alberta Blue Cross, letter of complaint from R. Redl, Pharmacy Consultant, Alberta Blue Cross, Complaints Director's Record of Decision, and Notice of Hearing, dated February 22, 2018.

Admission of Unprofessional Conduct:

In the Admission of Unprofessional Conduct, Mr. Hill admitted responsibility for all of the allegations in the Notice of Hearing. He also admitted that his conduct undermined the integrity of the profession, that he failed to exercise the professional and ethical conduct expected and required of an Alberta pharmacist and pharmacy licensee, and was contrary to accepted pharmacy practice.

Mr. Hill also acknowledged that his conduct breached the following Standards of Practice, Code of Ethics and legislative provisions governing the practice of pharmacy:

- Standard 1 (sub-sections 1.1, 1.2, 1.7 and 1.14), 7 (sub-sections 7.1, 7.16 and 7.17), 11 (sub-sections 11.9, 11.10 and 11.11) and 12 (sub-section 12.7) of the Standards of Practice for Pharmacists and Pharmacy Technicians;
- Standards 1 (sub-section 1.1 and 1.2(b)), 2 (sub-section 2.2) and 8 (sub-sections 8.1(b), 8.1(c), 8.3, 8.5(b), 8.6(e), 8.6(f) and 8.6(g) of the Standards for the Operation of Licensed Pharmacies;
- Principles 1(12), 7(2), and 10(2) of the Alberta College of Pharmacy Code of Ethics;
- Sub-section 1(1)(p)(i), 1(1)(p)(iv), 1(1)(p)(vi), 1(1)(p)(ix) and 10(1)(d)(iv) of the *Pharmacy and Drug Act*; and
- Sub-section 12(1) of the *Pharmacy and Drug Regulations*.

Mr. Hill also admitted that his conduct and the breach of some or all of these provisions constitutes unprofessional conduct pursuant to the provisions of sections 1(1)(pp)(i), 1(1)(pp)(ii), 1(1)(pp)(iii), and 1(1)(pp)(xii) of the HPA.

In the Admission of Unprofessional Conduct the Complaints Director acknowledged the cooperation of Mr. Hill and his legal counsel during the investigation, hearing process, and in developing the Admission of Unprofessional Conduct. It was further acknowledged that Mr. Hill undertook to remedy the processes which were in breach of the above provisions, and there have been no further issues at the pharmacy or concerns of compliance since those changes were implemented. Mr. Hill also acknowledged that he received legal advice prior to entering into the Admission of Unprofessional Conduct.

IV. SUBMISSIONS OF THE PARTIES

Mr. Jardine made brief submissions on behalf of the Complaints Director, to speak to the allegations and to Mr. Hill's admission of unprofessional conduct.

Mr. Jardine indicated that Mr. Hill has been a pharmacist since 1978. At the time the incidents occurred, Mr. Hill was the licensee and proprietor of Dave Hill Pharmacy in Fort McMurray, Alberta, but is no longer in that role. Mr. Jardine explained that the College received a complaint from the Manager of Claims Assurance Services at Alberta Blue Cross, as a result of a directed audit. The College also received a second complaint about the same conduct from the pharmacy consultant at Alberta Blue Cross. Mr. Jardine indicated that the complaints arose as a result of a directed audit, where 105 claims were reviewed. Concerns arose with respect to 57 of the claims

that had been submitted. The prescriptions were signed by a pharmacist who had not issued the prescriptions. In addition, there were other concerns identified. In one instance, Mr. Hill dispensed Respimat, which was a drug that was not covered by Alberta Blue Cross, but submitted a claim for Spiriva, which was covered.

Mr. Jardine explained that the profession of pharmacy is governed by the *Health Professions Act* and the *Pharmacy and Drug Act*. Mr. Jardine reviewed the key provisions in both legislative enactments that Mr. Hill contravened as a result of his conduct. Mr. Jardine submitted that the conduct in issue harms the integrity of the profession, and is a serious matter as it impacts the insurer's ability to rely on the accuracy of the pharmacist's claims.

Mr. Jardine indicated that, as a result of Mr. Hill's cooperation and admissions, they had not put the documentation with respect to each prescription into evidence. However, the Agreed Facts and the admission were sufficient to establish the allegations on a balance of probabilities, and were sufficient to establish that the conduct in issue constitutes unprofessional conduct.

Mr. Lund indicated that Mr. Hill is before the Hearing Tribunal because he made a mistake. At the time the incidents occurred, Mr. Hill was working 14 hours per day, and was having difficulty finding qualified staff to work in the pharmacy. Mr. Lund indicated that Mr. Hill did not have any fraudulent intent. However, as a licensee, he acknowledges that he is responsible for what goes on at the pharmacy. When the issues were brought to his attention, he implemented changes to the procedures, and was able to hire a pharmacist with the Additional Prescribing Authorization (APA) from southern Alberta.

Both parties submitted that the Hearing Tribunal should accept Mr. Hill's admissions and find that the allegations are proven.

V. FINDINGS

After considering the evidence that was submitted by agreement, and the submissions of the parties, the Hearing Tribunal determined that it would accept Mr. Hill's admission of unprofessional conduct, and found that the allegations in the Notice of Hearing were proven.

The Hearing Tribunal agrees that Mr. Hill's conduct constitutes unprofessional conduct as defined in s. 1(1)(pp) of the HPA, and breaches the provisions referred to in the Notice of Hearing. Specifically, Mr. Hill's conduct undermined the integrity of the profession, and breached a number of provisions of the Code of Ethics and Standards of Practice that regulated members are required to adhere to.

As licensee, Mr. Hill through his admission of unprofessional conduct, has accepted responsibility for his lack of oversight with prescribing activities that did not meet the Standards of Practice. It was also clear that Mr. Hill's supervision and oversight of documentation within the pharmacy was significantly lacking with respect to activities around prescribing. This is also a clear violation of Principle 7 of the ACP Code of Ethics, which states that pharmacists must create a work environment that allows pharmacists and pharmacy technicians to comply fully with the law governing the practice of pharmacy and the operation of pharmacies. Mr. Hill's conduct also breached Standard 8 of the Standards for the Operation of Licensed Pharmacies, which requires a licensee to ensure that the pharmacy has an effective system for the creation and maintenance of records.

Accurate record keeping is an obligation of the licensee as stated in the *Pharmacy and Drug Act*. One issue that arose surrounded the 57 claims to the insurer where supporting documentation provided by the pharmacy had a signature that was inconsistent with the documentation provided during the compliance verification review process. The prescribing pharmacist was contacted to verify each prescription and the pharmacist confirmed that the signature(s) on the supporting documentation was not his signature. Further to this, Mr. Hill knew that false documentation was being submitted to Alberta Blue Cross in response to the audit, which included turning the computer back to make it appear that the documentation occurred at the time of the prescribing event instead of in response to the audit. These activities clearly breached s. 10 of the *Pharmacy and Drug Act* which imposes requirements on a licensee to ensure that a licensed pharmacy operates in accordance with the Act.

Standard 7.1 of the Standards of Practice for Pharmacists and Pharmacy Technicians states that a pharmacist must dispense a drug that is correct in accordance with the prescription. Pharmacists are allowed to substitute products following appropriate standards of practice. However, billing Spiriva to the insurer and dispensing Respimat clearly violates this standard of pharmacist practice. This also violates the ACP's Code of Ethics, Principle 1 (12) that states "do not allow my professional judgement to be impaired by personal or commercial benefits such as monetary or financial gain." If Mr. Hill felt that Respimat was a better therapy for the patient, which the patient could not afford, Mr. Hill had the option to provide the drug to the patient at no charge. Instead he billed for Spiriva which was a benefit under Blue Cross for the patient, and dispensed Respimat.

Principle 10 in the ACP Code of Ethics speaks to honesty and integrity. Point 2 under this principle specifically states that a pharmacist must be honest in their dealings with patients, other pharmacists, and others encountered in the business dealings related to the practice of pharmacy. The aforementioned activities admitted to by Mr. Hill clearly contravenes Principle 10 of the ACP Code of Ethics.

The insurer must be able to rely on the accuracy and truthfulness of the information that is submitted by a pharmacist. Mr. Hill's misconduct is not minor or trifling. The Hearing Tribunal finds that Mr. Hill's actions were serious enough to constitute unprofessional conduct.

VI. SUBMISSIONS ON PENALTY

After the Hearing Tribunal confirmed that the allegations were proven, the Hearing Tribunal invited both parties to make submissions on penalty.

Joint Submission on Sanctions

A Joint Submission on Sanctions was entered as an Exhibit. Mr. Hill and the Complaints Director submitted that the Hearing Tribunal should order that Mr. Hill's practice permit be suspended for a period of 3 months, with 1 month of the suspension to be served and the remaining 2 months suspension to be held in abeyance for a period of time. In addition, the parties jointly submitted that the Hearing Tribunal should order Mr. Hill to pay a \$10,000.00 fine, and costs to a maximum of \$30,000.00. In addition, Mr. Hill should be prohibited from acting as an owner, proprietor or licensee of a pharmacy for three years, and must provide a copy of the Hearing Tribunal's decision to the licensee of any pharmacy where he is employed during those three years.

Submissions on behalf of the Complaints Director

Mr. Jardine made submissions indicating that the Hearing Tribunal must exercise deference when considering a joint submission regarding penalty. Mr. Jardine referred to the Court's decision in *Rault v. Law Society of Saskatchewan*, where the Court held that a tribunal should not reject a joint submission unless it is unreasonably or contrary to the public interest. Mr. Jardine also referred to the more recent decision of the Supreme Court of Canada in *R. v. Anthony-Cook*, where the Court went even further, and held that a trial judge should not reject a joint submission absent exceptional circumstances. Moreover, if the Hearing Tribunal has concerns about the joint submissions, as a matter of fairness, the tribunal must notify the parties of its concerns, and provide them with an opportunity to address the concerns.

Mr. Jardine also made submissions regarding the factors referred to by the Court in *Jaswal v. Newfoundland Medical Board*. Mr. Jardine submitted that the conduct in issue was serious, given that it brings into question the integrity of the profession. Mr. Jardine indicated that Mr. Hill had been found guilty of unprofessional conduct 16-18 years ago, and there were similarities given that it had to do with record keeping. However, given the length of time that had passed, the prior finding was not a significant factor. Mr. Jardine also noted that this was not an isolated incident, and the conduct occurred a number of times. He also submitted that general deterrence was a significant factor in this case, and that the Hearing Tribunal must impose orders that send the appropriate message to other members of the profession. Finally, Mr. Jardine submitted that Mr. Hill's cooperation and admission of unprofessional conduct was a significant mitigating factor that must be taken into account.

Mr. Jardine also provided the Hearing Tribunal with a copy of a Hearing Tribunal's decisions in previous matters involving Colin Porozni. In 2012, Mr. Porozni was found guilty of allegations that he dispensed a number of prescriptions that were not needed and were not being used, in order to "stockpile" the medications to be used at a later date, in contravention of the agreement with Alberta Blue Cross. The Hearing Tribunal imposed a number of orders on Mr. Porozni, including a fine of \$5,000, the costs of the investigation and the hearing, and a suspension of registration as a licensee for 100 days.

In a subsequent matter involving Mr. Porozni, the Hearing Tribunal found that he had failed to maintain appropriate records for a number of prescriptions that were issued, and breached the pharmacy's agreement with a third party subscriber. The Hearing Tribunal ordered Mr. Porozni to pay a fine of \$10,000, and ordered him to pay 80% of the costs of the hearing. In addition, he was restricted from acting as a proprietor or licensee for three years, was suspended for one month, and was required to provide a copy of the Hearing Tribunal's decision to employers for a period of three years.

Submissions on behalf of Mr. Hill

Mr. Lund also made submissions on behalf of Mr. Hill. Mr. Lund submitted that Mr. Hill made a mistake, but in the grand scheme the mistake was minor, and was not as serious as other types of mistakes made by pharmacists, given that patient safety was not affected. Here, the allegations relate to inadequate record keeping, and there is no evidence of fraud. Mr. Lund submitted that he is not saying that the conduct is not serious, however the relative seriousness of the breaches must be considered.

Mr. Lund submitted that the previous orders concerning Mr. Porozni are distinguishable, and Mr. Porozni's conduct was far more serious. In the first case, he dispensed medications that were not required by the patient, which gives rise to a concern for the patient's safety. In the second hearing, Mr. Porozni, the concerns were more far reaching given the number of prescriptions that were in issue in the audit.

Mr. Lund submitted that Mr. Porozni's conduct was far more serious, but he was only given a one-month suspension and was fined \$10,000.

Mr. Lund submitted that Mr. Hill's conduct related to record keeping, which is not on the most serious end of the spectrum.

Reply on Behalf of Complaints Director

Mr. Jardine provided a brief reply on behalf of the Complaints Director. Mr. Jardine indicated that the issues in the Notice of Hearing relate to record keeping, which is not minor in the context of the pharmacy profession. The failure to maintain proper records can create serious risks to members of the public. Here, records were submitted that were inaccurate, which was an aggravating factor. A suspension was necessary given the serious nature of the conduct in issue.

Questions from the Hearing Tribunal

After the parties made submissions on penalty, the Hearing Tribunal requested clarification on behalf of Mr. Hill regarding the submissions that were made on his behalf regarding the fact that there was no fraudulent behavior, having regard to the specific wording of the allegations. In particular, the Hearing Tribunal queried the submissions that were made, in light of the wording of the allegations, including allegation 2 (knowingly facilitated the creation and provision of fabricated documents), allegation 3 (dishonestly suggested to Alberta Blue Cross that 56 prescription claims with false signatures were to have been signed), and allegation 4 (submitted false information to Alberta Blue Cross suggesting that he dispensed Spiriva).

Mr. Lund clarified that Mr. Hill had made admissions because he accepted that as licensee, he is responsible for what goes on at the pharmacy. He is responsible for the failure in oversight. However, Mr. Hill did not admit that he is the person who inaccurately signed the prescriptions. Moreover, the reference to "facilitating" the creation of fabricated documents in allegation 2 is inaccurate. He learned that documents had been changed in the computer, and did not take steps to advise Alberta Blue Cross of what had occurred.

With respect to allegation 4, he gave a patient who could not afford to pay for it Respimat, which was not covered by Alberta Blue Cross, but chose to bill for Spiriva, which was covered. This was only done on one occasion. This was an error, but his motive was to serve the patient's best interests.

Mr. Jardine also provided a response to the Hearing Tribunal's questions. Mr. Jardine indicated that the parties were able to come to an agreement, which avoided a lengthy hearing. Mr. Jardine submitted that the Complaints Director did not adopt all of the submissions made on Mr. Hill's behalf. However, it was not clear based on the investigation who actually signed the documentation. Ultimately, the hearing proceeded by agreement because Mr. Hill accepted that as licensee, he was ultimately responsible for the conduct.

Mr. Jardine also emphasized that the Complaints Director had purposefully avoided any references to “fraud” given that fraud has a very specific meaning, and is difficult to prove. Mr. Hill is not charged with fraudulent conduct in these proceedings.

VII. ORDERS AND REASONS FOR ORDERS

The hearing tribunal considered the submission of the parties and the appropriateness of the Joint Submission on Sanctions. The Hearing Tribunal accepts the Joint Submission on Sanctions, and makes the following orders pursuant to s. 82 of the HPA:

1. Mr. Hill’s practice permit shall be suspended for a period of three (3) months, with one (1) month to be served starting on a date acceptable to the Complaints Director and being no later than 30 days after the date of the Hearing Tribunal’s written decision, and the remaining two (2) months of suspension being held in abeyance for a period of two (2) years and, if there are no further complaints or findings of unprofessional conduct during that period, Mr. Hill will not be required to serve the remaining two months of his suspension.
2. Mr. Hill shall pay a fine of \$10,000 within 30 days from receipt of the Hearing Tribunal’s written decision.
3. For the period of three (3) years from the date of the Hearing Tribunal’s decision, Mr. Hill shall not be permitted to be an owner, proprietor or licensee of a pharmacy.
4. Mr. Hill shall be responsible for payment of all costs, expenses and fees related to the investigation and hearing of this matter to a maximum of \$30,000 within a period of 180 days from receipt of the Hearing Tribunal’s written decision and the statement of costs from the Alberta College of Pharmacy.
5. Mr. Hill will provide a copy of the Hearing Tribunal’s written decision to the licensee of Dave Hill Pharmacy and, for a period of three (3) years, to the licensee of any other pharmacy where he works as a pharmacist.

The Hearing Tribunal agrees with the parties that there are strong public policy reasons why a Hearing Tribunal should exercise deference when presented with a joint submission on sanction. The Hearing Tribunal should not interfere with a joint submission unless it is manifestly unjust or contrary to the public interest, or if it would bring the administration of justice into disrepute. The joint submission that was presented was appropriate and achieves the goal of protecting the public. Moreover, the joint submission represents an adequate balancing of the factors that are relevant with respect to penalty, including the seriousness of the conduct, the need to promote general deterrence, and the applicable mitigating factors, including Mr. Hill’s cooperation throughout the proceedings and his admission.

The Hearing Tribunal also specifically considered the submissions of the parties with respect to the factors referred to in *Jaswal*. The tribunal agreed with Mr. Jardine’s arguments that these are serious issues. Trust was clearly breached with the insurer which has the potential to have

implications across the profession and into the public purview. The tribunal did not view the conduct as minor and strongly feels that the issue goes deeper than a mistake with minor record keeping. Appropriate recording keeping goes to the heart of the integrity of the profession. There must be confidence that the information submitted to insurers is truthful and accurate. The licensee plays a major role in providing oversight to these processes, it is central to the role as licensee. Mr. Hill was aware of the issues with the record keeping at the pharmacy and did not take steps to correct it. The conduct in question harms the integrity of the profession. In this case general deterrence is a major factor that is relevant to sanction.

Mr. Hill is a very experienced pharmacist and the tribunal agreed that experience is not a mitigating factor in this case. The tribunal agreed that Mr. Hill's previous finding of unprofessional conduct is not a factor in the current decision on sanction because it took place 16 to 18 years ago and there were no other issues cited over his 40 year career. The tribunal did note that this is not an isolated incident and occurred a number of times. The tribunal also agreed with Mr. Jardine's submission that Mr. Hill's cooperation and full admission of unprofessional conduct is a significant mitigating factor in this case.

Both parties made submissions with respect to a Hearing Tribunal's decisions in the case of Colin Porozni. The Tribunal did not find these cases to be similar enough to be helpful in informing the decision on sanction. While the allegations against Mr. Porozni dealt with dispensing activities, this case involves both prescribing and dispensing activities which requires an extremely high degree of integrity. While both cases involve poor recording keeping, the allegations concerning Mr. Hill also relate to the creation of false information which was submitted to a third party insurer. The common theme between the two cases is the expectation of cooperation and ethical behavior in responses to audits by third party payers, which was significantly lacking in both cases. While there were some elements of the decisions concerning Mr. Porozni that were similar, overall the Hearing Tribunal did not find these decisions to be particularly helpful in determining whether to accept the Joint Submission presented by the parties.

In addition, the Hearing Tribunal considered that Mr. Hill was in agreement with the orders sought on behalf of the College.

The Hearing Tribunal feels that the orders agreed to by both parties properly reflect the seriousness of the conduct. The orders are balanced by helping to ensure the public is protected from future misconduct of a similar nature and are fair to Mr. Hill given his candor and willingness to admit responsibility as licensee.

Signed on behalf of the Hearing Tribunal by the Chair on September 12, 2018

Per: Kelly Olstad