

ALBERTA COLLEGE OF PHARMACISTS

IN THE MATTER OF
THE HEALTH PROFESSIONS ACT

AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF **Dr. Pierre Rizk**

DECISION OF THE HEARING TRIBUNAL

January 31, 2018

I. INTRODUCTION AND PRELIMINARY MATTERS

The hearing tribunal held a hearing into the conduct of Dr. Pierre Rizk. In attendance on behalf of the hearing tribunal were: Peter Macek, pharmacist and chairperson, Sarah Gutenberg, pharmacist, Anil Goorachurn, pharmacist, and James Lees, public member. Julie Gagnon acted as independent counsel to the hearing tribunal.

The hearing took place on the 5th day of December 2017 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*.

In attendance at the hearing were James Krempien, Complaints Director, David Jardine and Annabrit Chisholm (student-at-law), legal counsel for the Complaints Director. The member, Dr. Pierre Rizk was self-represented. Dr. Rizk confirmed he was aware that he had the right to legal counsel and wished to proceed without legal representation.

Mr. Jardine and Dr. Rizk confirmed that there were no objections to the composition of the hearing tribunal or the jurisdiction of the hearing tribunal to proceed with a hearing. There were no objections to the timeliness of service of the Notice of Hearing under s. 77(a) of the Act.

Prior to the start of the hearing, Dr. Rizk submitted a written request to have the hearing held in private. This issue was addressed at the outset of the hearing. Under s. 78(1) of the *Health Professions Act*, the hearing is open to the public, unless the hearing tribunal orders the hearing to be held in private pursuant to one of the listed grounds in s. 78 of the *Health Professions Act*. Mr. Jardine submitted that none of the criteria to make the hearing private applied and that the admissions and information will be provided in a general manner. Dr. Rizk stated that he had no objections to holding the hearing in public, but expressed that the privacy of any patients involved in this matter be respected. Mr. Jardine did not object to protecting the privacy of patient information. The hearing tribunal decided to keep the hearing open to the public as there was no compelling reason to close the hearing on the grounds listed in s. 78 of the *Health Professions Act* but would ensure the written decision contained no identifying third party or patient information.

II. ALLEGATIONS

The Notice of Hearing was entered into the record and marked as Exhibit 1. The Notice of Hearing states:

It is alleged that between January 2014 and June 2017 you:

1. Have demonstrated an ongoing pattern of disrespectful conduct towards other health care professionals over an extended period of time where your behavior was described by numerous individuals using one or more of the following terms:

- a. aggressive, loud, demeaning, accusatory, demanding, belittling, dominating, condescending, intimidating, bullying, very abrupt, insulting and extremely rude;
2. Failed or refused to establish and maintain appropriate professional and collaborative relationships with other health care providers, including:
 - a. numerous staff at DynaLIFE medical labs;
 - b. staff at the Alberta Health Services Laboratory Services at Leduc Hospital Laboratory;
 - c. a physician at Bear Street Family Physicians in Banff, Alberta in January 2014;
 - d. staff at Costco Pharmacy #251 in Calgary, Alberta in or around August or September 2014;
 - e. staff at Claresholm Pharmacy in Claresholm, Alberta after your employment was terminated in or around March 2015;
 - f. a pharmacist at an Edmonton Primary Care Network working with Dr. RS who inquired about a mutual patient that you had been prescribing medications for between December 2016 and June 2017;
 - g. Ms. SM, RPh, Assessment Manager, and Ms. JM, RPh, Professional Practice Consultant while they were performing duties on behalf of the Alberta College of Pharmacists.
3. Failed to acknowledge or take any responsibility for your conduct when concerns were brought to your attention and frequently responded by attacking the integrity, honesty or competence of the persons raising the concerns; and
4. Provided treatment to yourself on or about June 11, 2017 when you ordered a laboratory test.

III. EVIDENCE AND SUBMISSIONS

The following Exhibits were entered by agreement of the parties:

- Exhibit 1 – Notice of Hearing dated October 24, 2017;
- Exhibit 2 – Admission of Unprofessional Conduct;
- Exhibit 3 – Record of Decision dated August 17, 2017; and
- Exhibit 4 – Joint Submission on Sanctions.

Mr. Jardine advised that the hearing was proceeding by admission of unprofessional conduct pursuant to section 70 of the *Health Professions Act* and entered into evidence a copy of an Admission of Unprofessional Conduct on behalf of the Complaints Director and Dr. Rizk (Exhibit 2). Exhibit 2 was not signed by a witness, however Dr. Rizk confirmed for the record that the signature on Exhibit 2 was his signature.

Mr. Jardine acknowledged that while Dr. Rizk was not represented at this hearing, he did have legal counsel until the 15th of November 2017 and did receive legal advice prior to signing the Admission of Unprofessional Conduct.

In the Admission of Unprofessional Conduct, Dr. Rizk admitted responsibility for all of the allegations. He also admitted that his conduct constituted unprofessional conduct and breached the following Standards of Practice and Code of Ethics governing the practice of pharmacy:

- Standard 1 (sub-sections 1.1, 1.2 and 1.4) of the Standards of Practice for Pharmacists and Pharmacy Technicians;
- Principles 3(4), 10(10) and 12(2) of the ACP Code of Ethics; and

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)(ii) and 1(1)(pp)(xii) of the *Health Professions Act*.

In the Admission of Unprofessional Conduct, there is acknowledgement from the Complaints Director that Dr. Rizk had been fully cooperative throughout the investigation and hearing process and that Dr. Rizk had not been the subject of any prior complaints, investigations or complaint hearings. Further, the Admission of Unprofessional Conduct stated that Dr. Rizk acknowledges that he had chosen not to receive legal advice prior to entering into the Admission of Unprofessional Conduct but that he understands that if the hearing tribunal accepts the Admission of Unprofessional Conduct, the hearing tribunal may proceed to issue one or more of the orders set out in section 82(1) of the *Health Professions Act*.

Mr. Jardine entered into evidence the Record of Decision to the hearing tribunal (Exhibit 3). This document is based on the Complaints Director's investigation into the complaint initiated by a representative from DynaLIFE medical labs. The Record of Decision outlined the Complaints Director's reasons for bringing this matter to a hearing tribunal. The reasons cited reflect the allegations noted in the Notice of Hearing dated October 24, 2017.

Mr. Jardine stated that the focus of the matter should be on the pattern of Dr. Rizk's behaviour, as opposed to the specific examples of disrespectful conduct. Mr. Jardine noted that if the hearing proceeded as a contested hearing, there would have been 15 or so witnesses called before the hearing tribunal. They would have very likely described their interaction with Dr. Rizk from one of the terms listed in 1(a) of the Notice of Hearing. Mr. Jardine also submitted that a single, isolated incident of disrespectful conduct would not have put the member in front of a hearing tribunal, it was due to the number of incidents over the period of time identified in the Notice of Hearing. Owing to Dr. Rizk's cooperation with the investigation and the focus being more on the pattern of disrespectful behaviour, Mr. Jardine asked that the hearing tribunal consider the allegations and admissions on a more general basis.

While Mr. Jardine did not elaborate on the specifics of the lab test that Dr. Rizk ordered for himself – he noted that Dr. Rizk admitted that he shouldn't have done this and that

the matter of the lab test would not have independently been brought to a hearing tribunal.

The allegations represent and are based upon a pattern of behaviour demonstrated by Dr. Rizk. Dr. Rizk has admitted his conduct in these incidents was unprofessional; therefore, none of the individuals involved in the allegations were required to provide evidence during the hearing regarding their interactions with Dr. Rizk. Mr. Jardine stated that, given the full admissions by Dr. Rizk, he was not proposing to go into specific and detailed facts regarding the allegations. Mr. Jardine noted that Dr. Rizk's approach to this matter changed since the investigation began and the member was willing to admit his conduct was unprofessional.

Dr. Rizk submitted to the hearing tribunal that he had learned from his mistakes and cited an example of having a conversation with the Registrar regarding the important role Professional Practice Consultants have in the work they do.

The hearing tribunal adjourned the hearing to review the submissions and exhibits. Following this review, the hearing tribunal reconvened and advised the parties that it accepts Dr. Rizk's admission of unprofessional conduct and found the allegations in the Notice of Hearing were proven.

IV. FINDINGS

With respect to Allegations 1, 2 and 3, the hearing tribunal accepted that the Record of Decision from the Complaints Director (Exhibit 3) provided an adequate summary of the nature of Dr. Rizk's disrespectful behavior to several different health care providers and his failure to acknowledge or take responsibility for his conduct. Further, Dr. Rizk admitted to the disrespectful behavior and has signed the Admission of Unprofessional Conduct.

In determining the reasons for this decision, the hearing tribunal considered the Standards of Practice for Pharmacists and Pharmacy Technicians, specifically those relevant to collaboration.

The Standards of Practice define collaborative relationship as meaning a relationship between two or more regulated health professionals that is developed to:

- i. facilitate communication,
- ii. determine mutual goals of therapy that are acceptable to the patient,
- iii. share relevant health information, and
- iv. establish the expectations of each regulated health professional when working with a mutual patient.

Collaborative practice is the foundation of providing patient care in all pharmacy practice settings and when collaboration is discouraged through disrespectful behavior,

patient care is bound to be impaired. The hearing tribunal finds that collaboration and professionalism are the core issues in this matter.

The Standards provide that pharmacists must practice in accordance with the *Health Professions Act*, the Standards and the Code of Ethics (Standard 1.1) and must comply with the letter and spirit of the law that governs their practice (Standard 1.2). Standard 1.4 cites specific examples of collaborative behavior including, but not limited to: treating colleagues with respect; acting as a positive role model; making appropriate and efficient use of the expertise and availability of colleagues; and developing and maintaining collaborative relationships. The hearing tribunal found that the summary of the terms in the Admission of Unprofessional Conduct (section 2(1)(a)) and Record of Decision (section 1(a)) were discordant with collaborative practice.

Although not cited in the Notice of Hearing, the principle of collaboration is mentioned frequently in other Standards of Practice, including Standard 5.3(e) entering into a collaborative relationship with another regulated health professional to manage the patient's drug therapy; and throughout Standard 14, which provides guidance when pharmacists prescribe at initial access or to manage ongoing therapy. During the submissions on penalty, the hearing tribunal determined that Dr. Rizk has his Additional Prescribing Authorization (APA). Standard 14 is very clear on the need for pharmacists to collaborate with other regulated health professionals when considering prescribing with APA. Collaborative relationships are required prior to prescribing with APA (Standard 14.2(c)) and collaboration with other regulated health professionals is required in caring for a previously diagnosed condition (Standard 14.5(a)). The hearing tribunal is concerned that the past disrespectful behavior demonstrated by Dr. Rizk would prevent this necessary collaboration from occurring. The hearing tribunal was concerned about the potential for negative patient outcomes due to Dr. Rizk's disrespect towards other colleagues involved in his patient's care.

The hearing tribunal also considered the ethical principles cited in the Notice of Hearing, specifically:

ACP Code of Ethics Principle 10(10): Respond honestly, openly and courteously to complaints and criticism; and Principle 12(2): maintain professional relationships with colleagues and other health care professionals.

Specific examples of Dr. Rizk's behavior were not provided to the hearing tribunal. The hearing tribunal took particular note of Section 2(3) in Dr. Rizk's Admission of Unprofessional Conduct. Dr. Rizk admits to failing to acknowledge or take responsibility for his conduct when concerns were brought to his attention and he frequently responded by attacking the integrity, honesty or competence of the persons raising the concerns. This type of bullying behavior is not acceptable in any circumstance, and particularly not consistent of behavior expected of a regulated health professional. It is never appropriate for a professional to behave in this manner and Dr. Rizk's pattern of disrespectful behavior was concerning to the tribunal in the context of the potential impact of on the patients he provides cares for. Furthermore, this behavior may have impacted other health care provider's impressions of pharmacists in general. Dr. Rizk's behavior had the potential to diminish the tremendous respect

the profession of pharmacy has in this province and the hearing tribunal sees this as a serious matter.

The hearing tribunal agrees that Dr. Rizk's behavior in Allegations 1, 2 and 3 specifically breached the above noted principles from the Standards of Practice and from the ACP Code of Ethics. The hearing tribunal does not condone this bullying behavior and Dr. Rizk's pattern of behavior is inconsistent with the Standards of Practice and Code of Ethics. In addition, the hearing tribunal recognizes that it would have been difficult for Dr. Rizk to maintain professional relationships with other colleagues or other health care providers with this pattern of behavior. These breaches are sufficiently serious to constitute unprofessional conduct under s. 1(1)(pp)(ii) of the *Health Professions Act* (conduct that contravenes the Standards of Practice or a Code of Ethics.)

For the reasons noted above, the hearing tribunal also finds that the conduct in Allegations 1, 2 and 3 constitute conduct harmful to the integrity of the profession and meets the definition of unprofessional conduct in s. 1(1)(pp)(xii) of the *Health Professions Act* (conduct that harms the integrity of the regulated profession).

With respect to Allegation 4, the hearing tribunal finds that Dr. Rizk provided treatment to himself on or about June 11, 2017 when he ordered a laboratory test. ACP Code of Ethics principle 3(4) provides that pharmacists must limit treatment to themselves or immediate family only to minor conditions, emergency circumstances or when another health professional is not readily available. Although limited details were provided of this allegation, the hearing tribunal accepts the admission of unprofessional conduct and finds the conduct to be unprofessional conduct pursuant to section 1(1)(pp)(ii) of the *Health Professions Act* (conduct that contravenes the Code of Ethics).

V. SUBMISSIONS ON PENALTY

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

A Joint Submission Agreement was entered as Exhibit 4 on the issue of penalty. Dr. Rizk and the Complaints Director submitted the following joint submission on penalty:

- a. Dr. Rizk shall receive a reprimand from the College.
- b. Dr. Rizk must successfully complete the Centre for Personalized Education for Physician's (CPEP) Probe Course within 12 months of the date that the written decision of the Hearing Tribunal is served on him. A failure to successfully complete the CPEP Probe Course within a 12 month period will result in the immediate application of a 3-month suspension of his practice permit, and if the CPEP Probe course is not completed successfully within a further 12-month period, the matter will be remitted to the Hearing Tribunal for further consideration.

- c. Dr. Rizk must pay the full costs of the investigation and hearing to a maximum of \$10,000. Payment will occur in accordance with a reasonable monthly payment schedule as directed by the Hearings Director with the total costs to be paid within 24 months from the date the Hearings Director sets the schedule and notifies Dr. Rizk about the first payment.
- d. For a period of 5 years, Dr. Rizk must provide any pharmacy employer or licensee with a copy of this decision so that they will be aware of the decision and the sanction orders.

Submission from the Complaints Director:

Mr. Jardine submitted that the Joint Submission on Sanctions Agreement was fair to the member and allowed for rehabilitation. The following principles were central to the joint submission on penalty: protection of the public, maintaining the integrity of the profession; and deterrence (both to Dr. Rizk and in general to all members of college).

Mr. Jardine outlined the relevant principles for consideration referenced from *Jaswal v. Newfoundland Medical Board* (1996) and described the application of the factors in this case. Key points were:

- The nature and gravity of the proven allegations were serious, but, the allegations were not at either end of the spectrum. This was a significant concern, but different from a situation involving diversion.
- Dr. Rizk was relatively new to practice in Alberta – he was licensed in late 2013.
- There were no prior complaints or disciplinary actions against Dr. Rizk.
- There were no patients involved in the allegations. Mr. Jardine acknowledged that other health care professionals may have been caused distress by the member but did not expect anyone to have lasting trauma from Dr. Rizk's behaviour.
- The number of times the proven allegations occurred were significant, forming a pattern of behavior. No single incident stood out over the others.
- Dr. Rizk acknowledged his conduct and took full responsibility for his actions.
- No previous financial or other penalties affected the member.
- The Complaints Director noted how cooperative the member was in dealing with these issues.
- The need for specific and general deterrence:

- Mr. Jardine acknowledged that a change in behaviour was required and the sanctions from the joint submission were tailored to Dr. Rizk. The Complaints Director submitted that the Probe course will specifically address the behaviors that led the member to the current complaint. The program is tailored to each participant and has significant costs associated with it (course fees and requirement to attend the course in person in Toronto or Vancouver).
- The members in general will have the general principles of collaboration and respect reinforced through this decision, as highlighted through the relevant Standards of Practice and ACP Code of Ethics.

- To maintain the integrity of the profession, highlighting the importance of the collaborative nature of the pharmacist's role and acknowledging that there is risk of damaging the integrity of the profession if this matter was not responded to appropriately.

- Dr. Rizk's behaviour was outside the range of permitted conduct. Mr. Jardine noted that 1 or 2 instances of the proven behaviour would not have brought the member in front of a hearing tribunal.

- Regarding the range of similar sanctions, Mr. Jardine noted there were no similar cases with Alberta pharmacists that could be separated from other matters. Mr. Jardine did reference 2 decisions from the College of Physicians and Surgeons of Ontario.
 - The first was the decision on Dr. Amer. The member admitted to a single, major incident of unprofessional behaviour. The matter proceeded by agreed statement of facts and the member received a reprimand, was required to pay the costs to the College (capped to a fixed amount) and the decision and sanction were available to the public through the normal process.
 - The second was the decision on Dr. Sogbein. The member admitted to a series of more serious incidents. The member was suspended from his duties and it was noted that alcohol may have been a factor in the member's behaviour. The member was suspended for 4 months, was required to practice in a group setting, was required to notify the College if he was charged with any provincial or criminal offense, practice under a workplace monitoring agreement, attend group counselling sessions and pay the hearing costs to the College (capped to a fixed amount).

Mr. Jardine submitted that a reprimand was appropriate in this matter, as Dr. Rizk's behaviour did not warrant a suspension. Mr. Jardine noted that had Dr. Rizk not cooperated with the investigation and complaint process, he would have requested a suspension.

Mr. Jardine provided the hearing tribunal with information about the Probe course and noted that due to the member's professional designation, Dr. Rizk is required to pay a higher rate for the program. Individuals with a PhD or MD pay a higher rate for the program. Mr. Jardine noted that should the member not complete the Probe course

within the timeframes identified in the Joint Submission Agreement, Dr. Rizk could be suspended for 3 months and brought before a hearing tribunal.

Regarding the costs of the hearing and investigation, Mr. Jardine submitted that the actual costs may be higher. The Complaints Director agreed to limit the costs to \$10,000 in fairness to the member and cited the cooperation of the member in this matter.

Mr. Jardine stated that presently, Dr. Rizk is self-employed, but should this situation change, he would be required to share the copy of the decision and sanctions with any potential employer for a period of 5 years.

In closing, Mr. Jardine submitted that the sanctions are appropriate and fair, and noted that in addition to the hearing costs, the member had incurred costs of prior legal representation and will incur the cost of the Probe course. This was the first complaint against Dr. Rizk and the member has two years to complete the Probe course or be brought back to the hearing tribunal. Mr. Jardine further submitted that this agreement on sanctions mirrors those from when Dr. Rizk sought legal advice.

Mr. Jardine noted that although the hearing tribunal was not bound by the Joint Submission Agreement, the hearing tribunal should give deference and consider the following principles:

- The parties worked together on the proposed sanctions
- The member gave up his right to defend himself by entering into this agreement
- Unless the sanctions were unreasonable or unfit, the hearing tribunal should accept the joint submission.

Submission from Dr. Rizk:

Dr. Rizk made a request to extend the initial period in which he had to complete the Probe course from 12 months to 15 months. He raised this request in order to make the necessary arrangements to attend and to allow him to prepare for some upcoming exams.

Mr. Jardine submitted that both parties negotiated the 12 month period and he felt this timeframe was reasonable. However, Mr. Jardine did state that he would agree to a 15 month period if the hearing tribunal decided to make that change.

Clarification from the Hearing Tribunal:

Following a brief adjournment, the hearing tribunal sought clarity on the following points:

- The tribunal confirmed that Dr. Rizk had his Additional Prescribing Authorization.
- Highlighting the role of inter-professional collaboration in the context of Additional Prescribing Authorization, the hearing tribunal requested further

information from the Complaints Director on how the Probe Course would specifically address collaboration and professionalism.

- Mr. Jardine noted that the brochure for the Probe Course identified some general areas in which the course was applicable: criminal matters, other professional conduct. He submitted that it is rare to find a course more specific or tailored to Dr. Rizk's admitted conduct and there is no better alternative. Mr. Jardine stated that this program is used widely by other professional colleges. The only other option known to the Complaints Director is an online program and that this type of program was not sufficient to address Dr. Rizk's disrespectful conduct or failure to establish or maintain collaborative relationships. The Probe Course does address boundaries, cooperation and understanding relationships.
 - The Complaints Director submitted that the program is not solely didactic and the content of the program is tailored specifically to the incident that brings the individual to the program. The College is involved with the enrollment of the member to the program and part of the requirements of the program is for the copy of the decision to be provided. The Probe course requires the individual to complete an essay prior to attending an in-person program and participants are required to reflect on their actions in person and in writing.
 - Mr. Jardine submitted that the college was satisfied that the Probe course will appropriately address the issues of collaborative behavior by Dr. Rizk.
- Regarding paragraph 1(d) of the Joint Submission Agreement, the period of 5 years would begin when the written decision was provided to the member.
 - Regarding paragraph 1(b) of the Joint Submission Agreement, the hearing tribunal inquired over the composition of the hearing tribunal reference in the proposed sanction. Mr. Jardine submitted that he was referring to the members of the current hearing tribunal, but noted that it may not be possible to have the same hearing tribunal hear this matter in 2 years, should Dr. Rizk not complete the Probe course. Mr. Jardine stated that it would be acceptable to have the Hearings Director appoint a new hearing tribunal if required.

VI. ORDERS

The hearing tribunal considered the submission of the parties and the appropriateness of the Joint Submission on Penalty. The hearing tribunal considered:

- The nature and gravity of the proven allegations: The hearing tribunal agrees that the matter is serious and Dr. Rizk's behaviour had significant negative impact on those involved in the complaint.
- The number of times the proven allegations occurred: As noted by Mr. Jardine during the hearing, there was a pattern of behavior, this was not an isolated incident. The hearing tribunal noted the significant number of health care professionals impacted by the member's behaviour. There were 15 individuals that the Complaints Director had considered calling as witnesses prior to the

member entering into the Admission of Unprofessional Conduct. The health care professionals (laboratory services staff, pharmacists, physicians and representatives from the College) were affected by Dr. Rizk's behavior throughout the province and his behavior was noted to have occurred from the first full year of his registration until 2017, when the Complaints Director began his investigation.

- The hearing tribunal agreed that there was no evidence of patients being involved in the allegations. The hearing tribunal agreed that other health care professionals may have been caused distress by the member. It is difficult for the hearing tribunal to assess the impact of this behavior, as there were no witnesses called during the hearing.
- The hearing tribunal found that there were significant mitigating factors in this matter, specifically that Dr. Rizk;
 - had no prior complaints or disciplinary actions,
 - was cooperative with the Complaints Director in dealing with this matter, and
 - acknowledged his conduct and took full responsibility for his actions
- The hearing tribunal found that the rationale provided regarding similar cases (Sogbein and Amer) to determine sanctions was appropriate.

The hearing tribunal considered the appropriateness of each proposed sanction outlined in the joint sanction agreement.

- Reprimand. The hearing tribunal found this was fair, considering the nature of the proven allegations and the orders from the Amer case referenced by the Complaints Director. The suspension ordered in the Sogbein case was for proven allegations that were much more serious than those of Dr. Rizk. The hearing tribunal also finds that had Dr. Rizk not admitted to the conduct, a more serious penalty may have been appropriate. Where a member acknowledges unprofessional conduct and takes responsibility for their actions, this can be considered in ordering a lesser penalty. The acknowledgement by Dr. Rizk shows self-reflection and self-awareness, which increases the likelihood that this type of conduct will not re-occur.
- Probe Course. The hearing tribunal was satisfied that the overall content of this program would be well suited to support Dr. Rizk in addressing his collaboration and professionalism. The hearing tribunal also found that the Probe Course is the best alternative available to address these issues. The hearing tribunal considered Dr. Rizk's request for a 3 month extension to complete the Probe Course and found it was not unreasonable to extend the period he had to complete the program to 15 months.
 - The hearing tribunal agreed with a 3 month suspension and having this matter brought back to a hearing should Dr. Rizk not complete the Probe course within 27 months of receiving this written decision.
 - The hearing tribunal acknowledges that there would be an advantage to having the same panel hear the matter at that time, should it be necessary, but recognizes that it may not be possible to have each member available in the future. It is reasonable to allow the Hearings

Director to determine the panel members in this case, should this matter be brought back to the hearing pursuant to the orders.

- Costs of the investigation and hearing. The hearing tribunal did consider ordering Dr. Rizk to pay for the entire costs of the investigation and hearing, but is respectful of the principle of deference and did not find the capped amount, agreed to by both parties, unfit or unreasonable.
- Need for Dr. Rizk to notify future employers of this decision for a period of 5 years. The hearing tribunal found that this notification was reasonable and depending on Dr. Rizk's employment status, may not be a factor, should he remain self-employed for that period of time.

The hearing tribunal found that the orders do protect the public, maintain the integrity of the profession and provide both general and specific deterrence.

- Protection of the public. The orders issued will protect the public, by ensuring that Dr. Rizk develops and refines the skills necessary to collaborate with other health care professionals and ensure he behaves in a professional manner. The organizers of the Probe Course will be provided this decision and will tailor the content of Dr. Rizk's attendance to work on the skills he needs to appropriately interact with others, which will lead to the best possible outcomes for the patients he cares for.
- Maintain the integrity of the profession. The public, including other health care professionals, depends on pharmacists being able to act in a professional and collaborative manner.
- General and specific deterrence. The orders are significant and the hearing tribunal expects that they will have the effect of specific deterrence, with respect to Dr. Rizk, and general deterrence, with respect to the profession.

In light of the foregoing, the hearing tribunal hereby orders the following pursuant to s. 82 of the *Health Professions Act*:

1. Dr. Rizk shall receive a reprimand from the College.
2. Dr. Rizk must successfully complete the Centre for Personalized Education for Physician's (CPEP) Probe Course within 15 months of the date of the written decision of the Hearing Tribunal is served on him. A failure to successfully complete the CPEP Probe Course within a 15 month period will result in the immediate application of a 3-month suspension of his practice permit, and if the CPEP Probe course is not completed successfully within a further 12-month period, the matter will be remitted to this Hearing Tribunal, if available, or another Hearings Tribunal as appointed by the Hearings Director for further consideration.
3. Dr. Rizk must pay the full costs of the investigation and hearing to a maximum of \$10,000. Payment will occur in accordance with a reasonable monthly payment schedule as directed by the Hearings Director with the total costs to be paid within 24 months from the date the Hearings Director sets the schedule and notifies Dr. Rizk about the first payment.

4. For a period of 5 years from the date the written decision is provided to him, Dr. Rizk must provide any pharmacy employer or licensee with a copy of this decision so that they will be aware of the decision and the sanction orders.

Signed on behalf of the hearing tribunal by
the Chair

Dated:
January 31, 2018

Per: *Peter Macek*
Peter Macek