

**DISCIPLINE COMMITTEE  
OF THE COLLEGE OF NURSES OF ONTARIO**

<b>PANEL:</b>	Michael Hogard, RPN	Chairperson
	Andrea Arkell	Public Member
	Carly Gilchrist, RPN	Member
	Lynn Hall, RN	Member
	Lalitha Poonasamy	Public Member

**BETWEEN:**

COLLEGE OF NURSES OF ONTARIO	)	<u>DENISE COONEY</u> for
	)	College of Nurses of Ontario
- and -	)	
	)	
MARIE FE APELIN	)	<u>VANESSA YANAGAWA</u> for
Registration No. 0303610	)	Marie Fe Apelin
	)	
	)	<u>KIMBERLEY ISHMAEL</u>
	)	Independent Legal Counsel
	)	
	)	Heard: July 6, 2022

**DECISION AND REASONS**

This matter came on for hearing before a panel of the Discipline Committee (the “Panel”) of the College of Nurses of Ontario (the “College”) on July 6, 2022, via videoconference.

**The Allegations**

The allegations against Marie Fe Apelin (the “Member”) as stated in the Notice of Hearing dated May 26, 2022 are as follows:

**IT IS ALLEGED THAT:**

1. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* of the *Nursing Act, 1991*, S.O. 1991, c. 32, as amended, and defined in subsection 1(1) of *Ontario Regulation 799/93*, in that while working as a Registered Nurse at Baycrest Hospital in Toronto, Ontario (the “Facility”), you contravened a standard of practice of the profession or failed to meet the standards of practice of the profession, and in particular, in or around 2010 to 2018, you submitted

and/or accepted payment for false claims under the Facility's employee group benefit plan (the "Benefit Plan").

2. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* of the *Nursing Act, 1991*, S.O. 1991, c. 32, as amended, and defined in subsection 1(8) of *Ontario Regulation 799/93*, in that while working as a Registered Nurse at the Facility, you misappropriated property from a client or workplace, and in particular, in or around 2010 to 2018, you submitted and/or accepted payment for false claims under the Benefit Plan.
3. You committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* of the *Nursing Act, 1991*, S.O. 1991, c. 32, as amended, and defined in subsection 1(14) of *Ontario Regulation 799/93*, in that while working as a Registered Nurse at the Facility, you falsified a record relating to your practice, and in particular, in or around 2010 to 2018, you submitted and/or accepted payment for false claims under the Benefit Plan.
4. You committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* of the *Nursing Act, 1991*, S.O. 1991, c. 32, as amended, and defined in subsection 1(15) of *Ontario Regulation 799/93*, in that while working as a Registered Nurse at the Facility, you signed or issued, in your professional capacity, a document that you knew or ought to have known contained a false or misleading statement, and in particular, in or around 2010 to 2018, you submitted and/or accepted payment for false claims under the Benefit Plan.
5. You have committed an act of professional misconduct as provided by subsection 51(1)(c) of the *Health Professions Procedural Code* of the *Nursing Act, 1991*, S.O. 1991, c. 32, as amended, and defined in subsection 1(37) of *Ontario Regulation 799/93*, in that while working as a Registered Nurse at the Facility, you engaged in conduct or performed an act, relevant to the practice of nursing, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, and in particular, in or around 2010 to 2018, you submitted and/or accepted payment for false claims under the Benefit Plan.

### **Member's Plea**

The Member admitted the allegations set out in paragraphs #1, #2, #3, #4 and #5 in the Notice of Hearing. The Panel received a written plea inquiry which was signed by the Member. The Panel also conducted an oral plea inquiry and was satisfied that the Member's admission was voluntary, informed and unequivocal.

### **Agreed Statement of Facts**

College Counsel and the Member's Counsel advised the Panel that agreement had been reached on the facts and introduced an Agreed Statement of Facts, which reads, unedited, as follows:

#### **MEMBER**

1. Marie Fe Apelin (the "Member") registered with the College of Nurses of Ontario ("CNO") as a Registered Nurse ("RN") on February 28, 2003.
2. The Member was employed as an RN at Apotex Jewish Home for the Aged at Baycrest Health Sciences (the "Facility"), in Toronto, Ontario from 2004 to 2019. Her employment was terminated as a result of the incidents described below.

#### **BENEFIT PLAN**

3. The Facility's employee benefit plan (the "Benefit Plan") is a group insurance policy which provides coverage for extended health care, dental, and other insurance benefits. The Facility is the Plan Sponsor for the Benefit Plan and funds the cost of claims paid out under the plan. Coughlin & Associates Ltd ("Coughlin") administers the Benefit Plan on behalf of the Facility. Employees contribute to the cost of the Benefit Plan as set out in their employment agreement and/or collective agreement, and based on their election for individual or family coverage.
4. In order to submit a claim, Benefit Plan members must complete a medical expense claim form provided by Coughlin. The claim form requires certain information, including information on the plan member, any dependents, and the nature of the claim. The plan member must certify "that the information given is true, correct and complete to the best of [their] knowledge".

#### **INCIDENTS RELEVANT TO ALLEGATIONS OF PROFESSIONAL MISCONDUCT**

5. Between 2010 and 2018, the Member submitted false claims for a variety of medical services and products under the Benefit Plan and received at least \$10,105 in relation to those false claims. The false claims include claims for physiotherapy, massage therapy, chiropractic treatments, compression stockings, custom made orthotics, orthopaedic shoes, and shoe modifications.
6. In January 2019, the Facility uncovered benefits irregularities and conducted an internal investigation into the issue. As part of this investigation, the Member was questioned by the Facility with respect to her claims. The Member initially asserted that the claims were legitimate, however, she later admitted to her involvement in

a fraudulent scheme whereby she would submit false claims for products and services not received, instead, keeping the claim reimbursement money for herself.

7. The Facility terminated the Member's employment in 2019 as a result of this conduct. The Member did not make restitution.

### **BENEFIT FRAUD CASES**

8. To date, a total of 52 benefit fraud cases involving substantially similar schemes as the one identified in this case, involving either cash or products not covered by the benefit plan, have been referred to the Discipline Committee. The dollar amounts of the false claims involved range from under \$500 to over \$45,000.

### **CNO STANDARDS**

#### *Professional Standards*

9. CNO's *Professional Standards* provides an overall framework for the practice of nursing and a link with other standards, guidelines and competencies developed by CNO. It includes seven broad standard statements pertaining to accountability, continuing competence, ethics, knowledge, knowledge application, leadership and relationships.
10. CNO's *Professional Standards* provides, in relation to the accountability standard, that nurses are accountable to the public and responsible for ensuring their practice and conduct meets the legislative requirements and the standard of the profession. Nurses are responsible for their actions and the consequences of those actions as well as for conducting themselves in ways that promote respect for the profession. Nurses demonstrate this standard by actions such as ensuring their practice is consistent with CNO's standards of practice and guidelines as well as legislation.
11. CNO's *Professional Standards* provides, in relation to the leadership standard, that leadership requires self-knowledge (understanding one's beliefs and values and being aware of how one's behaviour affects others), respect, trust, integrity, shared vision, learning, participation, good communication techniques and the ability to be a change facilitator. The leadership expectation is not limited to nurses in formal leadership positions and all nurses, regardless of their position, have opportunities for leadership. Nurses demonstrate this standard by actions such as role-modelling professional values, beliefs and attributes.

#### *Ethics*

12. CNO's *Ethics* Standard describes ethical values that are important to the nursing profession in Ontario including patient well-being, patient choice, privacy and confidentiality, respect for life, maintaining commitments, truthfulness and fairness.

13. CNO's *Ethics* Standard provides, in relation to maintaining commitments, that nurses have a commitment to the nursing profession and being a member of the profession brings with it the respect and trust of the public. To continue to deserve this respect, nurses have a duty to uphold the standards of the profession, conduct themselves in a manner that reflects well on the profession, and to participate in and promote the growth of the profession.
14. CNO's *Ethics* Standard also provides, in relation to truthfulness, that truthfulness means speaking and acting without intending to deceive.
15. The Member admits and acknowledges that she contravened CNO's *Professional Standards* and *Ethics* Standard when she submitted false claims under the Benefit Plan.

#### **ADMISSIONS OF PROFESSIONAL MISCONDUCT**

16. The Member admits that she committed the acts of professional misconduct as alleged in paragraph 1 of the Notice of Hearing in that she contravened a standard of practice of the profession or failed to meet the standards of practice of the profession, as described in paragraphs 3 to 7 and 9 to 15 above.
17. The Member admits that she committed the acts of professional misconduct as alleged in paragraph 2 of the Notice of Hearing in that she misappropriated property from a workplace, as described in paragraphs 3 to 7 above.
18. The Member admits that she committed the acts of professional misconduct as alleged in paragraph 3 of the Notice of Hearing in that she falsified a record relating to her practice, as described in paragraphs 3 to 7 above.
19. The Member admits that she committed the acts of professional misconduct as alleged in paragraph 4 of the Notice of Hearing in that she signed or issued, in her professional capacity, a document that she knew or ought to have known contained a false or misleading statement, as described in paragraphs 3 to 7 above.
20. The Member admits that she committed the acts of professional misconduct as alleged in paragraph 5 of the Notice of Hearing, and in particular her conduct was dishonourable and unprofessional, as described in paragraphs 3 to 7 and 9 to 15 above.

#### **Decision**

The College bears the onus of proving the allegations in accordance with the standard of proof, that being the balance of probabilities based upon clear, cogent and convincing evidence.

Having considered the evidence and the onus and standard of proof, the Panel finds that the Member committed acts of professional misconduct as alleged in paragraphs #1, #2, #3, #4 and #5 of the Notice of Hearing. As to allegation #5, the Panel finds that the Member engaged in conduct that would reasonably be regarded by members of the profession to be unprofessional and dishonourable.

### **Reasons for Decision**

The Panel considered the Agreed Statement of Facts and the Member's plea and finds that this evidence supports findings of professional misconduct as alleged in the Notice of Hearing.

Allegation #1 in the Notice of Hearing is supported by paragraphs 3-7 and 9-16 in the Agreed Statement of Facts. The Member admitted to this allegation. The Member was employed as a Registered Nurse ("RN") at Apotex Jewish Home for the Aged at Baycrest Health Sciences (the "Facility"). The Facility's employee benefit plan (the "Benefit Plan") is a group policy which provides coverage for extended health care, dental, and other insurance benefits. The Member submitted false claims under the Benefit Plan between 2010 and 2018 for a variety of medical services and received at least \$10,105.00 in relation to these false claims. The Member admitted her involvement in a fraudulent scheme whereby she would submit false claims for products and services not received. The Member would then keep the claim reimbursement for herself. The Member breached the College's *Professional Standards* and the *Ethics* Standard. The College's *Professional Standards* indicate that nurses are responsible for ensuring that their practice and conduct meets legislative requirements and standards of the profession. Nurses are responsible for their actions and the consequences of those actions and further provides that a nurse meets this standard by having self-knowledge, respect, trust and integrity. A nurse demonstrates this standard by actions such as role-modelling professional values, beliefs and attributes. The College's *Ethics* Standard describes ethical values which are important to the nursing profession, which include but are not limited to maintaining commitments, truthfulness and fairness and also provides that being a member of this profession brings with it a certain level of trust and respect of the public. Truthfulness in the *Ethics* Standard means speaking and acting without intending to deceive.

Allegation #2 in the Notice of Hearing is supported by paragraphs 3-7 and 17 in the Agreed Statement of Facts. The Member admitted to this allegation, being the misappropriation of property. The Member submitted false claims under the Facility's Benefit Plan between 2010 and 2018 and received at least \$10,105.00 in relation to these false claims. These false claims included physiotherapy, massage therapy, chiropractic treatments, compression stockings, custom made orthotics, orthopaedic shoes and shoe modifications. The Member initially asserted that her submitted claims were legitimate, however, later in the investigation the Member admitted her involvement in a fraudulent scheme whereby she would submit false claims for products and services not received and keep the claim reimbursement money for herself. Receiving money with respect to false benefit claims constitutes misappropriation of property.

Allegation #3 in the Notice of Hearing is supported by paragraphs 3-7 and 18 in the Agreed Statement of Facts. The Member admitted to the allegation of falsifying a record. In 2019, the Facility uncovered benefit irregularities and conducted an internal investigation into this issue. As part of this investigation, the Member was questioned by the Facility with respect to her claims. The Member eventually admitted to submitting false claims for products and services not received and keeping the claim reimbursement money for herself. The Member was able to avail of the Benefit Plan by virtue of her employment as a RN at the Facility. Therefore, by submitting the false claims, the Member falsified a record related to her practice as a RN at the Facility.

Allegation #4 in the Notice of Hearing is supported by paragraphs 3-7 and 19 in the Agreed Statement of Facts. The Member admitted to the allegation of signing or issuing a document that she knew or ought to have known contained a false or misleading statement. The Member submitted false claims between 2010 and 2018 for a variety of medical services. She received at least \$10,105.00 in relation to these false claims. In order to submit a claim under the Benefit Plan members had to complete a medical expense claim form. The claim form requires certain information, including information on the plan member, any dependents and the nature of the claim. The plan member must then certify, "that the information given is true, correct and complete to the best of [their] knowledge". The Member admitted that she would submit false claims for products and services not received and would then keep the claim reimbursement for herself. The Member was a participant of the Facility's Benefit Plan as a RN employee of the Facility. When she signed and submitted the claim form, she did so in her capacity as a RN employee of the Facility. Accordingly, the facts support the allegation that the Member signed, in her professional capacity, a document which contained a false or misleading statement.

With respect to allegation #5 in the notice of hearing, this is supported by paragraphs 3-7,9-15 and 20 in the Agreed Statement of Facts. The Panel finds that the Member's conduct was clearly relevant to the practice of nursing and in failing to meet the standards of the profession and in particular the College's *Professional Standards* and the *Ethics Standard* was unprofessional as it demonstrated a serious and persistent disregard for her professional obligations. The Panel also finds that the Member's conduct was dishonourable. It demonstrated a repeated element of dishonesty and deceit over a period of eight years in which the Member submitted numerous fraudulent benefit claims and received reimbursement of at least \$10,105.00. Only when the Member's conduct was investigated by the Facility did the Member acknowledge her misconduct. The College provides that being a Member of this profession brings with it a certain level of respect and trust of the public. The Member breached this trust when she acted in a manner to gain financial reward without actually receiving medical services or products. The Member's repeated misconduct puts shame on the profession as it demonstrates an element of moral failing and a lack of integrity. The Member also knew or ought to have known that her conduct was unacceptable and fell below the standards of a professional.

### **Penalty**

College Counsel and the Member's Counsel advised the Panel that a Joint Submission on Order had been agreed upon. The Joint Submission on Order requests that this Panel make an order as follows:

1. Requiring the Member to appear before the Panel to be reprimanded within 3 months of the date that this Order becomes final.
2. Directing the Executive Director to suspend the Member's certificate of registration for 4 months. This suspension shall take effect from the date that this Order becomes final and shall continue to run without interruption as long as the Member remains in a practicing class.
3. Directing the Executive Director to impose the following terms, conditions and limitations on the Member's certificate of registration:
  - a) The Member will attend 2 meetings with a Regulatory Expert (the "Expert"), at her own expense and within 6 months from the date that this Order becomes final. To comply, the Member is required to ensure that:
    - i. The Expert has expertise in nursing regulation and has been approved by CNO in advance of the meetings;
    - ii. At least 5 days before the first meeting, or within another timeframe approved by the Expert, the Member provides the Expert with a copy of:
      1. the Panel's Order,
      2. the Notice of Hearing,
      3. the Agreed Statement of Facts,
      4. this Joint Submission on Order, and
      5. if available, a copy of the Panel's Decision and Reasons;
    - iii. Before the first meeting, the Member reviews the following CNO publications and completes the associated Reflective Questionnaires, online learning modules and decision tools (where applicable):
      1. *Code of Conduct*,
      2. *Professional Standards*, and
      3. *Ethics*;
    - iv. At least 5 days before the first meeting, or within another timeframe approved by the Expert, the Member provides the Expert with a copy of the completed Reflective Questionnaires;



- v. The subject of the sessions with the Expert will include:
    - 1. the acts or omissions for which the Member was found to have committed professional misconduct,
    - 2. the potential consequences of the misconduct to the Member's patients, colleagues, profession and self,
    - 3. strategies for preventing the misconduct from recurring,
    - 4. the publications, questionnaires and modules set out above, and
    - 5. the development of a learning plan in collaboration with the Expert;
  - vi. Within 30 days after the Member has completed the last session, the Member will confirm that the Expert forwards their report to CNO, in which the Expert will confirm:
    - 1. the dates the Member attended the sessions,
    - 2. that the Expert received the required documents from the Member,
    - 3. that the Expert reviewed the required documents and subjects with the Member, and
    - 4. the Expert's assessment of the Member's insight into her behaviour;
  - vii. If the Member does not comply with any one or more of the requirements above, the Expert may cancel any session scheduled, even if that results in the Member breaching a term, condition or limitation on her certificate of registration;
- b) For a period of 12 months from the date the Member returns to the practice of nursing, the Member will notify her employer(s) of the decision. To comply, the Member is required to:
- i. Ensure that CNO is notified of the name, address, and telephone number of all employer(s) within 14 days of commencing or resuming employment in any nursing position;
  - ii. Provide her employer(s) with a copy of:
    - 1. the Panel's Order,
    - 2. the Notice of Hearing,
    - 3. the Agreed Statement of Facts,
    - 4. this Joint Submission on Order, and
    - 5. a copy of the Panel's Decision and Reasons, once available;

- iii. Ensure that within 14 days of the commencement or resumption of the Member's employment in any nursing position, the employer(s) forward(s) a report to CNO, in which it will confirm:
  1. that they received a copy of the required documents, and
  2. that they agree to notify CNO immediately upon receipt of any information that the Member has breached the standards of practice of the profession.
4. All documents delivered by the Member to CNO, the Expert or her employer(s) will be delivered by verifiable method, the proof of which the Member will retain.

### **Penalty Submissions**

Submissions were made by College Counsel.

College Counsel submitted that the Panel should accept the Joint Submission on Order ("JSO") as it is a product of negotiations between the College and the Member who was represented by experienced Counsel. College Counsel submitted that the Panel is usually expected to accept the JSO unless doing so would be contrary to public interest and bring the administration of justice into disrepute. Counsel submitted that this is not the case with this JSO which is in the public interest.

The aggravating factors in this case were:

- The Member participated in a fraudulent scheme in which she submitted and received at least \$10,105.00 in false claims;
- The submissions occurred over an extended period of time from 2010 to 2018;
- Given the number of claims and length of time this conduct occurred, this is simply not a lapse of judgment, there was a long enough period that the Member could have reconsidered her actions and taken accountability;
- The Member took advantage of the trust placed in her by the Facility and the Benefit Plan administrator and she abused the privilege of the Facility's Benefit Plan; and
- The Member has not made restitution.

The mitigating factors in this case were:

- The Member took responsibility for her actions and explained to the Facility the nature of the scheme;
- The Member has admitted to the allegations by entering into an Agreed Statement of Facts and a Joint Submission on Order with the College;
- The Member has no prior discipline history with the College; and
- The Member has demonstrated remorse for her conduct.

College Counsel submitted that the JSO meets the goals of penalty.

The proposed penalty provides for specific deterrence through the oral reprimand and the 4-month suspension of the Member's certificate of registration. The oral reprimand will assist the Member in gaining a greater understanding of how her actions are both perceived by the profession and the public. The suspension of the certificate of registration sends a strong signal to the Member that this kind of behaviour is unacceptable.

The proposed penalty provides for general deterrence through the 4-month suspension of the Member's certificate of registration, which will signal to other members of the profession that this kind of conduct is unacceptable.

College Counsel submitted to the Panel that, as indicated in the Agreed Statement of Facts, there have been over 50 cases of benefit fraud which have been referred to the Discipline Committee. College Counsel submitted that this is clearly a problem within the nursing profession and there is a need to send a message to other members of the profession that this kind of conduct is unacceptable and to the public that this kind of conduct from a nurse will not be tolerated.

The elements of remediation and rehabilitation are provided through the 2 meetings with a Regulatory Expert as well as the review of the College's publications. These actions will prepare the Member to return to ethical practice which meets the standards expected of all nurses.

Overall, the public is protected through the 12 months of employer notification and that there will be employer oversight on her return to practice.

College Counsel submitted the following cases to the Panel to demonstrate that the proposed penalty fell within the range of similar cases from this Discipline Committee:

*CNO v. Velasquez* (Discipline Committee, 2021): In this case, the hearing proceeded by way of an Agreed Statement of Facts and a Joint Submission on Order. Similarities to the case before this Panel includes the member making fraudulent claims under their employee group benefit plan. Between 2013-2016, the member submitted false claims under the Benefit Plan and was paid \$11, 080.00. In this case, restitution was paid in full. The penalty included an oral

reprimand, a 3-month suspension of the member's certificate of registration, 2 meetings with a Regulatory Expert and 12 months of employer notification.

*CNO v. Verde-Balayo* (Discipline Committee, 2021): In this case, the hearing proceeded by way of an Agreed Statement of Facts and a partial Joint Submission on Order. Similarities to the case before this Panel includes the member making fraudulent claims under its employee group benefit plan. The member submitted false claims under the Benefit Plan between 2012-2016 and was paid \$7,982.50. In this case, restitution was not made. The penalty included an oral reprimand, 4-month suspension of the member's certificate of registration, 2 meetings with a Regulatory Expert and 12 months of employer notification.

The Member's Counsel agreed with the submissions of College Counsel.

### **Penalty Decision**

The Panel accepts the Joint Submission on Order and accordingly orders:

1. The Member is required to appear before the Panel to be reprimanded within 3 months of the date that this Order becomes final.
2. The Executive Director is directed to suspend the Member's certificate of registration for 4 months. This suspension shall take effect from the date that this Order becomes final and shall continue to run without interruption as long as the Member remains in a practicing class.
3. The Executive Director is directed to impose the following terms, conditions and limitations on the Member's certificate of registration:
  - a) The Member will attend 2 meetings with a Regulatory Expert (the "Expert"), at her own expense and within 6 months from the date that this Order becomes final. To comply, the Member is required to ensure that:
    - i. The Expert has expertise in nursing regulation and has been approved by CNO in advance of the meetings;
    - ii. At least 5 days before the first meeting, or within another timeframe approved by the Expert, the Member provides the Expert with a copy of:
      1. the Panel's Order,
      2. the Notice of Hearing,
      3. the Agreed Statement of Facts,
      4. this Joint Submission on Order, and
      5. if available, a copy of the Panel's Decision and Reasons;

- iii. Before the first meeting, the Member reviews the following CNO publications and completes the associated Reflective Questionnaires, online learning modules and decision tools (where applicable):
    - 1. *Code of Conduct*,
    - 2. *Professional Standards*, and
    - 3. *Ethics*;
  - iv. At least 5 days before the first meeting, or within another timeframe approved by the Expert, the Member provides the Expert with a copy of the completed Reflective Questionnaires;
  - v. The subject of the sessions with the Expert will include:
    - 1. the acts or omissions for which the Member was found to have committed professional misconduct,
    - 2. the potential consequences of the misconduct to the Member's patients, colleagues, profession and self,
    - 3. strategies for preventing the misconduct from recurring,
    - 4. the publications, questionnaires and modules set out above, and
    - 5. the development of a learning plan in collaboration with the Expert;
  - vi. Within 30 days after the Member has completed the last session, the Member will confirm that the Expert forwards their report to CNO, in which the Expert will confirm:
    - 1. the dates the Member attended the sessions,
    - 2. that the Expert received the required documents from the Member,
    - 3. that the Expert reviewed the required documents and subjects with the Member, and
    - 4. the Expert's assessment of the Member's insight into her behaviour;
  - vii. If the Member does not comply with any one or more of the requirements above, the Expert may cancel any session scheduled, even if that results in the Member breaching a term, condition or limitation on her certificate of registration;
- b) For a period of 12 months from the date the Member returns to the practice of nursing, the Member will notify her employer(s) of the decision. To comply, the Member is required to:

- i. Ensure that CNO is notified of the name, address, and telephone number of all employer(s) within 14 days of commencing or resuming employment in any nursing position;
  - ii. Provide her employer(s) with a copy of:
    - 1. the Panel's Order,
    - 2. the Notice of Hearing,
    - 3. the Agreed Statement of Facts,
    - 4. this Joint Submission on Order, and
    - 5. a copy of the Panel's Decision and Reasons, once available;
  - iii. Ensure that within 14 days of the commencement or resumption of the Member's employment in any nursing position, the employer(s) forward(s) a report to CNO, in which it will confirm:
    - 1. that they received a copy of the required documents, and
    - 2. that they agree to notify CNO immediately upon receipt of any information that the Member has breached the standards of practice of the profession.
- 4. All documents delivered by the Member to CNO, the Expert or her employer(s) will be delivered by verifiable method, the proof of which the Member will retain.

#### **Reasons for Penalty Decision**

The Panel understands that the penalty ordered should protect the public and enhance public confidence in the ability of the College to regulate nurses. This is achieved through a penalty that addresses specific deterrence, general deterrence and, where appropriate, rehabilitation and remediation. The Panel also considered the penalty in light of the principle that joint submissions should not be interfered with lightly.

The Panel concluded that the proposed penalty is reasonable and in the public interest. The Member has co-operated with the College and, by agreeing to the facts and a proposed penalty, has accepted responsibility. The Panel finds that the penalty satisfies the principles of specific and general deterrence, rehabilitation and remediation, and public protection. Specific deterrence is achieved through the oral reprimand and a 4-month suspension of the Member's certification of registration. Rehabilitation and remediation components are met through the two meetings with the Regulatory Expert and review of relevant CNO publications. Public protection is met through the 12 months of employer notification which allows the Member's professional practice to be closely monitored.

When nurses act in a deceitful manner, trust is broken. The public needs to be reassured that they can trust the nursing profession to uphold honesty and high ethical integrity. The penalty

sends a strong message to the nursing profession and the public that benefit fraud is taken seriously and is considered professional misconduct.

The penalty is also in line with what has been ordered in previous cases in similar circumstances.

I, Michael Hogard, RPN sign this decision and reasons for the decision as Chairperson of this Discipline Panel and on behalf of the members of the Discipline Panel.