

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

PANEL:	Carly Gilchrist, RPN	Chairperson
	Sylvia Douglas	Public Member
	Terry Holland, RPN	Member
	Lalitha Poonasamy	Public Member

BETWEEN:

COLLEGE OF NURSES OF ONTARIO)	<u>EMILY LAWRENCE</u> for
)	College of Nurses of Ontario
- and -)	
)	
STACIE HARINGA)	<u>SHEILA RIDDELL</u> for
Registration No. 07309824)	Stacie Haringa
)	
)	<u>CHRISTOPHER WIRTH</u>
)	Independent Legal Counsel
)	
)	Heard: June 8, 2020

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 June 8, 2020, via teleconference.

Publication Ban

College Counsel brought a motion pursuant to s.45(3) of the *Health Professions Procedural Code* of the *Nursing Act, 1991*, for an order preventing public disclosure and banning publication or broadcasting of the names, or any information that could disclose the identities, of the patients and family members of patients referred to orally or in any documents presented in the Discipline hearing of Stacie Haringa.

The Panel considered the submissions of the Parties and decided that there be an order preventing public disclosure and banning publication or broadcasting of the names, or any information that could disclose the identities, of the patients and family members of patients referred to orally or in any documents presented in the Discipline hearing of Stacie Haringa.

The Allegations

The allegations against Stacie Haringa (the “Member”) as stated in the Notice of Hearing dated February 19, 2020 are as follows:

IT IS ALLEGED THAT:

1. You have committed an act of professional misconduct as provided by subsection 51(1)(b.1) of the *Health Professions Procedural Code* of the *Nursing Act, 1991*, S.O. 1991, c. 32, as amended, in that during your employment as a Registered Nurse at Peterborough Regional Health Centre in Peterborough, Ontario (the “Facility”), you sexually abused one or more patients, in that:
 - a. between on or about September 2016 and January 2017,
 - i. you engaged in sexual intercourse and/or other forms of physical sexual relations with [Patient A], on one or more occasions;
 - ii. you engaged in touching of a sexual nature of [Patient A]; and/or
 - iii. you engaged in behaviour and/or remarks of a sexual nature towards [Patient A]; and/or
 - b. between on or about March 2017 and October 2017,
 - i. you engaged in sexual intercourse and/or other forms of physical sexual relations with [Patient B], on one or more occasions;
 - ii. you engaged in touching of a sexual nature of [Patient B]; and/or
 - iii. you engaged in behaviour and/or remarks of a sexual nature towards [Patient B], including but not limited to having discussions of a sexual nature over social media;
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(1) of *Ontario Regulation 799/93*, in that during your employment as a Registered Nurse at the Facility, you contravened a standard of practice of the profession or failed to meet the standards of practice of the profession, in that:
 - a. between on or about September 2016 and January 2017,
 - i. you engaged in sexual intercourse and/or other forms of physical sexual relations with [Patient A], on one or more occasions;
 - ii. you engaged in touching of a sexual nature of [Patient A], on one or more occasions; and/or
 - iii. you engaged in behaviour and/or remarks of a sexual nature towards [Patient A];
 - b. between on or about September 2016 and January 2017, you breached the therapeutic boundaries of the nurse-patient relationship with [Patient A], in that you engaged in a personal and/or sexual relationship with [Patient A];

- c. between on or about March 2017 and October 2017,
 - i. you engaged in sexual intercourse and/or other forms of physical sexual relations with [Patient B], on one or more occasions;
 - ii. you engaged in touching of a sexual nature of [Patient B], on one or more occasions; and/or
 - iii. you engaged in behaviour and/or remarks of a sexual nature towards [Patient B], including but not limited to having discussions of a sexual nature over social media;
 - d. on or about March 2017, you breached the therapeutic boundaries of the nurse-patient relationship with [Patient B], and [Patient B's Spouse], including but not limited to that you disclosed personal information about your sex life to [Patient B's Spouse] and/or [Patient B]; and/or
 - e. between on or about March 2017 and October 2017, you breached the therapeutic boundaries of the nurse-patient relationship with [Patient B] including but not limited to that you engaged in a personal and sexual relationship with [Patient B], exchanged messages over social media, and/or socialized with [Patient B] outside of the Facility for non-therapeutic purposes; and/or
3. 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 during your employment 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, in that:
- a. between on or about September 2016 and January 2017,
 - i. you engaged in sexual intercourse and/or other forms of physical sexual relations with [Patient A], on one or more occasions;
 - ii. you engaged in touching of a sexual nature of [Patient A], on one or more occasions; and/or
 - iii. you engaged in behaviour and/or remarks of a sexual nature towards [Patient A];
 - b. between on or about September 2016 and January 2017, you breached the therapeutic boundaries of the nurse-patient relationship with [Patient A], in that you engaged in a personal and sexual relationship with [Patient A];
 - c. between on or about March 2017 and October 2017,
 - i. you engaged in sexual intercourse and/or other forms of physical sexual relations with [Patient B], on one or more occasions;
 - ii. you engaged in touching of a sexual nature of [Patient B], on one or more occasions; and/or

- iii. you engaged in behaviour or remarks of a sexual nature towards [Patient B], including but not limited to having discussions of a sexual nature over social media;
- d. on or about March 2017, you breached the therapeutic boundaries of the nurse-patient relationship with [Patient B], and [Patient B's spouse], including but not limited to that you disclosed personal information about your sex life to [Patient B] and/or [Patient B's spouse]; and/or
- e. between on or about March 2017 and October 2017, you breached the therapeutic boundaries of the nurse-patient relationship with [Patient B], including but not limited to that you engaged in a personal and sexual relationship with [Patient B], exchanged messages over social media, and/or socialized with [Patient B] outside of the Facility for non-therapeutic purposes.

Member's Plea

The Member admitted the allegations set out in paragraphs 1(a)(i), (ii), (iii), (b)(i), (ii), (iii), 2(a)(i), (ii), (iii), (b), (c)(i), (ii), (iii), (d), (e) and 3(a)(i), (ii), (iii), (b), (c)(i), (ii), (iii), (d), (e) 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:

THE MEMBER

1. Stacie Haringa (the "Member") obtained a baccalaureate degree in nursing from Trent University in 2007.
2. The Member registered with the College of Nurses of Ontario ("CNO") as a Registered Nurse ("RN") the General Class in August 2007. On December 17, 2019, the Member voluntarily surrendered her certificate of registration and is not entitled to practice nursing.
3. The Member was employed as an RN at Peterborough Regional Health Centre (the "Facility") from 2007 to 2017. Her employment was terminated on October 10, 2017, following the Facility's investigation into the incidents below.
4. Prior to the current matter, the Member has no prior discipline history with CNO.

THE FACILITY

5. The Facility, located in Peterborough, Ontario, is a regional hospital.
6. The Member worked in the Dialysis Unit (“the Unit”) at the time of the incidents. In this role, the Member conducted three weeks of in-facility training to patients on the dialysis equipment and was the assigned nurse for patients after discharge. She was expected to complete home visits if required.

INCIDENTS RELEVANT TO ALLEGATIONS OF PROFESSIONAL MISCONDUCT

A. [Patient A]

7. [Patient A] was a patient in the Unit in the home haemodialysis program. He developed stage 5 chronic kidney failure in 2012. The Member was his assigned nurse. She commenced training with him in January 2016, including completing home visits.
8. In January 2017, [Patient A] had a kidney transplant. Following his transplant, [Patient A] was not a patient of the Unit or the Member.
9. At some point while [Patient A] was a patient of the Member, the Member requested that a colleague take over care of [Patient A] as the assigned nurse, which the colleague accepted. The Member advised her colleague that she wished to transfer care because [Patient A] was flirting with her. Regardless of the assignment of a primary assigned nurse, all nurses in the Unit share patient care and are responsible for all of the patients in the program. The Member provided care to [Patient A] from time-to-time from January 2016 to January 2017.
10. From September 2016 to January 2017, the Member and [Patient A] engaged in a sexual and personal relationship. This relationship occurred while [Patient A] was a patient of the Member. During this relationship, [Patient A] and the Member:
 - a) made remarks of a sexual nature to each other verbally, including discussions about the sexual acts they wanted to engage in with each other;
 - b) sent messages with sexual content using Facebook Messenger; and
 - c) had sexual intercourse on more than one occasion at [Patient A]’s home and at the Member’s home.
11. The Member and [Patient A] ceased their personal and sexual relationship after [Patient A]’s transplant.

B. [Patient B]

12. [Patient B] was admitted to the Facility in January 2017 for kidney failure following a broken leg. [Patient B] was married [] at the time of his admission.
13. [Patient B] was an in-patient from January to April 2017. In February 2017, the Member was assigned to his care and began training him for eventual home dialysis. He attended

dialysis five days a week at the Facility from 8am to 3pm. During this time, [Patient B's spouse] would often accompany [Patient B] to his appointments.

14. In March 2017, during [Patient B]'s in-Facility appointments, the Member disclosed personal information about her spousal relationship and sex life to [Patient B's spouse] and [Patient B].
15. On March 18, 2017, [Patient B] "added" the Member as a Facebook Messenger contact. There was no professional or clinical reason for the Member to use Facebook Messenger with her patients.
16. [Patient B] was discharged on April 6, 2017. The Member completed a home visit report for that same date. In June 2017, [Patient B] was re-admitted to the Facility. He attended for dialysis five days a week from June 2017 to December 2017, when he was discharged. From June 2017, the Member was his assigned nurse on most shifts and completed numerous chart entries in respect of his dialysis.
17. From June 2017 to September 2017, [Patient B] and the Member engaged in a sexual and personal relationship. This relationship occurred while [Patient B] was a patient of the Member. During this relationship, [Patient B] and the Member:
 - a) made remarks of a sexual nature to each other verbally, including discussions about the sexual acts they wanted to engage in with each other;
 - b) sent messages with sexual content using Facebook Messenger; and
 - c) had sexual intercourse, oral sex, masturbation and touching of a sexual nature on three occasions, at the Member's residence.
18. During their personal and sexual relationship, the Member disclosed information about her personal life to [Patient B] regarding her boyfriend, and [Patient B] and the Member discussed his marriage.
19. The Member ended the sexual relationship in August 2017.
20. In August 2017, [Patient B's spouse] learned of [Patient B]'s relationship with the Member, when she read the messages that [Patient B] and the Member exchanged on his Facebook Messenger account.
21. [Patient B's spouse] and [Patient B] separated on September 15, 2017.
22. In August and September 2017, the Member and [Patient B] maintained a personal relationship. This relationship included hiking together in September 2017 and discussing [Patient B]'s separation from [Patient B's spouse].
23. In late September 2017, [Patient B's spouse] reported [Patient B] and the Member's relationship to the Facility. The Member admitted that she had engaged in an unprofessional relationship with [Patient B].

24. When the Member was questioned by her employer about her relationship with [Patient B], the Member was honest and forthcoming about her misconduct. Very soon after her termination, the Member sought a referral for counseling from her family doctor in an effort to gain insight into her behaviour.

CNO STANDARDS

25. CNO's *Therapeutic Nurse-Client Relationship* standard (the "TNCR Standard") makes clear that it is a breach of the standards of practice to enter into a friendship, or a romantic, sexual or other personal relationship with a patient when a therapeutic relationship exists.
26. The TNCR also places the responsibility for establishing and maintaining the limits and boundaries in the therapeutic nurse-patient relationship on the nurse.
27. The TNCR Standard states:
- [c]rossing a boundary means that the care provider is misusing the power in the relationship to meet his/her personal needs, rather than the needs of the [patient], or behaving in an unprofessional manner with the [patient].
28. The TNCR further clarifies that a nurse may cross a boundary in a number of different ways, including:
- self-disclosure that does not meet a specified therapeutic [patient] need;
 - failing to ensure that the nurse-[patient] relationship promotes the well-being of the [patient] and not the needs of the nurse; and
 - entering into a personal or romantic relationship with a [patient].
29. It is a breach of the TNCR standard to engage in personal or romantic relationships with a patient both during the therapeutic relationship, and for a period of time after the termination of the therapeutic relationship.

ADMISSIONS OF PROFESSIONAL MISCONDUCT

30. The Member admits that she committed the acts of professional misconduct as alleged in paragraphs 1(a)(i) to (iii) of the Notice of Hearing, as described in paragraphs 6 to 11 above, in that she sexually abused [Patient A] when she engaged in sexual intercourse, touching of a sexual nature and behaviour/remarks of a sexual nature with him between September 2016 and January 2017.
31. The Member admits that she committed the acts of professional misconduct as alleged in paragraphs 1(b)(i) to (iii) of the Notice of Hearing, as described in paragraphs 12 to 24 above, in that she sexually abused [Patient B] when she engaged in sexual intercourse, touching of a sexual nature and behaviour/remarks of a sexual nature with him between March 2017 and September 2017.

32. The Member admits that she committed the acts of professional misconduct as alleged in paragraphs 2(a)(i) to (iii), and 2(b) as described in paragraphs 6 to 11 above, in that she breached CNO's *Therapeutic Nurse-Client Relationship* standard, and therefore contravened a standard of practice of the profession or failed to meet the standards of practice of the profession, when she engaged in a personal relationship with [Patient A], including engaging in a sexual relationship with [Patient A] between September 2016 and January 2017.
33. The Member admits that she committed the acts of professional misconduct as alleged in paragraphs 2(c)(i) to (iii) and 2(e), as described in paragraphs 12 to 24 above, in that she breached CNO's *Therapeutic Nurse-Client Relationship* standard, and therefore contravened a standard of practice of the profession or failed to meet the standards of practice of the profession, when she engaged in personal relationship with [Patient B], including engaging in a sexual relationship with [Patient B], socializing with him and exchanging messages over social media, between March 2017 and September 2017.
34. The Member admits that she committed the acts of professional misconduct as alleged in paragraph 2(d), as described in paragraph 14 above, in that she breached CNO's *Therapeutic Nurse-Client Relationship* standard, and therefore contravened a standard of practice of the profession or failed to meet the standards of practice of the profession, when she disclosed personal information about her sex life to [Patient B] and [Patient B's spouse] in March 2017.
35. The Member admits that she committed the acts of professional misconduct as alleged in paragraphs 3(a)(i) to (iii), (b), (c) (i) to (iii), (d) and (e) of the Notice of Hearing, and in particular her conduct was disgraceful, dishonourable and unprofessional, as described in paragraphs 6 to 24 above.

Counsels' Submissions

College Counsel submitted that there are three sets of allegations before this Panel:

1. The first set of allegations, including 1(a), 2(a), (b) and 3(a), (b), relate to [Patient A] and amount to sexual abuse, as well as breach of the standards, and constitute dishonourable, disgraceful and unprofessional behaviour. The Member had a sexual relationship with [Patient A] when [Patient A] was a patient. College Counsel submitted that sexual remarks, discussions of a sexual nature, and sexual intercourse meet the definitions of sexual abuse. The Member breached the boundaries of the *Therapeutic Nurse-Client Relationship* standard (the "TNCR Standard") when she had sex with the patient, which would also reasonably be regarded by members of this profession to be disgraceful, dishonourable and unprofessional. The Member's conduct demonstrated a persistent disregard for her professional obligations and has cast doubt on her ability to discharge the higher obligations the public expects of nurses. These acts constitute a moral failing and bring shame to the Member, and by extension, the profession.

2. The second set of allegations relate to the disclosure of personal information to [Patient B] and, [Patient B's spouse] Additionally, the Member had a sexual relationship with [Patient B] The Member's disclosure of personal information without therapeutic goals is a breach of the TNCR Standard. The Member ought to have known her conduct was wrong. Disclosing personal and intimate information with the patient and his wife displayed an element of moral failing and brings shame upon the Member and her profession. College Counsel submitted that there was ample evidence that the Member breached the standards and her conduct regarding [Patient B] and [Patient B's spouse] was disgraceful, dishonourable and unprofessional.
3. Finally, the third set of allegations involve the Member having a sexual relationship with patient [Patient B] College Counsel submitted that there is proven evidence in the Agreed Statement of Facts that establishes that the Member had a sexual relationship with [Patient B]. The discussions, sexual intercourse and other sexual acts meet the definition of sexual abuse, were a breach of the standards and constitute disgraceful, dishonourable and unprofessional behaviour.

The Member's Counsel had no submissions.

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(a)(i), (ii), (iii), (b)(i), (ii), (iii), 2(a)(i), (ii), (iii), (b), (c)(i), (ii), (iii), (d) and (e) of the Notice of Hearing. As to allegations 3(a)(i), (ii), (iii), (b), (c)(i), (ii), (iii), (d) and (e), the Panel finds that the Member engaged in conduct that would reasonably be considered by members to be dishonourable, disgraceful and unprofessional.

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.

Allegations 1(a)(i), (ii) and (iii) in the Notice of Hearing are supported by paragraphs 6-11 and 30 in the Agreed Statement of Facts. The Member admitted to having a sexual relationship, including making remarks of a sexual nature, and having sexual intercourse with [Patient A] while [Patient A] was a patient of the Member.

Allegations 1(b)(i), (ii) and (iii) in the Notice of Hearing are supported by paragraphs 12-24 and 31 in the Agreed Statement of Facts. The Member admitted to having a sexual relationship, including making remarks of a sexual nature, verbally and over social media, and engaging in sexual intercourse and other forms of physical sexual relations with [Patient B] while [Patient B] was a patient.

Allegations 2(a)(i), (ii), (iii) and 2(b) in the Notice of Hearing are supported by paragraphs 6-11, 25-29, and 32 in the Agreed Statement of Facts. The Member admitted to breaching the standards of practice when she engaged in a sexual relationship with [Patient A]; specifically the Member breached the

boundaries of the TNCR Standard when she engaged in a personal and sexual relationship with [Patient A].

Allegations 2(c)(i), (ii), (iii) and 2(e) in the Notice of Hearing are supported by paragraphs 12-29 and 33 in the Agreed Statement of Facts. The Member admitted to breaching the standards of practice, including the TNCR Standard when she engaged in a personal and sexual relationship with [Patient B].

Allegation 2(d) in the Notice of Hearing is supported by paragraphs 14, 28 and 34 in the Agreed Statement of Facts. The Member breached the TNCR Standard when she disclosed personal information about her spousal relationship and sex life to [Patient B] and [Patient B's spouse]

With respect to Allegations 3(a)(i), (ii), (iii), (b), (c)(i), (ii), (iii), (d) and (e), the Panel finds that in its opinion, the Member's conduct in which the Member breached the professional standards and had sexual relations with two clients was conduct relevant to the practice of nursing, that, having regard to all the circumstances, would reasonably be regarded by members as unprofessional as it demonstrated a serious and persistent disregard for her professional obligations. The Member clearly lacked the good judgement and responsibility that are required of those privileged to practice nursing.

The Panel also finds that the Member's conduct was dishonourable. It demonstrated an element of dishonesty and deceit through the Member's conduct, which included breaching the therapeutic boundaries in the nurse-client relationship to the extent of having sexual relations with two clients over a period of two time periods. The Member has clearly misused the power in the nurse-client relationship to meet her own personal needs, rather than the needs of the patient. The Member ought to have known that her conduct was unequivocally unacceptable and fell well below the standards of a professional nurse.

Finally, the Panel further finds that the Member's conduct was disgraceful as it shames the Member and, by extension, the profession. The Member admitted to engaging in sexual intercourse with two patients, during two separate time periods. In each case, the Member engaged in repeated sexual interaction with the patient. This conduct constitutes sexual abuse and casts serious doubt on the Member's moral fitness and inherent ability to discharge the higher obligations the public expects professionals to meet.

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 as amended requests that this Panel make an order as follows:

1. Requiring the Member to appear before the Panel to be reprimanded within three months of the date that this Order becomes final;
2. Directing the Executive Director to immediately revoke the Member's certificate of registration.

3. Requiring the Member to reimburse CNO for funding provided to [Patient A] and [Patient B] up to \$10,000 under the program required by s. 85.7 of the *Health Professions Procedural Code*, if either patient accesses the fund.

Penalty Submissions

Submissions were made by College Counsel.

College Counsel

College Counsel submitted to the Panel that subsection 51(5) of the *Health Professions Procedural Code* (the “Code”), establishes mandatory penalties for sexual abuse involving sexual intercourse and other sexual acts. Sexual intercourse was always a frank sexual act that required revocation of one’s certificate of registration and is a mandatory requirement of the Code. College Counsel stated that revocation and the reprimand are mandatory orders under the Code. College Counsel further stated that, in addition, the Panel has discretion to make an order for financial reimbursement should either patient access funding for counselling. College Counsel submitted that the Joint Submission on Order is appropriate and all aspects of the Order should be accepted.

College Counsel stated that the mitigating factors in this case were that the Member has cooperated with the College and has accepted responsibility for her conduct.

The aggravating factors include:

- The Member’s conduct was extremely serious;
- The conduct was in violation of the core values in nursing, particularly the therapeutic nurse-client relationship;
- The Member breached the professional boundaries on numerous occasions with two different patients.

College Counsel stated the public must be able to have confidence in nursing professionals. The penalty sends a strong message that sexual abuse and related conduct will not be tolerated by this College and revocation of the Member’s certificate of registration is the only appropriate remedy. The financial reimbursement requirement of \$10,000.00, as set out in the Joint Submission on Order, to be used for the two patients to receive funding for counselling, should they choose to do so, is in the appropriate range. Further, the Member will only have to pay this reimbursement to the College if one or both patients access the fund.

Member’s Counsel

The Member’s Counsel responded that she had no issue with the Joint Submission on Order, including the mandatory revocation of the Member’s certificate. The Member’s Counsel provided some contextual information but stated that the Member recognizes that her conduct was an egregious breach of the therapeutic nurse-client relationship and the Member accepts that she will lose her certificate.

The Member’s Counsel opined that there are some mitigating factors in this case but recognizes that the factors cannot influence the outcome.

Mitigating Factors, as presented by the Member's Counsel:

- The Member has demonstrated awareness of her conduct and taken full responsibility for her actions;
- The Member accepts the penalty for her actions;
- The Member is remorseful, has attempted to improve herself and is prepared to receive the consequences for her actions.

College Counsel's Response

College Counsel replied that the Panel can rely on the Agreed Statement of Facts, and recognize the remorse that the Member has expressed today, and base its decision on the evidence before the Panel.

Penalty Decision

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

1. The Member is required to appear before the Panel to be reprimanded within three months of the date that this Order becomes final;
2. The Executive Director is directed to immediately revoke the Member's certificate of registration.
3. The Member is required to reimburse CNO for funding provided to [Patient A] and [Patient B] up to \$10,000 under the program required by s. 85.7 of the *Health Professions Procedural Code*, if either patient accesses the fund.

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 and public protection. Specific deterrence is met through the Member's oral reprimand and revocation. General deterrence is met in the message that is sent to the membership that this type of conduct will never be tolerated and there are serious consequences as a result.

Public protection is met through the Member's mandatory revocation which will prevent future conduct and demonstrates the ability of the College to self-regulate. The Panel recognizes the extreme seriousness of this case and understands the statutory provisions setting out the mandatory revocation. Additionally, should either patient involved in this case decide to apply for funding to support sexual

abuse counselling, the Member will be responsible for reimbursing the College for those costs. Accordingly, the penalty adequately addresses all of these goals.

I, Carly Gilchrist, 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.