

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

PANEL:	Karen Laforet, RN	Chairperson
	Morgan Krauter, NP	Member
	Sandra Larmour	Public Member
	Sherry Szucsko-Bedard, RN	Member

BETWEEN:

COLLEGE OF NURSES OF ONTARIO)	<u>JOSEPH BERGER</u> for
)	College of Nurses of Ontario
- and -)	
)	
COLLEEN LEE)	<u>NIITI SIMMONDS</u> for
Registration No. 06286841)	Colleen Lee
)	
)	<u>CHRISTOPHER WIRTH</u>
)	Independent Legal Counsel
)	
)	Heard: May 18, 2023

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 May 18, 2023, via videoconference.

The Allegations

The allegations against Colleen Lee (the “Member”) as stated in the Notice of Hearing dated March 16, 2023 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 Toronto General 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 2015 to 2016:

- a. You submitted and/or accepted payment for false claims under the Facility's employee group benefit plan; and/or
 - b. You submitted to the Facility's employee group benefit plan prescriptions issued using a physician's stamp, without the physician's knowledge, permission and/or authorization.
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 Toronto General Hospital in Toronto, Ontario (the "Facility"), you misappropriated property from a client or workplace, and in particular, in or around 2015 to 2016, you submitted and/or accepted payment for false claims under the Facility's employee group 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 Toronto General Hospital in Toronto, Ontario (the "Facility"), you falsified a record relating to your practice, and in particular, in or around 2015 to 2016, you submitted and/or accepted payment for false claims under the Facility's employee group 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 Toronto General Hospital in Toronto, Ontario (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 2015 to 2016:
 - a. You submitted and/or accepted payment for false claims under the Facility's employee group benefit plan; and/or
 - b. You submitted to the Facility's employee group benefit plan prescriptions issued using a physician's stamp, without the physician's knowledge, permission and/or authorization.
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 Toronto General Hospital in Toronto, Ontario (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

2015 to 2016, you submitted and/or accepted payment for false claims under the Facility's employee group benefit plan:

- a. You submitted and/or accepted payment for false claims under the Facility's employee group benefit plan; and/or
- b. You submitted to the Facility's employee group benefit plan prescriptions issued using a physician's stamp, without the physician's knowledge, permission and/or authorization.

Member's Plea

The Member admitted the allegations set out in paragraphs #1(a), (b), #2, #3, #4(a), (b) and #5(a) and (b) 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. Colleen Lee (the "Member") registered with the College of Nurses of Ontario ("CNO") as a Registered Nurse on June 15, 2006.
2. At the time of the incidents described below, the Member was employed at Toronto General Hospital in Toronto, Ontario (the "Facility"), which is part of the University Health Network in the Ambulatory Transplant Unit. The Member's employment at the Facility was terminated on May 16, 2018, as a result of the incidents described below.

BENEFIT PLAN

3. The Facility offers its employees a self-insured group insurance policy by which the Facility provides coverage to employees for extended health care, dental, and other insurance benefits (the "Benefit Plan"). Sun Life Financial ("Sun Life") administers the Benefit Plan on behalf of the Facility. The Facility, however, is the plan sponsor for the Benefit Plan, and therefore funds the cost of claims paid out to employees under the plan.
4. To submit a benefit claim, members of the Benefit Plan were required to complete a medical expense claim form provided by Sun Life. The medical expense 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 all goods or services were received as claimed and that “the information provided for this claim is true and complete”, and then sign.

INCIDENTS RELEVANT TO ALLEGATIONS OF PROFESSIONAL MISCONDUCT

5. Between November 2015 and December 2016, the Member submitted claims totalling \$2,600 to the Benefit Plan for orthopaedic footwear, wrist braces and compression stockings from TheraCore Medical Inc.
6. In support of these claims, the Member submitted prescriptions for herself and her spouse from two physicians who worked at the Facility. One physician worked in nephrology and renal transplantation and the other physician worked in respirology and lung transplants at the Facility. The Member and her spouse were not patients of either of the physicians. The Member used the physicians’ stamps without their knowledge or authorization.
7. On May 7, 2018, the Facility interviewed the Member about her claims. The Member admitted that she used the physicians’ stamps to create fraudulent prescriptions that were submitted as part of claims made to Sun Life. The Member further admitted that she used the stamps without the physicians’ knowledge and that the physicians never assessed or issued prescriptions to her or her spouse.
8. Following the Facility’s investigation, the Member’s employment at the Facility was terminated.
9. The Member paid \$2,600 in restitution with respect to the improper claims.
10. If the Member were to testify, she would express remorse and say that she takes full responsibility for her conduct.

BENEFIT FRAUD CASES

11. To date, at least 82 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

12. 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.
13. 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 standards 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.
14. 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

15. 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.
16. 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.
17. CNO's *Ethics* Standard also provides, in relation to truthfulness, that truthfulness means speaking and acting without intending to deceive.
18. The Member admits and acknowledges that she contravened CNO's *Professional Standards* and *Ethics* Standard.

ADMISSIONS OF PROFESSIONAL MISCONDUCT

19. 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 5 to 10 and 12 to 18 above.
20. 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 5 to 10 above.
21. 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 5 to 10 above.
22. 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 5 to 10 above.
23. 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 5 to 10 and 12 to 18 above.

Submissions on liability were made by College Counsel.

College Counsel asked the Panel to accept the Agreed Statement of Facts, as well as the Member's admissions to all the allegations as set out at paragraphs 19 to 23 of the Agreed Statement of Facts and, on the basis of those facts and admissions, make findings of professional misconduct with respect to the allegations in the Notice of Hearing. College Counsel submitted that the Panel has taken the Member's plea and conducted a written and verbal plea inquiry, which was voluntary, informed, and made on the advice of experienced Counsel. College Counsel submitted that based on the Agreed Statement of Facts, which specifically describes the facts in relation to the allegations, the Panel has enough evidence to find that the Member committed professional misconduct as set out in all of the allegations in the Notice of Hearing.

College Counsel reviewed the following allegations with the Panel: allegations #1(a), (b) and #5(a) and (b). With regard to allegations #1(a) and (b), College Counsel submitted that these allegations are supported by the Agreed Statement of Facts, which contained evidence of the relevant College standards of the profession, as well as the Member's admissions that those standards were breached.

With regard to allegations #5(a) and (b), College Counsel submitted that the parties agreed that the Member's conduct is relevant to the practice of nursing and is dishonourable and unprofessional. College Counsel submitted that this agreement is part of a resolution reached between the College and the Member.

The conduct at issue, which is that the Member submitted false claims in the amount of \$2,600.00 through the Toronto General Hospital's (the "Facility") employee group benefit plan (the "Benefit Plan") between November 2015 and December 2016, is relevant to the practice of nursing as claims were submitted as part of her nursing employment at the Facility. The Member was able to improperly access the physician's stamps only because of her position as a nurse.

College Counsel submitted that having regard to all of the circumstances members of the profession would consider the Member's conduct to be unprofessional and dishonourable. The Member's conduct is unprofessional as submitting false claims to the Benefit Plan constitutes a serious and persistent disregard for her professional obligations to act with the honesty and integrity required of a nurse. The Member's conduct is dishonourable as it involved lying, deceit and dishonesty for both submitting false claims and using a physician's stamp without permission for her own benefit. The Member failed to act with integrity which the public expects from the nursing profession, and by doing so has brought shame upon the profession.

Submissions on liability were made by the Member's Counsel.

The Member's Counsel submitted that the Member admitted to all of the allegations. The Member has accepted responsibility. The facts and evidence in the Agreed Statement of Facts and the Member's admissions of professional misconduct support the findings in this case. The Member admitted that her conduct was unprofessional and dishonourable as set out in paragraph #23 of the Agreed Statement of Facts.

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), (b), #2, #3, #4(a), (b) and #5(a) and (b) of the Notice of Hearing. As to allegations #5(a) and (b), 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.

Allegations #1(a) and (b) in the Notice of Hearing are supported by paragraphs 4 to 10 and 12 to 19 in the Agreed Statement of Facts. The Member admitted to submitting false claims through the Facility's Benefit Plan between November 2015 and December 2016 for orthopaedic footwear, wrist braces and compression stockings from TheraCore Medical Inc. and to receiving \$2,600.00 in relation to those false claims. The Member submitted prescriptions for herself and her spouse from two physicians who work at the Facility and used the physicians' stamps to create the false prescriptions without the physicians' knowledge or authorization. The College's *Professional Standards* provides that 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 standards of the profession. The Member demonstrated that she was not accountable to the public when she submitted false claims for non-medicinal products or services, through the Benefit Plan. The *Professional Standards* reinforces that nurses are responsible for their actions and for conducting themselves in ways that promote respect for the profession. The College's *Ethics* Standard provides that truthfulness means speaking or acting without intending to deceive. The Member deceived the Facility by submitting false claims to the Benefit Plan for products and when she used the physicians' stamps without their authority. The Member admitted in paragraph 19 of the Agreed Statement of Facts that she contravened the College's *Professional Standards* and the *Ethics* Standard.

Allegation #2 in the Notice of Hearing is supported by paragraphs 5 to 10 and 20 in the Agreed Statement of Facts. The Member admitted to misappropriating property from the Facility when she submitted false claims through the Facility's Benefit Plan and received money for those false claims. Receiving money with respect to false benefit claims constitutes misappropriation of property.

Allegation #3 in the Notice of Hearing is supported by paragraphs 5 to 10 and 21 in the Agreed Statement of Facts. The Member admitted to falsifying a record relating to her practice when she submitted false claims to the Facility's Benefit Plan. The Member, as a Registered Nurse ("RN") employee of the Facility had access to the Benefit Plan which provided coverage for extended health care, dental and other insurance benefits by virtue of her employment as a nursing professional and so her actions were related to her nursing practice. Accordingly, the facts support the allegation that the Member falsified a record relating to her practice and did so in the context of her employment as an RN at the Facility.

Allegations #4(a) and (b) in the Notice of Hearing are supported by paragraphs 5 to 10 and 22 in the Agreed Statement of Facts. The Member admitted to signing or issuing, in her professional capacity, a document that she knew or ought to have known contained a false or misleading statement. In order to submit a claim under the Facility's Benefit Plan, the Member had to complete a medical expense claim form which required certain information, including information on the plan member, any dependents, and the nature of the claim. The Member had to certify that all goods and services were received as claimed and that the information provided for the claim was true and complete. As noted above, the Member had access to the

Facility's Benefit Plan by virtue of her employment as a nursing professional. When she signed and submitted the claim forms on her behalf, she did so in her capacity as an RN employee of the Facility. The Member used two physicians' stamps to create false prescriptions for herself and her spouse. Since neither were patients of either of these two physicians, she knew the prescription contained false information. Accordingly, the facts support the allegations that the Member signed or issued, in her professional capacity, a document that she knew contained a false or misleading statement.

Allegations #5(a) and (b) in the Notice of Hearing are supported by paragraphs 5 to 10, 12 to 18 and 23 in the Agreed Statement of Facts. The Panel finds that the Member's conduct in submitting false claims was clearly relevant to the practice of nursing and was unprofessional as it demonstrated a serious and persistent disregard for her professional obligations in breaching the *Professional Standards* and the *Ethics Standard*.

The Panel also finds that the Member's conduct was dishonourable. It demonstrated an element of dishonesty and deceit through submitting false claims to the Facility's Benefit Plan over a one year period in the total amount of \$2,600.00. The Member also created false prescriptions for herself and her spouse using two physicians' stamps without their knowledge or permission. The Member knew or ought to have known that her conduct was unacceptable and fell below the standards of a professional. The Member's conduct was dishonourable as it demonstrated an element of dishonesty and moral failing when the Member repeatedly submitted insurance claims she knew to be false.

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 the Member's 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 the Member's 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 the Member's 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 the Member's employer(s) of the decision. To comply, the Member is required to:
 - i. Inform any employer of the decision prior to commencing or prior to resuming employment in any nursing position;
 - ii. 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;
 - iii. Provide the Member's 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;
 - iv. 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 the Member's employer(s) will be delivered by verifiable method, the proof of which the Member will retain.

Penalty Submissions

Submissions were made by College Counsel.

The aggravating factors in this case were:

- The Member submitted false claims in the amount of \$2,600.00 to her employer funded Benefit Plan between November 2015 and December 2016;
- The Member's conduct was ultimately for her own personal gain;
- The Member submitted prescriptions that had been signed using two physicians' signature stamps without the physicians' authorization;
- The Member's conduct involved serious and persistent dishonesty;
- The Member breached the trust placed in her by the Facility at the expense of the employer funded Benefit Plan; and
- The Member abused a privilege of having a Benefit Plan that not all have access to.

The mitigating factors in this case were:

- The Member accepted full responsibility for her conduct by admitting to all of the allegations of professional misconduct and by entering into an Agreed Statement of Facts and a Joint Submission on Order with the College;
- By admitting to the allegations, the Member has saved the College the expense of prosecuting the case;
- The Member has expressed remorse for her behaviour;
- The Member made full restitution to the Facility; and
- The Member has no prior discipline history with the College.

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 perceived by the nursing profession and the public. The suspension sends a strong signal to the Member that this kind of conduct is unacceptable and will ensure this conduct is not repeated.

The proposed penalty provides for general deterrence through the 4-month suspension of the Member's certificate of registration, which sends a strong message to other members of the profession that such misconduct will not be tolerated.

The proposed penalty provides for remediation and rehabilitation through the 2 meetings with a Regulatory Expert, serving to deepen the Member's understanding of her obligations to the profession and preparing her to return to ethical practice.

Overall, the public is protected through the 12 months of employer notification, which will ensure that when the Member returns to the practice of nursing there will be additional employer oversight. This penalty demonstrates to the public that this is a profession that is capable of governing itself.

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. Soosaipillai (Discipline Committee, 2022): This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Order. In this case, the member committed an act of professional misconduct when she submitted false benefit claims over a period of two years and received \$2,150.00 in relation to those false claims. The member remained employed with the facility, but received a five-day unpaid suspension and entered into a payment agreement with the facility to pay back the amount received. 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. Directo (Discipline Committee, 2023): This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Order. In this case, the member committed an act of professional misconduct when she submitted false benefit claims which involved her accessing a physician's stamp to write prescriptions for these false claims. The member received \$2,090.00 in relation to those false claims. The member made restitution and resigned from her employment in relation to these incidents. The penalty included an oral reprimand, a 4-month suspension of the member's certificate of registration, 2 meetings with a Regulatory Expert and 12 months of employer notification.

CNO v. Ly (Discipline Committee, 2023): This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Order. In this case, the member committed an act of professional misconduct when she submitted false benefit claims which involved her accessing a physician's stamp to write prescriptions for these false claims. The member received \$2,280.00 in relation to those false claims. The member made restitution and was terminated from her employment in relation to these incidents. The penalty included an oral reprimand, a 4-month suspension of the member's certificate of registration, 2 meetings with a Regulatory Expert and 12 months of employer notification.

Submissions were made by the Member's Counsel.

The Member's Counsel submitted that she generally agreed with College Counsel's summary of the general principles concerning penalty and submissions in this regard. In terms of mitigating factors, the Member's Counsel submitted that the Member accepts her wrongdoing and takes responsibility for her actions as noted in her admissions to the allegations. The Member paid restitution to the Facility and admitted to the conduct when raised by the Facility as documented in paragraph 9 of the Agreed Statement of Facts. The Member has taken responsibility for her transgression at every stage and acknowledged her mistake which is a strong marker for the ability to be rehabilitated. The Member has no prior discipline history with the College.

The Member's Counsel further submitted that the cases put forward are similar with consistent penalties. The Member's Counsel went on to submit that the Joint Submission on Order meets the goals of penalty and should be accepted.

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 the Member's 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 the Member's 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 the Member's 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 the Member's employer(s) of the decision. To comply, the Member is required to:
- i. Inform any employer of the decision prior to commencing or prior to resuming employment in any nursing position;
 - ii. 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;
 - iii. Provide the Member's 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;
- iv. 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 the Member's 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 the 4-month suspension of the Member's certificate of registration, which will send a clear message to the Member that benefit fraud towards employer sponsored benefit plans will not be tolerated. General deterrence is addressed by the 4-month suspension of the Member's certificate of registration, which will send a clear message to the profession that employee benefit fraud will not be tolerated. Rehabilitation and remediation will be achieved through the 2 meetings with a Regulatory Expert, which will give the Member the opportunity to review appropriate standards of the profession and gain insight into her misconduct ensuring that it will not be repeated again. The public will be protected through the 12 months of employer notification and the appropriate monitoring on the Member's return to practice.

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

I, Karen Laforet, RN, sign this decision and reasons for the decision as Chairperson of this Discipline panel and on behalf of the members of the Discipline panel.