

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

**PANEL:**

Ingrid Wiltshire-Stoby, NP	Chairperson
Tim Crowder	Public Member
Susan Roger, RN	Member
Martin Sabourin, RN	Member

**BETWEEN:**

COLLEGE OF NURSES OF ONTARIO	)	<u>NICK COLEMAN</u> for
	)	College of Nurses of Ontario
- and -	)	
	)	
MELANIE SOOSAIPILLAI	)	<u>MICHELLE GIBBS</u> for
Registration No. 10431972	)	Melanie Soosaipillai
	)	
	)	<u>CHRISTOPHER WIRTH</u>
	)	Independent Legal Counsel
	)	
	)	Heard: May 24, 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 May 24, 2022, via videoconference.

**The Allegations**

The allegations against Melanie Soosaipillai (the “Member”) as stated in the Notice of Hearing dated April 14, 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 University Health Network – Princess Margaret 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 2014-2016, you submitted 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 2014-2016, you submitted 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 2014-2016, you submitted 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 2014-2016, you submitted 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 2014-2016, you submitted 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. Melanie Soosaipillai (the “Member”) obtained a degree in nursing from Ryerson University in 2010.
2. The Member registered with the College of Nurses of Ontario (“CNO”) as a Registered Nurse (“RN”) on August 30, 2010.
3. The Member has been employed as an RN at University Health Network - Princess Margaret Hospital (the “Facility”) since 2011.

#### **BENEFIT PLAN**

4. 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. SunLife Insurance (“SunLife”) administers the Benefit Plan on behalf of the Facility.
5. The Member, as an RN at the Facility represented by the Ontario Nurses’ Association (“ONA”), was a member of the Benefit Plan through the collective agreement between ONA and the Facility. The Member’s spouse also had coverage under the Benefit Plan.
6. In relation to extended health care, the Benefit Plan provided the Member and her family with coverage for medical equipment and supplies, among other things. In particular, the Benefit Plan provided 100% reimbursement for up to 4 pairs of support stockings annually (per person).
7. The Benefit Plan also provided the Member with coverage for the reasonable and customary charges for orthopaedic shoes, including modifications to stock orthopedic shoes, or for orthotics up to a maximum of \$500/person annually. To be eligible, the shoes and/or orthotics must be “required for the correction of deformity of the bones and muscles and provided they are not solely for athletic use”. They must also be prescribed by a physician, podiatrist, chiroprapist or chiropractor.
8. Claims for equipment and supplies under the Benefit Plan, including orthotics, shoe modifications, and support stockings, were to be submitted using a paper claim form with the receipt and prescription attached. The claim form included the following declaration to be signed by the employee submitting a claim:

Authorization and Signature

**I certify that all goods and services being claimed have been received by me and/or my spouse or dependents, if applicable. I certify that the information in this form is true and complete** and does not contain a claim

for any expense previously paid for by this or any other plan. [emphasis added]

[...]

In the event there is suspicion and/or evidence of fraud and/or Plan abuse concerning this claim, I acknowledge and agree that Sun Life may investigate and that information about me, my spouse and/or dependents pertaining to this claim may be used and disclosed to any relevant organization including regulatory bodies, government organizations, medical suppliers and other insurers, and where applicable my Plan Sponsor, for the purpose of investigation and prevention of fraud and/or Plan abuse.

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

9. From 2014 to 2016, the Member submitted false claims under the Benefit Plan and received \$2,150 in relation to the false claims.
10. Downtown Wellness and Foot Care (“DWFC”) is a supplier of orthotics, braces and compression stockings. It is connected with Elm Orthotics and Foot Care Inc. (“EOFC”).
11. In or around March 2017, SunLife conducted a secret shopper investigation of DWFC and EOFC. The investigation was initiated following a tip from a nurse manager with the University Health Network that alleged DWFC was running a scheme whereby benefit plan members would obtain designer handbags and shoes from DWFC, but DWFC would provide the benefit plan members with documentation that allowed them to submit false benefit claims for these items. During the secret shopper visit, an employee of DWFC suggested to the secret shopper that expenses could be billed in a way that did not comply with the benefit plan but would ensure that the secret shopper was not out of pocket for any costs.
12. SunLife’s investigation resulted in a “delist” recommendation, meaning that SunLife would not pay claims from this provider due to suspicions of fraud.
13. On August 9, 2017, after the delist recommendation, University Health Network sent an email to employees in the Benefit Plan, informing them that SunLife had delisted a number of suppliers, including DWFC and EOFC, because they had reason to believe that claims were suspicious. The email also stated:

Some of you may be aware of claims that you filed or may have been filed on your behalf that were not accurate, were false or that constitute a misuse of benefits. If this is the case, it is important that you come forward now. The Hospital will review the circumstances of that claim(s) and will consider your act of coming forward and volunteering this information as a

major positive consideration in the Hospital's decision-making process. This does not mean that you will be totally exonerated, for there may be consequences such as repayment and/or some form of discipline.

If you believe that a claim(s) was filed for you or by you that was inaccurate, false or a misuse of benefits please contact one of the following HR representatives with details by August 25th.

14. On October 25, 2017, University Health Network sent another email to employees about abusing benefits coverage, which included the following statement:

I'll close by saying that we are continuing to review benefit claims from the past and I would encourage anyone who is concerned about claims they may have made to come forward to Human Resources and discuss the matter. From this day forward, claims which take inappropriate advantage of our benefits program will not be tolerated and will result in termination of employment. This is a very tough statement to write but I need to be clear that UHN cannot tolerate abuse of our generous benefits program. Going forward, we will increase our benefit audits and will continue to work with SunLife to ensure that benefit claims are made for items which have been prescribed by family doctors and that individuals are purchasing from reputable suppliers only.
15. The Member failed to come forward to the Facility following the above-noted emails.
16. The Facility conducted an audit of claims submitted by employees and identified the Member as having submitted a series of claims involving DWFC that required review. In particular, the Member submitted a number of claims between 2014 and 2016 for products including orthotics, shoe modifications and support stockings.
17. The Facility and SunLife interviewed the Member on August 3, 2018, to review these claims. In this interview and subsequently through her counsel, the Member admitted to submitting false claims through DWFC in order to receive store credits, which she used for non-therapeutic products, including shoes.
18. The Member received a five-day unpaid suspension from the Facility for her conduct. Additionally, the Member and the Facility entered a "Payment Agreement" which required the Member to pay back \$2,150 for "benefit claim abuse". The Member did not grieve the suspension.
19. If the Member were to testify, she would express deep remorse over her choices. She acknowledges that her actions undermined the public's trust in the profession. She has learned from this and is committed to meeting all of her professional and ethical obligations as a proud member of the CNO.

## **BENEFIT FRAUD CASES**

20. To date, a total of 52 benefits 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*

21. 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.
22. 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.
23. 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*

24. 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.
25. 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.

26. CNO's *Ethics Standard* also provides, in relation to truthfulness, that truthfulness means speaking and acting without intending to deceive.
27. The Member admits and acknowledges that she contravened CNO's *Professional Standards* and *Ethics Standard* when she submitted false claims under the Benefit Plan from 2014 to 2016.

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

28. 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 9 to 18 and 21 to 27 above.
29. 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 9 to 18 above.
30. 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 9 to 18 above.
31. 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 9 to 18 above.
32. 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 9 to 18 and 21 to 27 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 9 to 18 and 21 to 28 in the Agreed Statement of Facts. The Member submitted false claims under the University Health Network – Princess Margaret Hospital's (the "Facility") employee benefit plan (the "Benefit Plan") between 2014 and 2016 and received \$2,150.00 in relation to these false claims. The Member has admitted to submitting false claims to the Benefit Plan in order to receive store credits, which she used for non-therapeutic products, including shoes. The College's *Professional Standards* provides that "Each nurse is accountable to the public and responsible for ensuring that her/his practice and conduct meets 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 claims to the Benefit Plan for products including orthotics, shoe modifications and support stockings but instead received store credits for non-medicinal products or services.

Allegation #2 in the Notice of Hearing is supported by paragraphs 9 to 18 and 29 in the Agreed Statement of Facts. The Benefit Plan was provided to employees of the Facility for medicinal expenditures, including extended health care, dental, medical equipment and supplies. It was discovered that the Member submitted a number of claims between 2014 and 2016 for products including orthotics, shoe modification and support stockings, however, the Member admitted to submitting false claims in order to receive store credits, which she used for non-therapeutic products, including shoes, thereby misappropriating property from the Facility of the value of \$2,150.00.

Allegation #3 in the Notice of Hearing is supported by paragraphs 9 to 18 and 30 in the Agreed Statement of Facts. The Member submitted claim forms to the Benefit Plan between 2014 and 2016 for products including orthotics, shoe modifications and support stockings. The Member admitted, instead to receiving store credits which she used for non-therapeutic products, including shoes. By signing and submitting claims forms that contained false information, the Member falsified records relating to her practice and did so in the context of her employment as a Registered Nurse ("RN") at the Facility.

Allegation #4 in the Notice of Hearing is supported by paragraphs 9 to 18 and 31 in the Agreed Statement of Facts. The Member submitted false claims to the Benefit Plan between 2014 and 2016. The Member signed the claim forms with declarations including "I certify that all goods and services being claimed have been received by me and/or my spouse or dependents" and "I

certify that the information in this form is true and complete". She completed and signed the claim forms in the context of her employment as a Registered Nurse ("RN") at the Facility. Accordingly, the Member committed the misconduct of signing, in her professional capacity, a document that she knew contained a false or misleading statement.

With respect to allegation #5, the Panel finds that the Member's conduct was clearly relevant to the practice of nursing and in submitting multiple false benefit claims over three years, it 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 an element of dishonesty and deceit through making fraudulent submissions to the Benefit Plan in the total amount of \$2,150.00 for store credits which were used to purchase non-medicinal products or services such as shoes. 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 3 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 his 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 his 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 his 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.

The aggravating factors in this case were that there were multiple instances of blatant dishonesty on behalf of the Member in that she made false declaration of claims of \$2,150.00. These claims would have been used solely for the Member's own personal gain.

The mitigating factors in this case were that the Member accepted full responsibility for her conduct by admitting to all the allegations of professional misconduct and by entering into an Agreed Statement of Facts and a Joint Submission on Order. The Member also made full restitution to the Facility.

The proposed penalty provides for general deterrence through the 3 month suspension of the Member's certificate of registration, which sends a message to other members of the College that such misconduct will not be tolerated. This is particularly important, based on the volume of similar misconduct identified in the profession and will send a clear message that a severe penalty sanction will be applied to such misconduct.

The proposed penalty provides for specific deterrence through the oral reprimand and the 3 month suspension of the Member's certificate of registration.

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.

Overall, the public is protected through the 12 months of employer notification. The penalty agreed shows that this conduct is serious and has attracted a serious penalty sanction. Taken together, 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. Velasquez* (Discipline Committee, 2021): 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 was involved in similar benefit fraud that took place over several years and allowed the member to receive at least \$11,080.00 in false claims. The member remained employed within the facility, but entered into a payment agreement with the facility whereby the member paid 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. Verde-Balayo* (Discipline Committee, 2021): In this case, the member participated in the hearing. The member admitted to three, but denied two, of the allegations set out against her in the Notice of Hearing. The Discipline Committee that heard this matter made findings of professional misconduct on all the allegations set out in the Notice of Hearing. The member committed an act of professional misconduct when she was involved in similar benefit fraud to that which is at issue before this Panel. The benefit fraud took place over several years and allowed the member to receive at least \$7,982.50 as a result of false claims. The member was terminated from the facility and did not make any restitution. 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.

*CPSO v. Moore* (Divisional Court, 2003): In this case the member pleaded guilty of defrauding OHIP of \$75,000.00 over three years and was criminally convicted. This case was highlighted by College Counsel to draw the Panel's attention to the importance of general deterrence to

members of a profession where a widespread problem is identified within that profession. The Discipline Committee's decision in this case was appealed alleging that the Discipline Committee had overemphasized the concept of general deterrence and did not adequately consider the principle of proportionality. The Divisional Court dismissed the appeal.

Submissions were made by the Member's Counsel.

The Member's Counsel submitted that the proposed penalty addresses all the goals of penalty. In terms of mitigating factors, the Member has taken responsibility for her actions, paid restitution to the Facility and received a five-day suspension. She admitted her conduct to both the Facility and the College, and has been registered with it since 2010 and has no prior discipline history with it.

### **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 3 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 his 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 his 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 3 month suspension of the Member's certificate of registration which will send a clear message to the Member that benefit fraud towards employer sponsored benefits will not be tolerated.

General deterrence is addressed by the 3 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 and associated focus on consequences. 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, Ingrid Wiltshire-Stoby, NP, sign this decision and reasons for the decision as Chairperson of this Discipline panel and on behalf of the members of the Discipline panel.