

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

<b>PANEL:</b>	Carly Gilchrist, RPN	Chairperson
	Andrea Arkell	Public Member
	Jay Armitage	Public Member
	Shaneika Grey, RPN	Member
	Aisha Jahangir, RN	Member

**BETWEEN:**

COLLEGE OF NURSES OF ONTARIO	)	<u>HAILEY BRUCKNER</u> for
	)	College of Nurses of Ontario
- and -	)	
	)	
JAY LAROA	)	<u>NO REPRESENTATION</u> for
Registration No. AD040600	)	Jay Laroa
	)	
	)	<u>PATRICIA HARPER</u>
	)	Independent Legal Counsel
	)	
	)	Heard: January 27, 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 January 27, 2023, via videoconference.

**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 the publication or broadcasting of the name of the patient, or any information that could disclose the identity of the patient, referred to orally or in any documents presented at the Discipline hearing of Jay Laroa.

The Panel considered the submissions of the College and decided that there be an order preventing public disclosure and banning the publication or broadcasting of the name of the patient, or any information that could disclose the identity of the patient, referred to orally or in any documents presented at the Discipline hearing of Jay Laroa.

## **The Allegations**

The allegations against Jay Laroa (the “Member”) as stated in the Notice of Hearing dated November 16, 2022 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, while practising as a Registered Practical Nurse at the Centre for Addiction and Mental Health in Toronto, you sexually abused a patient, and in particular:
  - (a) on or about January 16, 2017, you said to [the Patient] words to the effect of “when you get out of here, I want to fuck you”;
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, while practising as a Registered Practical Nurse at the Centre for Addiction and Mental Health in Toronto, you contravened a standard of practice of the profession or failed to meet the standards of practice of the profession, and in particular
  - (a) on or about January 16, 2017, you said to [the Patient] words to the effect of “when you get out of here, I want to fuck you”;
  - (b) between about January 2017 and June 2017, you engaged in a personal, romantic, and/or sexual relationship with [the] former [Patient], that included sexually explicit telephone and text message conversations, masturbation by both of you while on the phone and therefore in each other’s presence, and/or sexual intercourse;
  - (c) on about February 8, 2017, you said to [Colleague A] (a social work student) words to the effect of “I want to fuck you”;
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, while practising as a Registered Practical Nurse at the Centre for Addiction and Mental Health in Toronto, 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 of the profession as disgraceful, dishonourable or unprofessional, and in particular:

- (a) on or about January 16, 2017, you said to [the Patient] words to the effect of “when you get out of here, I want to fuck you”;
- (b) between about January 2017 and June 2017, you engaged in a personal, romantic, and/or sexual relationship with [the] former [Patient], that included sexually explicit telephone and text message conversations, masturbation by both of you while on the phone and therefore in each other’s presence, and/or sexual intercourse;
- (c) on about February 8, 2017, you said to [Colleague A] (a social work student) words to the effect of “I want to fuck you”.

### **Member’s Plea**

The Member admitted the allegations set out in paragraphs #2(b), #2(c), #3(b) and #3(c) 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 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. Jay Laroa (the “Member”) registered with the College of Nurses of Ontario (“CNO”) as a Registered Practical Nurse (“RPN”) on January 1, 2014. He was administratively suspended for non-payment of fees from March 20, 2018 until his certificate of registration expired on April 19, 2018.
2. The Member was employed as an RPN by SRT Medstaff (the “Agency”) from July 6, 2015 until he was terminated for cause on February 14, 2017 in relation to the incident involving a social worker student, described below.
3. The Agency placed the Member at the Centre for Addiction and Mental Health (the “Facility”) as a part-time staff nurse from July 23, 2015 until February 8, 2017.
4. The Member worked exclusively at the Facility and did not pick up shifts elsewhere.

#### **THE AGENCY**

5. The Member received training on the Agency’s *Code of Conduct* and workplace violence and sexual harassment policies and procedures when he was hired in 2015.

6. Agency staff are expected to follow both the Agency's expectations, as well as the policies, procedures and protocols in effect at the respective host sites.

### ***Agency Policies***

7. The Agency's *Code of Conduct* states that all staff are expected to maintain therapeutic relationships with patients and to never use their position or contact with patients for personal benefit.
8. Importantly, the *Code of Conduct* explicitly informs staff that there is zero tolerance for patient abuse, including physical, emotional, psychological and sexual abuse.
9. Under the *Code of Conduct*, all staff are responsible for creating and maintaining healthy and positive working relationships. Staff are supposed to behave in a respectful and courteous manner toward co-workers, which includes refraining from any kind of harassment.
10. The Agency's *Workplace Violence and Harassment Policy* defines "workplace harassment" as behaviour that is known or ought reasonably to be known to be unwelcome, including words or actions that are known or should be known to be offensive, embarrassing or humiliating.
11. The Agency's *Harassment and Discrimination Policy and Procedure* elaborates on the definition of "harassment". It states that harassment can take the form of verbal abuse, which includes sexually suggestive remarks or gestures. The publication clearly states that this behaviour is not tolerated.
12. The *Harassment and Discrimination Policy and Procedure* explains that, consistent with Ontario's *Human Rights Code* and *Occupational Health and Safety Act*, "sexual harassment" can specifically involve sexual solicitation or advances in the workplace where the person making the solicitation is in a position of power and knows or ought to know that the advance is unwanted or inappropriate.
13. The *Code of Conduct*, in addition to the policies, apply equally to all Agency staff and were in force at the time of the Member's employment.

### **THE FACILITY**

14. The Facility, located in Toronto, Ontario, is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres.
15. All employees are oriented to the Facility's policies and procedures upon hire. The resources are available online for all employees to access at any time.

16. The Member completed the Facility's orientation when he was hired in 2015.

### ***Facility Policies***

17. The Facility had several policies in place at the time of the incidents, including but not limited to a zero-tolerance abuse policy, a code of conduct and a therapeutic nurse-client boundary policy modelled after the CNO practice standards.
18. The Facility's *Code of Conduct* and the *Respectful and Inclusive Workplace Policy* were in effect at the time the Member was a staff nurse.
19. First, the Facility's *Code of Conduct* states that it is the collective responsibility of all staff to establish and maintain collegial relationships. Any form of harassment is prohibited. Failure to comply with the Facility's *Code of Conduct* could result in progressive disciplinary action for the employee or termination of the contract between the Facility and the agency supplier.
20. With respect to patient interactions, the Facility's *Code of Conduct* clearly states that staff are prohibited from having personal or sexual relationships with patients. Staff are expected to engage with patients in a professional manner consistent with CNO's publications, which includes being respectful of boundaries and not violating the therapeutic relationship through any form of abuse or inappropriate behaviour.
21. Building off the expectations in the Facility's *Code of Conduct*, the *Respectful and Inclusive Workplace Policy* sets out expectations of employee behaviour generally, which includes agency staff employed by the Facility.
22. Similar to the Agency's policies on the same topic, the Facility's *Respectful and Inclusive Workplace Policy* states that, "harassment is the act of engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome".
23. In the companion procedure guide, the Facility commits to ensuring that its workplace is free from harassing behaviour by encouraging timely reporting by the person alleging the harassment.

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

#### ***Personal, Romantic and/or Sexual Relationship with the Patient***

24. At around 17:57 on December 8, 2016, [ ] (the "Patient") checked into the Facility's Emergency Assessment Unit. The Patient presented with complex mental health conditions not in remission, including bipolar disorder and psychosis.

25. The Member was part of the healthcare team that triaged the Patient in the Emergency Assessment Unit. Specifically, the Member completed the Valuables and Belongings Form for the Patient.
26. The Patient was experiencing a manic psychotic episode, characterized in part by risky and flirtatious behaviour. While being evaluated, the Patient told the Member, "Oh, you're cute" or words to that effect.
27. The Facility determined that the Patient was a candidate for entry into the Early Psychosis Unit once a bed became available.
28. The Patient stayed in residential care in the Emergency Assessment Unit until she was transferred to the Early Psychosis Unit in January 2017. The Patient was hospitalized for approximately six weeks.
29. The Member knew the Patient was admitted for psychosis and that she was experiencing a psychotic episode when they first met in December 2016.
30. The Patient and the Member crossed paths again when the Member was covering a shift in the Early Psychosis Unit on or around January 16, 2017.
31. The Patient was not assigned to the Member.
32. During the shift, the Patient accompanied the Member while he conducted patient assessment checks. The pair engaged in discussions about marijuana use. The Member told the Patient that he was "consuming a lot of marijuana recreationally". The Patient told him that she believed her psychosis was induced by a marijuana experimentation. The Member replied that this made him concerned for his health and that he would try reducing his intake.
33. At one point, the Member told the Patient, "I remember what you said", in reference to the Patient's remark when she was triaged in the Emergency Assessment Unit in December 2016.
34. The Patient gave the Member her telephone number.
35. Shortly after the Patient's discharge from the Facility, the Member and the Patient started following one another on social media, including Instagram and Facebook.
36. In or around February or March 2017, the Patient moved to Ottawa.
37. Unrelated to his interactions with the Patient, the Member was terminated with cause from his employment with the Agency and the Facility in February 2017. His

termination was in relation to his interactions with a social worker student on placement at the Facility, as described below.

38. In April 2017, the Patient returned to the Facility to participate in a four-week group therapy program.
39. At around this time, the Patient and the Member commenced a personal and sexual relationship that included explicit text messages and telephone conversations, as well as masturbation while on the phone with one another.
40. On one occasion, the Patient and the Member had sexual intercourse at the Member's home when the Patient visited Toronto from Ottawa.
41. The Patient and the Member did not communicate with one another online or in person after June 2017.
42. If the Patient were to testify, she would say that she felt that the Member took advantage of her vulnerable mental health both during her inpatient admission and in the months immediately following discharge from the Facility. The Patient would further testify that, although the sexual encounters were consensual and she did not feel forced to perform or take part in explicit sexual activities, she trusted that a regulated health professional who was aware of her clinical history would not compromise her mental health and jeopardize her stabilization.
43. If the Member were to testify, he would say that he regrets his extremely poor judgement with respect to his exploitative behaviour toward the Patient.

***Inappropriate Interaction with Social Worker Student***

44. The Facility's Concurrent Admission Inpatient Treatment Service (the "CAITS Unit") provides intensive interdisciplinary residential treatment to individuals with concurrent mental health and substance use disorders. Admissions usually range from 10 to 14 days and are intended as urgent intervention placements to support patients' transition to additional services either at the Facility or in the community.
45. The CAITS Unit has 3 floors. The first floor is dedicated to administrative offices and a recreational area. The second and third floors have 12 patient beds each.
46. Each floor has a central enclosed hub with five computers known as the Nurse's Station. Staff and students work on the computers to complete documentation.
47. There are also two computers located in the hallways on both the second and third floors, which are accessible to staff for the same purpose.

48. On February 8, 2017, [Colleague A] (“[ ]”) and the Member were working on the third floor of the CAITS Unit.
49. [Colleague A] was a social worker student completing a work placement at the Facility.
50. At approximately 13:00, [Colleague A] and the Member met for the first time.
51. [Colleague A] and the Member acknowledged one another by exchanging mutual greetings. The interaction lasted less than 2 minutes.
52. At approximately 15:00, [Colleague A] was working on a computer located in the hallway across from the Nurse’s Station on the CAITS Unit. The Member was completing documentation at the Nurse’s Station.
53. The Member left the Nurse’s Station. He approached [Colleague A] and sat beside her.
54. The Member and [Colleague A] began discussing the benefit of plants and green spaces, such as living plant walls, in hospital settings.
55. Abruptly, the Member leaned in toward [Colleague A] and said, “I want to fuck you” or words to that effect.
56. [Colleague A] told the Member that she was in a relationship and not interested in his advances.
57. The Member got up from his seat beside [Colleague A] and walked away.
58. Shortly afterward, the Member reapproached [Colleague A] at the computer station. He told [Colleague A] that he was interested in “feedback”. The Member told her that he did not mean to make her feel uncomfortable or like she was being “sexually harassed”.
59. If [Colleague A] were to testify, she would state that she feared the Member because she did not know him and was uncomfortable with his directness.
60. [Colleague A] told the Member that his statement was “blunt”.
61. [Colleague A] asked the Member, “Has this ever worked for you before?” or words to that effect, in reference to his proposition.
62. The Member replied, “Yes”.



63. At approximately 15:15, the Member left [Colleague A] and returned to a computer at the Nurse's Station and continued charting.
64. The Member and [Colleague A] did not interact again.
65. At approximately 15:30, [Colleague A] reported the incident to her supervisor.
66. The Facility suspended the Member from attending shifts at the Facility as of February 8, 2017 and conducted an internal investigation.
67. The Facility reported the Member to the Agency on February 10, 2017.
68. The Agency terminated the Member for cause on February 14, 2017.

#### **CNO STANDARDS OF PRACTICE**

69. CNO publishes nursing standards to set out the expectations for the practice of nursing. CNO's published standards inform nurses of their accountabilities and apply to all nurses regardless of their role, job description or area of practice.

#### ***Professional Standards***

70. CNO's *Professional Standards* publication states that each nurse is responsible for ensuring that their conduct meets the standards of the profession.
71. Nurses are expected to be accountable for their actions and the consequences of those actions. Nurses are also expected to conduct themselves in ways that promote respect for the profession as a whole and reinforce public confidence in the integrity and respectability of its members.
72. This practice standard indicates that a nurse demonstrates these expectations by, among other proactive steps:
  - a. ensuring practice is consistent with CNO's standards of practice and guidelines as well as legislation;
  - b. maintaining boundaries between professional therapeutic relationships and non-professional personal relationships; and
  - c. providing, facilitating, advocating and promoting the best possible care for patients.
73. Promoting patient safety and overall wellness is a touchstone of a nurse's practice. Whether through respectful nurse-patient interactions, or by encouraging positive

interactions between the broader healthcare team, nurses have a duty to comport themselves with the highest degree of professionalism and ethics in all circumstances.

### ***Therapeutic Nurse-Client Relationship Standard***

74. CNO's *Therapeutic Nurse-Client Relationship Standard* ("TNCR Standard") provides guidance on establishing and maintaining appropriate nurse-patient boundaries.
75. The *TNCR Standard* states that therapeutic nursing services "contribute to the [patient's] health and well-being" and that meaningful relationships are built on a foundation of "trust, respect, empathy and professional intimacy" that requires an acknowledgement of the "appropriate use of power inherent in the care provider's role." Accordingly, patients deserve access to healthcare free from the risk of exploitation and mental, emotional and/or physical harm. There is no place for patient abuse in any practice setting, under any circumstance.
76. While the *TNCR Standard* notes that establishing empathic therapeutic relationships with patients is an important factor in providing positive and effective nursing practice, the *TNCR Standard* makes clear that setting appropriate boundaries with patients is a central aspect of their role as a care provider.
77. More specifically, the *TNCR Standard* elaborates that nurses meet the standard for patient-centred care by ensuring that all professional behaviour and actions meet the therapeutic needs of the patient, and not the personal gratification of the nurse.
78. Nurses meet the standard by, among other actions:
  - a. setting and maintaining appropriate boundaries within the relationship;
  - b. being aware of their verbal and non-verbal communication style and how patients might perceive it; and,
  - c. committing to being available to the patient for the duration of care within the employment boundaries and role context.
79. Nurses are expected to recognize the need for increased vigilance in maintaining appropriate boundaries in certain practice settings, such as when interacting with vulnerable patients whose perception of the nurse's role may become blurred. Clear communication, such as continually clarifying one's role in the relationship, helps reinforce boundaries for patients who may become uncertain about the limits of their relationship with the member.

### **ADMISSIONS OF PROFESSIONAL MISCONDUCT**

80. The Member admits that engaging in a personal, romantic and/or sexual relationship with the Patient between January 2017 and June 2017 breached the standards of practice set out in CNO's *Professional Standards* and *TNCR Standard*.
81. The Member admits that he committed the acts of professional misconduct as alleged in paragraphs 2(b) and 2(c) in the Notice of Hearing, as described in paragraphs 24 to 68 above, when he breached the standards of practice through his inappropriate, sexually explicit interactions with the Patient and [Colleague A].
82. The Member admits that he committed the acts of professional misconduct as alleged in paragraphs 3(b) and 3(c) of the Notice of Hearing, and in particular his conduct was disgraceful, dishonourable and unprofessional, as described in paragraphs 24 to 68 above.
83. CNO leads no evidence with respect to allegations 1(a), 2(a) and 3(a) in the Notice of Hearing.

### **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 #2(b), #2(c), #3(b) and #3(c) of the Notice of Hearing. As to allegations #3(b) and #3(c), the Panel finds that the Member engaged in conduct that would reasonably be regarded by members of the profession to be dishonourable, disgraceful and unprofessional.

As the College did not submit any evidence with respect to the allegations in paragraphs 1(a), 2(a) and 3(a) of the Notice of Hearing, the Panel dismissed these allegations.

### **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 #2(b) in the Notice of Hearing is supported by paragraphs 24-44, 69-71, 72(b), 75 and 81 in the Agreed Statement of Facts. The Member admitted that while working as a Registered Practical Nurse at the Centre for Addiction and Mental Health (the "Facility") he breached the *Professional Standards* by not maintaining boundaries of the professional therapeutic relationship with [the Patient] and entering into a non-professional, personal relationship with [the Patient]. The Member engaged in texting of a sexual nature with [the Patient]. The Member also admitted that he breached the *Therapeutic Nurse-Client Relationship Standard*

("TNCR Standard") by engaging in sexual intercourse with [the Patient] within one year of the nurse-client relationship being terminated. The Member did not follow the *Professional Standards* of providing, facilitating, advocating and promoting the best possible care for [the Patient] but instead took advantage of a vulnerable patient and engaged in a personal relationship with [the Patient]. The Member knew or ought to have known that [the Patient] was vulnerable as she was admitted into the Facility's Emergency Assessment Unit. The Member took advantage of [the Patient]'s vulnerable state by referring to comments she made about him during her admission and also using assessments to talk about personal drug use and exchange phone numbers. The Member had the responsibility under the *TNCR Standard* to clearly communicate and define the relationship boundaries specifically when dealing with vulnerable patients, which he failed to do.

Allegation #2(c) in the Notice of Hearing is supported by paragraphs 44-71, 72(b), 73 and 81 in the Agreed Statement of Facts. The Member admitted that he made inappropriate comments such as "I want to fuck you" or words to that effect to [Colleague A], a social worker student on February 8, 2017 which made her feel uncomfortable and fearful in her workplace. The Member breached the *Professional Standards* by not ensuring that his conduct met the standards of the profession and by not conducting himself in a way that promotes respect for the profession.

Allegations #3(b) and #3(c) in the Notice of Hearing are supported by paragraphs 24-68 and 82 in the Agreed Statement of Facts. The Panel finds that the Member's conduct was clearly relevant to the practice of nursing and was unprofessional as it demonstrated a serious and persistent disregard for his professional obligations in breaching the *Professional Standards* and the *TNCR Standard*.

The Panel also finds that the Member's conduct was dishonourable. It demonstrated an element of moral failing by taking advantage of [the Patient]'s vulnerability to pursue a personal relationship with her contrary to his obligations. Furthermore, the Panel finds that the Member demonstrated a moral failing by suggesting his conduct directed to [Colleague A] was not sexual harassment. The Member knew or ought to have known that his conduct was unacceptable and fell well below the standards of a professional.

Finally, the Panel finds that the Member's conduct was disgraceful as it shames the Member and by extension the profession. The Member's conduct breached the *TNCR Standard* and was for his own benefit. By having a sexual relationship with a vulnerable patient while in his care 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 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 immediately revoke the Member's certificate of registration.

### **Penalty Submissions**

Submissions were made by College Counsel.

The aggravating factors in this case were:

- The Member showed serious disregard for his professional obligations; and
- The Member took advantage of a vulnerable patient with repeated conduct and discredited the profession of which he is a member.

The mitigating factors in this case were:

- The Member co-operated with the College and took responsibility by entering into an Agreed Statement of Facts and a Joint Submission on Order with the College; and
- The Member has no prior disciplinary history with the College.

The proposed penalty provides for general deterrence through the revocation of the Member's certification of registration, which sends a strong message to all members of the profession that any findings of a sexual and/or romantic relationship with a patient have significant consequences.

The proposed penalty provides for specific deterrence through the oral reprimand and the revocation of the Member's certificate of registration, which allows the Member to gain insight into his behaviour from members of the profession as well as members of the public and shows the Member that there are serious consequences to breaching professional boundaries and entering any kind of sexual relationship with a patient.

Because the proposed penalty includes the revocation of the Member's certificate of registration this is not a case in which remediation and rehabilitation are applicable.

Overall, the public is protected as the Member's certificate of registration has been revoked and he will no longer be practicing as an RPN.

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. Franklin* (Discipline Committee, 2020): This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Order. In this case, the member had a relationship with a patient that was sexual in nature resulting in a finding of sexual abuse of a

patient. The penalty included an oral reprimand and the member's certificate of registration was revoked.

*CNO v. Hawil* (Discipline Committee, 2016): This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Order. In this case, the member had a relationship of a sexual nature with a vulnerable patient that was in his care. The penalty included an oral reprimand and the member's certificate of registration was revoked.

*CNO v. Rodgers* (Discipline Committee, 2018): This case proceeded by way of an Agreed Statement of Facts and a Joint Submission on Order. In this case, the member exchanged sexually explicit text messages and videos with a patient. The penalty included an oral reprimand, reimbursement to the College for funding used by the patient for therapy and counselling and the member's certificate of registration was revoked.

Submissions were made by the Member.

The Member submitted that he agreed with the submissions of College Counsel.

### **Penalty Decision**

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

1. The Member is required to appear before the Panel to be reprimanded within 3 months of the date that this Order becomes final.
2. The Executive Director is directed to immediately revoke the Member's certificate of registration.

### **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 proposed penalty provides for general deterrence through the revocation of the Member's certificate of registration, which sends a strong message to all members of the profession that any findings of a sexual relationship have significant consequences. The proposed penalty provides for specific deterrence through the oral reprimand and the revocation of the

Member's certificate of registration, which allows the Member to gain insight into his behaviour from members of the profession as well as members of the public and shows the Member that there are serious consequences to breaching professional boundaries with a patient. Overall, the public is protected as the Member's certificate of registration has been revoked and he will no longer be practicing as an RPN.

Remediation and rehabilitation are not necessary or appropriate in these circumstances given the revocation of the Member's certificate of registration.

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

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.