

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **ALBERTA PASCO**, R.N. REGISTRATION #78,140

AS A RESULT OF A HEARING HELD BEFORE

THE HEARING TRIBUNAL

OF THE

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

11120 178 STREET

EDMONTON, ALBERTA

ON

FEBRUARY 27, 2020

## **INTRODUCTION**

A hearing was held on February 27, 2020 at the College and Association of Registered Nurses of Alberta (“CARNA”) by the Hearing Tribunal of CARNA to hear a complaint against Alberta Pasco, R.N. Registration #78,140.

Those present at the hearing were:

**a. Hearing Tribunal Members:**

Susan Derk, Chairperson  
Kathy Henry  
Bonnie Bazlik  
David Rolfe, Public Representative

**b. Independent Legal Counsel to the Hearing Tribunal:**

Mary Marshall

**c. CARNA Representative:**

Gwendolyn Parsons, Conduct Counsel

**d. Regulated Member Under Investigation:**

Alberta Pasco (sometimes hereinafter referred to as “the Regulated Member”)

**e. Regulated Member’s Labour Relations Officer:**

Silvie Montier, Labour Relations Officer, United Nurses of Alberta

## **PRELIMINARY MATTERS**

Conduct Counsel and the Labour Relations Officer for the Regulated Member confirmed that there were no objections to the composition of the Hearing Tribunal or to the Hearing Tribunal’s jurisdiction to proceed with the hearing. No preliminary applications were made.

The Chairperson noted that pursuant to section 78 of the *Health Professions Act*, RSA 2000, c. H-7 (“HPA”), the hearing was open to the public. No application was made to close the hearing. No members of the public were present.

Conduct Counsel confirmed that the matter was proceeding by way of agreement.

## **ALLEGATIONS AND ADMISSION**

The allegation that is before the Hearing Tribunal is as follows:

While employed as a Registered Nurse at University of Alberta Hospital, Alberta Health Services (“AHS”), Edmonton, Alberta, your practice fell below the standard expected of a RN when:

1. Between June 14, 2016 and July 16, 2016, you failed to ensure your own fitness to practise which resulted in errors typically made by people who demonstrate a lack of skill or knowledge.

The Regulated Member has admitted to the conduct in the allegation in the Consent Agreement (Exhibit # 2).

The matter proceeded by way of Consent Agreement.

## EXHIBITS

The following documents were entered as Exhibits:

<b>NUMBER</b>	<b>DESCRIPTION</b>
<b>Exhibit #1:</b>	Notice to Attend a Hearing by the Hearing Tribunal of the College and Association of Registered Nurses of Alberta to Alberta Pasco dated February 26, 2020
<b>Exhibit #2:</b>	Consent Agreement between Alberta Pasco, #78,140 and Gwendolyn Parsons, Conduct Counsel
<b>Exhibit #3:</b>	CARNA Practice Standards for Regulated Members ("Practice Standards")
<b>Exhibit #4:</b>	2017 Edition of the Canadian Nurses Association Code of Ethics for Registered Nurses ("2017 Code of Ethics")
<b>Exhibit #5:</b>	2008 Edition of the Canadian Nurses Association Code of Ethics for Registered Nurses ("2008 Code of Ethics")
<b>Exhibit #6:</b>	Joint Recommendations for Sanction
<b>Exhibit #7:</b>	Multi-Source Feedback Form with Detailed Job Description and Self-Assessment Tool for Unionized Employees attached
<b>Exhibit #8:</b>	Excerpt from <i>Jaswal v. Newfoundland Medical Board</i> , (1996), 42 Admin L.R. (2d) 233 (Nfld S.C.), at para. 36 (" <i>Jaswal</i> ")

## SUBMISSIONS ON THE ALLEGATIONS:

### Submissions by Conduct Counsel:

Conduct Counsel made brief submissions. Conduct Counsel thanked the Regulated Member and the Labour Relations Officer for reaching a Consent Agreement.

Conduct Counsel briefly reviewed Exhibit #2. She noted that the events in question occurred in 2016 and that the 2008 Code of Ethics applied. She noted the joint request that the allegations as set out in the Notice to Attend a Hearing (Exhibit #1) be withdrawn, and that the hearing proceed based on the allegation set out in the Consent Agreement (Exhibit #2).

Conduct Counsel submitted that the conduct constitutes unprofessional conduct under section 1(1)(pp) of the HPA.

Conduct Counsel noted that the following Practice Standards were applicable: Standards 1.1, 1.2, 1.4, 2.7, 3 (charging section), 5.2, 5.5, 5.6, and 5.9.

Conduct Counsel also noted that the following provisions from the 2008 Code of Ethics were applicable: A1, B1, G3, and G4.

**Submissions by the Labour Relations Officer for the Regulated Member:**

The Labour Relations Officer stated that the Regulated Member agrees that there has been unprofessional conduct. The Regulated Member was off work, and then came back to work when she was not fit to resume work. That was wrong, and because the Regulated Member was not fit, she ended up making mistakes. This was due to a lack of fitness, and not a lack of knowledge. The Regulated Member did not practise properly because she was not fit to practise.

**Questions from the Hearing Tribunal:**

The Hearing Tribunal adjourned to review the Exhibits and consider the submissions. When the hearing reconvened, the Hearing Tribunal had a question for the parties related to the applicability of Practice Standards 2.3 and 2.4.

The Hearing Tribunal also had a question for the parties related to the applicability of Ethical Responsibility G1 in the 2008 Code of Ethics.

Conduct Counsel indicated that she had no submissions or concerns about the additional provisions in the Practice Standards and the 2008 Code of Ethics. After a brief adjournment, the Labour Relations Officer for the Regulated Member confirmed that she had no additional submissions regarding Practice Standards 2.3 and 2.4, and Ethical Responsibility G1 in the 2008 Code of Ethics.

**DECISION AND REASONS OF THE HEARING TRIBUNAL ON THE ALLEGATIONS**

The Hearing Tribunal adjourned to review the materials and consider the materials and submissions. The Hearing Tribunal finds that the allegations admitted to by the Regulated Member are proven. Based on the admission of the Member, the Hearing Tribunal finds that the Regulated Member, between June 14, 2016 and July 16, 2016, failed to ensure her own fitness to practise which resulted in errors typically made by people who demonstrate a lack of skill or judgment.

The Hearing Tribunal considered the definition of unprofessional conduct under section (1)(1)(pp) of the HPA. The Hearing Tribunal finds that the allegation is proven and that the Regulated Member's conduct constitutes unprofessional conduct under section (1)(1)(pp) of the *Health Professions Act*, as follows:

Unprofessional conduct means one or more of the following, whether or not it is disgraceful or dishonourable:

- (i) displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- (ii) contravention of this Act, a code of ethics or standards of practice;

- (xii) conduct that harms the integrity of the regulated profession.

The Hearing Tribunal finds that the Regulated Member breached the following provisions of the Practice Standards: **1.1, 1.2, 1.4, 2.3, 2.4, 2.7, 3, 5.2, 5.5, 5.6, 5.9** as follows:

**Standard One: Responsibility and Accountability**

The nurse is personally responsible and accountable for their nursing practice and conduct.

**Indicators**

- 1.1 The nurse is accountable at all times for their own actions.
- 1.2 The nurse follows current legislation, standards and policies relevant to their practice setting.
- 1.4 The nurse practices competently.

**Standard Two: Knowledge-Based Practice**

The nurse continually acquires and applies knowledge and skills to provide competent, evidence-informed nursing care and service.

**Indicators**

- 2.3 The nurse uses critical inquiry in collecting and interpreting data, planning, implementing and evaluating all aspects of their nursing practice.
- 2.4 The nurse exercises reasonable judgment and sets justifiable priorities in practice.
- 2.7 The nurse applies nursing knowledge and skill in providing safe, competent, ethical care and service.

**Standard Three: Ethical Practice**

The nurse complies with the Code of Ethics adopted by the Council in accordance with Section 133 of HPA and CARNA bylaws (CARNA, 2012).

**Standard Five: Self-Regulation**

The nurse fulfills the professional obligations related to self-regulation.

**Indicators**

- 5.2 The nurse follows all current and relevant legislation and regulations.
- 5.5 The nurse practices within their own level of **competence**.
- 5.6 The nurse regularly assesses their practice and takes the necessary steps to improve personal competence.

**5.9** The nurse ensures their *fitness to practice*.

The Hearing Tribunal finds that the Regulated Member breached the following provisions of the 2008 Code of Ethics: **A1, B1, G1, G3, G4**, as follows:

**A. Providing Safe, Compassionate, Competent and Ethical Care**

Nurses provide safe, compassionate, competent and ethical care.

***Ethical responsibilities:***

1. Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care as well as with families, communities, groups, populations and other members of the **health-care team**.

**B. Promoting Health and Well-Being**

Nurses work with people to enable them to attain their highest possible level of health and well-being.

***Ethical responsibilities:***

1. Nurses provide care directed first and foremost toward the health and well-being of the person, family or community in their care.

**G. Being Accountable**

Nurses are accountable for their actions and answerable for their practice.

***Ethical responsibilities:***

1. Nurses, as members of a self-regulating profession, practise according to the values and responsibilities in the *Code of Ethics for Registered Nurses* and in keeping with the professional standards, laws and regulations supporting ethical practice.
3. Nurses practise within the limits of their competence. When aspects of care are beyond their level of competence, they seek additional information or knowledge, seek help from their supervisor or a competent practitioner and/or request a different work assignment. In the meantime, nurses remain with the person receiving care until another nurse is available.
4. Nurses maintain their **fitness to practise**. If they are aware that they do not have the necessary physical, mental or emotional capacity to practise safely and competently, they withdraw from the provision of care after consulting with their employer or, if they are self-employed, arrange that someone else attend to their clients' health-care needs. Nurses then take the necessary steps to regain their fitness to practise.

The breaches of the Practice Standards and the 2008 Code of Ethics are serious and constitute unprofessional conduct pursuant to section 1(1)(pp)(i)(ii) and (xii) of the HPA.

**SUBMISSIONS ON SANCTION**

The Hearing Tribunal heard submissions on the appropriate sanction.

**Submissions by Conduct Counsel:**

Conduct Counsel noted there was a joint proposal on sanction and reviewed the Joint Recommendations (Exhibit #6).

Conduct Counsel reviewed the factors in the decision of *Jaswal* and how those factors applied to the present case.

1. *The nature and gravity of the proven allegations:*

This hearing deals with a serious allegation, and there is an acknowledgment that errors were made. Patient safety is CARNA's mandate. The Regulated Member failed to ensure her own fitness to practise, and to ensure that she was not attending at work if she was not able to fulfill her duties.

2. *The age and experience of the member:*

The Regulated Member registered with CARNA in 2004. She graduated outside of Canada and obtained her PhD in nursing in Alberta.

3. *The previous character of the member:*

The Regulated Member had no prior complaints with CARNA. The issues prior to the Regulated Member's sick leave are identified in the Consent Agreement (Exhibit # 2).

4. *The age and mental condition of the offended patient:*

The problems occurred on a unit with patients who have brain and spinal cord injuries. These patients are extremely vulnerable and require top-notch care by nurses who have the skill set and are competent in that setting.

5. *The number of times the offence was proven to have occurred:*

The admission in the Consent Agreement (Exhibit #2) covers a one-month period of time when the member was not fit to practise and was making errors.

6. *The role of the registered nurse in acknowledging what occurred:*

The Regulated Member has acknowledged her failings and has entered into a Consent Agreement (Exhibit # 2).

7. *Whether the member has already suffered other serious financial or other penalties:*

The employer did not discipline the Regulated Member but reported her to CARNA as they were concerned about her practice.

8. *The impact on the offended patient:*

There is no information that any patient was harmed or suffered a detrimental effect, but the risk of harm is high in that practice setting. There were a couple of patient safety incidents but no indication of long-term harm. For most part the Regulated Member was buddied with another nurse, and this mitigated any risk of harm to a patient.

9. *The presence or absence of any mitigating factors:*

The allegation deals with matters that occurred in 2016. The Regulated Member is now working in a different practice setting, at Lois Hole Hospital (AHS), Women's Health Research – Fetal Echocardiology Clinic, Edmonton. It is clear from her curriculum vitae that the Regulated Member was working in the Glenrose Rehabilitation Hospital in a rehabilitation setting, lost her position and had to choose a different job. The Regulated Member worked in the new setting on Unit 4G4 Neurosciences, University of Alberta Hospital, Alberta Health Services ("AHS"), Edmonton, Alberta for a few months, and then went off on an extended leave for approximately twenty-seven months. She attempted to return to work at Unit 4G4 Neurosciences, University of Alberta Hospital, Alberta Health Services ("AHS"), Edmonton, Alberta and then encountered difficulty with her practice. The Regulated Member acknowledges that she was not fit to return to work. The Regulated Member was off on leave from July 2016, and she did not return to work until 2017. The Regulated Member returned to work in 2017 in a setting more suitable to her skill set. It is the responsibility of the Regulated Member to pick a setting where she can practise competently. Nurses are supposed to be generalists, but some settings are quite specialized. Part of professional responsibility is for nurses to ensure that they are practising in settings where they are competent. The Regulated Member was not able to practise in a manner that met the Practice Standards. She appears to be doing much better in her current setting at Lois Hole Hospital (AHS), Women's Health Research – Fetal Echocardiology Clinic, Edmonton. As part of the Joint Recommendations for Sanction (Exhibit #6), the Regulated Member will be required to write a paper that will demonstrate her understanding of the need to ensure personal competence, and to remain in a practice setting where she is competent.

10. *The need to promote specific and general deterrence:*

11. *The need to maintain public confidence:*

12. *Degree to which offensive conduct is outside the range of permitted conduct:*

The Regulated Member's conduct was unacceptable and she acknowledges that. The Regulated Member must practise in an area where she can ensure competence.

**Submissions by the Labour Relations Officer for the Regulated Member:**

The Labour Relations Officer for the Regulated Member made submissions on her behalf. There is no doubt that the Regulated Member made mistakes. However, the evidence that is before the Hearing Tribunal does not really allow an assessment of the Regulated Member's skills.

Errors were made and reported, but the Regulated Member was buddied with another nurse at the relevant time. The Regulated Member did very little as she was working under the guidance of another person. There was another staff member involved for supervision and teaching. One issue is whether the buddy should have been with the Regulated Member and whether they were absent at the time when they should have been with the Regulated Member.

The Regulated Member was unable to retain information, had problems with managing time and concentration, and was forgetful. When all of the elements are put together, it is clear that there were problems outside of skill and knowledge.

The Labour Relations Officer reviewed some of the factors in the decision of *Jaswal* and how those factors applied to the present case.

5. *The number of times the offence was proven to have occurred:*

The events occurred over the space of one month and were situated between two sick leaves. This fact shows that there was an issue with the Regulated Member's fitness.

8. *The impact on the offended patient:*

There is no evidence that any patients were impacted. The Regulated Member was buddied so patient safety should have been dealt with by those arrangements. The Regulated Member made mistakes because she was sick, and the issue is that she should have assured her fitness to practise.

9. *The presence or absence of any mitigating factors:*

The Regulated Member did not interview for the position where the problems occurred. Her position at Glenrose Rehabilitation Hospital was eliminated. The employer has a responsibility to provide another position, and when that occurs it is done by seniority. The Regulated Member had a limited number of days to make a decision about the new position that she was offered. If the Regulated Member refused the new position, she would not have a job. Therefore, she went from one type of setting to a completely different one. The Regulated Member was not suitable for the new setting.

11. *The need to maintain public confidence:*

Public confidence has very little to do with this situation. The Regulated Member was not practising on her own and was buddied all of the time. The public does not have to worry about what this Regulated Member has done. The Regulated Member does understand that she made mistakes by accepting the new position and by returning to work when she was not fit to practise.

**Questions from the Hearing Tribunal:**

The Hearing Tribunal asked questions about the Regulated Member's position with her current employer, Lois Hole Hospital (AHS), Women's Health Research – Fetal Echocardiology Clinic, Edmonton. The Regulated Member has been in her current position since May 2017, and she is now full time. Conduct Counsel and the Labour Relations Officer for the Regulated Member requested that the Hearing Tribunal make a determination whether the materials relating to the Regulated Member's current employment (Exhibit #7) satisfy the requirements for a performance evaluation outlined in paragraph 4 of the Joint Recommendations (Exhibit #6).

## **DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION**

The Hearing Tribunal has carefully considered the joint submissions on sanction and the submissions of the parties. The Hearing Tribunal has considered the factors noted in *Jaswal v. Newfoundland Medical Board*. The Hearing Tribunal accepts the joint recommended sanction. The joint recommendations take into account the nature of the findings of the Hearing Tribunal. They also address the issues that brought the Regulated Member before this Hearing Tribunal. The Hearing Tribunal finds that the recommended sanction appropriately considers the factors in *Jaswal*. The Hearing Tribunal finds that the recommended sanction protects the public interest and is reasonable.

The Hearing Tribunal finds that Exhibit #7 shows that the Member has taken positive steps. However, the material at Exhibit #7 does not fulfill the requirements of the type of evaluation that should be performed by a RN manager. The performance evaluation should cover at least 500 hours and be due no later than July 2, 2020. It is vitally important that the RN Manager specifically comment on each of the duties and responsibilities and whether the Member is performing each to the standard expected of a RN, specifically the patient contact section of the job description.

The Hearing Tribunal encourages the Regulated Member to ensure that the paper prepared by her includes a major reflective component, specifically with regards to paragraph 2(d) of the Joint Recommendations.

The Regulated Member should take the comments in the written decision, as well as the concerns expressed by the Hearing Tribunal with respect to her conduct, as her reprimand. In addition, the Regulated Member should consider her experiences in dealing with this complaint before this Hearing Tribunal and CARNA, and her experiences with her employer and co-workers as well as the joint submissions on sanction as a reminder of how important it is to practise in accordance with the Practice Standards and the Code of Ethics.

## **ORDER OF THE HEARING TRIBUNAL**

The Hearing Tribunal orders that:

1. Alberta Pasco shall receive a reprimand.
2. Alberta Pasco shall write and submit to the Complaints Director by May 30, 2020 a paper which must be satisfactory to the Complaints Director as follows:
  - a. the title of the paper shall be "The responsibility of the RN to maintain fitness to practise, and to ensure personal competence within a practice setting";
  - b. shall be 800 words in length;
  - c. shall be typed and neat;
  - d. the paper must demonstrate insight into why the member's behaviours, as outlined in all the allegations, were unacceptable and demonstrate insight into possible perceptions of patients; members of the public, or members of the health care team regarding the care that Alberta Pasco gives to patients based on the behaviours demonstrated in the allegations;
  - e. the paper must demonstrate an understanding of how the profession of nursing may be impacted by her behaviours;

- f. the paper must explain in detail what steps the member has taken and will take to remediate her practice;
  - g. any quotes or paraphrases from other authors must be clearly identified in the paper, and shall not comprise more than a total of 200 words in the paper. The other 600 words in the paper must be original, independent, reflective thought from the member;
  - h. shall have a bibliography of at least 6 references, one of which must be the CARNA Practice Standards for Regulated Members and Code of Ethics.
3. By April 30, 2020, Alberta Pasco shall provide a letter to the Complaints Director from her RN Manager at her current employer, Lois Hole Hospital (AHS); Women's Health Research – Fetal Echocardiology Clinic, Edmonton, Alberta, confirming that her RN Manager is prepared to provide to CARNA one performance evaluation on Alberta Pasco on the terms set out in paragraph 4 below. The letter must describe the duties performed by Alberta Pasco.
  4. The terms of the performance evaluation(s) are:
    - a. The fact that each of these terms of the performance evaluation has been complied with will be mentioned in the performance evaluation(s).
    - b. If the setting is acute care or long-term care, the RN Manager will personally observe and obtain feedback from registered nurse(s) who are on the same unit for the shifts that Alberta Pasco is working who have ample opportunities to observe all aspects of Alberta Pasco's nursing practice. The RN Manager will also obtain feedback from other members of the health care team, patients and their families and will do chart audits.
    - c. If the setting is not acute or long-term care, the Manager shall describe her process for obtaining information for the performance evaluation.
    - d. The RN Manager shall confirm that she has seen a copy of this Decision (including Allegations, Findings and Order).
    - e. The performance evaluation is due no later than July 2, 2020, and shall cover at least 500 hours of practice.
    - f. The performance evaluation must be satisfactory to the Complaints Director, indicating that Alberta Pasco is performing to the standard expected of a registered nurse.
    - g. If the practice setting is research or another practice setting, the RN manager shall provide a list of the duties and responsibilities of Alberta Pasco in that setting, and in addition to any other comments about her performance, must specifically comment on each of those duties and responsibilities and whether or not Alberta Pasco is performing each to the standard expected of a registered nurse.
    - h. If the practice setting is in acute or long term care, the performance evaluation(s) must include comments on all of the following, unless the item listed is not a duty performed in that setting, in which case the manager must say so:
      - i) Administration of medications and medication charting, including
        - critical thinking skills in determining the patient's medication needs and all steps taken prior to actual administration of the medication
        - knowledge of medications

- administration of medications using the right assessment of patient pre- and post-administration
  - documentation;
- ii) Medication reconciliation (if done in that setting);
  - iii) Charting (all aspects, plus narcotic records, incident reports);
  - iv) Assessment skills: both initial assessment and ongoing assessment of patient's condition;
  - v) Reporting the results of assessments to the appropriate persons, including other staff, charge nurse and physician; effective communication of all appropriate information to other staff/physicians regarding patient's condition;
  - vi) Implementation of appropriate nursing interventions based on the assessment;
  - vii) Setting priorities for patient care;
  - viii) Taking responsibility to ask questions or find necessary information;
  - ix) Specific skills that are necessary on the unit;
  - x) Professional responsibility;
  - xi) Leadership;
  - xii) Communication style with other members of the health care team - whether it is respectful, professional, polite, helpful and clear;
  - xiii) Communication style with patients/families of patients - whether the style demonstrates respect, kindness, gentleness and compassion;
  - xiv) Effective communication of relevant information to the patient/family;
  - xv) Manner of interactions with patients when required to touch the patient - whether the manner demonstrates respect, kindness, gentleness and compassion;
  - xvi) Following the policies of the unit regarding all aspects of nursing practice;
  - xvii) Processing of physician's orders;
  - xviii) Any other issues that the supervisor thinks are relevant.
5. From the date of the hearing, February 27, 2020, Alberta Pasco is prohibited from working in any setting except her sole current employer, Lois Hole Hospital (AHS); Women's' Health Research – Fetal Echocardiology Clinic, Edmonton, Alberta, until Alberta Pasco has submitted the final performance evaluation mentioned in paragraph 4 above which is satisfactory to the Complaints Director, unless she obtains permission from the Complaints Director to obtain other employment, in which case a performance evaluation (as described in paragraph 4 above) will be required from her current employer, up to the date her employment ended, (if it ended) and from that new employer as well.
  6. Compliance with this Order:
    - a. Compliance with this Order shall be determined by the Complaints Director of CARNA. All decisions with respect to Alberta Pasco's (the Regulated Member) compliance with this Order will be in the sole discretion of the Complaints Director.

- b. Proof of compliance with all requirements under this Order must be received by the Complaints Director of CARNA by the deadlines set out in the Order. If the Complaints Director deems it appropriate, and for the sole purpose of permitting the Member to proceed toward compliance with this Order, the Complaints Director may in her sole discretion grant extensions or make other minor adjustments to the Order that are in keeping with the Hearing Tribunal Order, without varying the substance of this Order.
  - c. Should the Member fail or be unable to comply with any of the requirements of this Order, or if any dispute arises regarding the implementation of this Order, the Complaints Director may exercise the authority under section 82(3) of the HPA, and, in so doing, may rely on any non-compliance with this Order as grounds to make a recommendation under 65 of the HPA which may include suspension of the Member's practice permit.
  - d. The responsibility lies with the Member to comply with this Order. It is the responsibility of the Member to initiate communication with CARNA for any anticipated non-compliance and any request for an extension
7. The Registrar will be requested to put the following conditions against the Member's Practice Permit (current and/or future). Each condition shall remain on any current and future Practice Permits until the condition is fully satisfied. Effective February 27, 2020 notifications of the conditions shall be sent out to the Member's current employers (if any), the regulatory College for Registered Nurses in all Canadian provinces and territories, and other professional colleges with which the Member is also registered (if any). Once the Member has complied with a condition listed below, it shall be removed. Once all the conditions have been removed, the Registrar will be requested to notify the regulatory College of the other Canadian jurisdictions. Conditions to be placed against any current and future Practice Permits:
- Shall write paper. (call CARNA)
  - Performance evaluation(s) required. (call CARNA)
  - Restricted re employment setting. (call CARNA)
8. This Order takes effect February 27, 2020 and remains in effect pending the outcome of any appeal, unless a stay is granted pursuant to section 86 of the HPA.

This Decision is made in accordance with Sections 80, 82 and 83 of the HPA.

Respectfully submitted,



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Susan Derk, Chairperson  
On Behalf of the Hearing Tribunal  
Date of Order: February 27, 2020