COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA

IN THE MATTER OF
A HEARING UNDER *THE HEALTH PROFESSIONS ACT,*

AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF JAMES BUCKLE

DECISION OF THE HEARING TRIBUNAL
OF THE
COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA

IN THE MATTER OF A HEARING UNDER THE *HEALTH PROFESSIONS ACT* REGARDING THE CONDUCT OF JAMES BUCKLE, LPN #62214, WHILE A MEMBER OF THE COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA ("CLPNA")

DECISION OF THE HEARING TRIBUNAL

(1) Hearing

The hearing was conducted via videoconference on March 27, 2025 with the following individuals present:

Hearing Tribunal:
Sarah Kawaleski, Licensed Practical Nurse ("LPN") Chairperson
Treena Currie, LPN
Don Wilson, Public Member
Brett Huculak, Public Member

Staff:
Evie Maldonado, Legal Counsel for the Complaints Officer, CLPNA
Bonnie Scabar, Complaints Officer, CLPNA
Sanah Sidhu, Director of Professional Conduct, CLPNA

Investigated Member:
James Buckle, LPN ("Mr. Buckle" or "Regulated Member" or "Investigated Member")
Jaime Oyarzun, AUPE Representative for the Investigated Member

(2) Preliminary Matters

The hearing was open to the public.

There were no objections to the members of the Hearing Tribunal hearing the matter, and no Hearing Tribunal member identified a conflict. There were no objections to the jurisdiction of the Hearing Tribunal.

The Hearing was conducted by way of an Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and a Joint Submission on Penalty.

(3) Background

Mr. Buckle was an LPN within the meaning of the *Health Professions Act*, RSA 2000, c H-7 ("Act") at all material times, and more particularly, was registered with CLPNA as an LPN at the time of the complaint. Mr. Buckle was initially licensed as an LPN in Alberta on April 18, 2023.

On June 25, 2024 the CLPNA received notice from Deborah Vass on behalf of Alberta Health Services (the "Employer"), that the Regulated Member was being investigated for an allegation of sexual misconduct with a patient.

On July 5, 2024, the Complaints Director for the CLPNA delegated their powers and duties under the HPA to Bonnie Scabar, Complaints Officer and appointed Neal York, Investigator to conduct an investigation into the complaint.

The Regulated Member's practice permit has been suspended since July 25, 2024 following the decision of a person designated by the council to impose conditions or suspensions during complaint proceedings under s. 65 of the Act.

Following the receipt and review of the Investigation Report, the Complaints Officer determined this matter should be referred to a hearing on December 6, 2024 and provided the Regulated Member with the Statement of Allegations.

The Regulated Member was provided with all the required hearing notices under the Act on January 15, 2025.

(4) Allegations

The Allegations in the Statement of Allegations (the "Allegations") are:

"It is alleged that **JAMES BUCKLE, LPN**, while practising as a Licensed Practical Nurse engaged in unprofessional conduct by:

1. On or between May 21, 2024 and June 9, 2024, engaged in sexually inappropriate or explicit text messages on numerous occasions with Patient MD, with such conduct constituting "sexual misconduct" as defined in s. 1(1) (nn.2) of the *Health Professions* Act, R.S.A. 2000, c. H-7 (the "HPA") and contravening CLPNA's Standards of Practice for Licensed Practical Nurses on Boundary Violations.

2. On or between May 20, 2024 and June 21, 2024, failed to maintain professional boundaries with Patient MD, particulars of which include one or more of the following:

    a) On or around May 21, 2024, gave Patient MD cigarettes and a lighter;
    b) Gave Patient MD a cell phone and paid for a phone plan for 6 months;
    c) Gave Patient MD $50;
    d) Communicated with Patient MD via text message while they were a patient and after discharge;
    e) On or around May 20, 2024, Patient MD, via text message, to meet at a Tim Horton's located near the hospital where Patient MD was a patient and subsequently met with Patient MD on his day off;

f) On or around May 21, 2024, Patient MD, via text message, offered his home for them to stay after their discharge from hospital;
g) On or around May 22, 2024, Patient MD offered, via text message, the keys to his residence;
h) On May 22, 2024, via text message, offered and provided Patient MD the use of his home address for income support application;
i) On or around June 18, 2024, purchased two dresses and candy for Patient MD and sent the same via mail to her home address.

3. On or between May 7, 2024 and May 24, 2024, breached patient confidentiality and privacy by accessing Patient MD's personal and/or health information from the electronic records without justification or authorization.

4. On or between July 2023 and July 2024, made inappropriate or sexually suggestive comments toward co-workers, particulars of which include one or more of the following:

a) Told co-worker CC how tight her pants were or words to that effect;
b) Told co-worker CC how good she looked in tight pants or words to that effect;
c) Told co-worker CC, he "wanted to have a child with a younger woman" or words to that effect;
d) Made comments to co-worker TT about her clothing and appearance.

5. On or about May 17, 2024, made inappropriate or sexually suggestive comments toward co-worker XR, particulars of which include one or more of the following:

a) Commenting to co-worker XR "people are going to think we are having sex" or words to that effect;
b) Telling co-worker XR he "wanted her boobs and butt in his face" or words to that effect;
c) While talking to co-worker XR, referred to a song as his and co-worker XR's 'sex song' or words to that effect;
d) Lifting his shirt and showing his torso to co-worker XR;
e) During subsequent shifts, stating to co-worker XR, "I will see you at your car" or words to that effect.

It is further alleged that this conduct constitutes "unprofessional conduct" as defined in s. 1(1)(pp)(ii) and (xii) of the *Health Professions Act*, RSA 2000, c H-7, and in particular that this conduct breaches one or more of the following:

1. *Standards of Practice for Licensed Practical Nurses on Boundary Violations,* Standard 1: The LPN-Patient Relationship; and Standard 8: Other Types of Boundary Violations;

2. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 1: Professional Accountability and Responsibility, Indicator 1.8;
3. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 3: Protection of the Public through self-regulation, Indicators 3.1, 3.3, and 3.5;
4. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 4: Professional and Ethical Practice, Indicators 4.4, 4.5, 4.6;
5. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 1: Responsibility to the Public, Ethical Responsibilities, Indicators 1.1, 1.5;
6. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 2: Responsibility to Clients, Ethical Responsibilities, Indicators 2.3, 2.7, 2.9;
7. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 3: Responsibility to the Profession, Ethical Responsibilities, Indicators 3.1, 3.3;
8. *Code of Ethics for Licensed Practical Nurses in Canada*, Principle 4: Responsibility to Colleagues, Ethical Responsibilities, Indicator 4.2;
9. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 5: Responsibility to Self, Ethical Responsibilities, Indicators 5.1, 5,3,5.7."

(5) Admission of Unprofessional Conduct

Section 70 of the Act permits an investigated member to make an admission of unprofessional conduct. An admission under s. 70 of the Act must be acceptable in whole or in part to the Hearing Tribunal.

Mr. Buckle acknowledged unprofessional conduct to all the allegations as evidenced by his signature on the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and verbally admitted unprofessional conduct to all the allegations set out in the Statement of Allegations during the hearing.

Legal Counsel for the Complaints Officer submitted, where there is an admission of unprofessional conduct, the Hearing Tribunal should accept the admission absent exceptional circumstances.

(6) Exhibits

The following exhibits were entered at the hearing:

Exhibit #1: Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct
Exhibit #2: Joint Submission on Penalty

(7) Evidence

The evidence was adduced by way of Agreed Statement of Facts, and no witnesses were called to give *viva voce* testimony. The Hearing Tribunal accepts the evidence set out in the Agreed Statement of Facts which was admitted as Exhibit #1.

(8) Decision of the Hearing Tribunal and Reasons

The Hearing Tribunal is aware it is faced with a two-part task in considering whether a regulated member is guilty of unprofessional conduct. First, the Hearing Tribunal must make factual findings as to whether the alleged conduct occurred. If the alleged conduct occurred, it must then proceed to determine whether that conduct rises to the threshold of unprofessional conduct in the circumstances.

The Hearing Tribunal has reviewed the documents included in Exhibit #1 and finds as facts the events as set out in the Agreed Statement of Facts.

The Hearing Tribunal also accepts Mr. Buckle's admission of unprofessional conduct as set out in the Agreed Statement of Facts as described above. Based on the evidence and submissions before it, the Hearing Tribunal did not identify exceptional circumstances that would justify not accepting the admission of unprofessional conduct from Mr. Buckle.

Background Facts

Before turning to the facts which relate to the allegations specifically, the following background is helpful for providing context.

The Facility and Work Assignments

Unit 5 North of Medicine Hat Hospital (the "Facility") consists of a 32-bed inpatient psychiatric unit ("in-patient area"), as well as four beds within the Facility's emergency department for short-stay psychiatric patients ("short stay area"). Staff would be assigned to work in either the in-patient area or short stay area; however, when there were no patients in the short stay area, those staff could be asked to assist in the in-patient area by their supervisors.

From approximately July 5 to September 6, 2023, the Regulated Member held a casual position at the Facility and was assigned to the short-stay area.

From approximately September 6, 2023 to April 1, 2024, the Regulated Member was on a term position at another unit at the Facility.

On or about April 1, 2024, the Regulated Member commenced a part-time position in the short stay area with the expectation to assist in the in-patient area when asked.

The Regulated Member worked on the short stay unit between May 7 to May 25, 2024, specifically with shifts on: May 7th, 10th, 11th, 12th, 13th, 16th, 17th, 18th, 19th, 23rd, 24th, and 25th. During some of these shifts they were sent to assist in the in-patient area as needed.

The Regulated Member resigned from the Facility on July 3, 2024 during the Facility's investigation into the allegations.

The LPN-Patient Relationship

Patient MD was previously admitted to the Facility on or about September 2023 and first met the Regulated Member during this stay.

Patient MD was admitted to the in-patient area of the Facility from May 7 to May 25, 2024 for psychiatric concerns. The Regulated Member was in his early 50s at the time of the alleged conduct, while Patient MD was in her early 20s.

The Regulated Member was not the primary nurse for Patient MD or assigned to their care during their hospitalization; however, the Regulated Member provided professional nursing services to Patient MD during their admission and specifically, contributed to their patient record by authoring a Nursing Note on May 16, 2024 at 16:41 hours (Exhibit# 1, TAB 4); accordingly, an LPN-patient relationship existed between the Regulated Member and Patient MD.

The LPN-patient relationship continued to exist between the Regulated Member and Patient MD as per the CLPNA Standards of Practice on Boundary Violations, Standard 1(3), (Exhibit# 1, TAB 5). The LPN-patient relationship does not end until, at minimum, one year has elapsed since the last day of providing professional nursing services.

Patient MD referred to the Regulated Member as her "nurse" during the course of their communication. This is evidenced in the following text messages from Patient MD:

a. ".. you're my nurse in my eyes still" on or about May 27, 2024; and
b. "I have feeling for you too I just don't think they are the same. Idk I just keep seeing you as my friend/nurse" on or about June 8, 2024.

The relevant text messages extracts are at Exhibit #1, TAB 6.

The Co-workers

The Regulated Member worked with co-worker CC and co-worker TT at the Facility since July 2023.

The Regulated Member worked with co-worker XR since on or about April 2024.

Allegation 1

Mr. Buckle admitted that on or between May 21, 2024 and June 9, 2024, he engaged in sexually inappropriate or explicit text messages on numerous occasions with Patient MD, with such conduct constituting "sexual misconduct" as defined in s. 1(1) (nn.2) of the Act and contravening CLPNA's Standards of Practice for Licensed Practical Nurses on Boundary Violations.

On or about April 1, 2024, the Regulated Member commenced a part-time position in the short stay area with the expectation to assist in the in-patient area when asked. The Regulated Member worked several shifts between May 7 to May 25, 2024, including: May 7th, 10th, 11th, 12th, 13th, 16th, 17th, 18th, 19th, 23rd, 24th, and 25th, during which they were sent to assist in the in-patient area.

Patient MD was admitted to the in-patient area of the Facility from May 7 to May 25, 2024 for psychiatric concerns.

An LPN-patient relationship existed between the Regulated Member and Patient MD.

On or between May 21, while Patient MD was still an in-patient at the Facility, to June 9, 2024, post-discharge, the Regulated Member engaged in repeated incidents of objectionable or unwelcome conduct and remarks of a sexual nature by sending sexually inappropriate or explicit text messages to Patient MD, contrary to the CLPNA's Standards of Practice for Licensed Practical Nurses on Boundary Violations, including but not limited to:

a. "*I will be honest you are interesting and amazing and beautiful and I would be so interested in 6 months to a year…you are kind you are sexy you are smart and amazing!!*" on or about May 21, 2024;
b. "*…99% of patients I forget but there are a couple of special ones. And you are one of the special ones*" on or about May 23, 2024;
c. "*you are sexy, beautiful, vibrant, smart…And those eyes!!!!! Yummmmmmm!*" on or about May 25, 2024;
d. "*you deserve to be loved and cherished and put first. You should be spoiled with kisses and cuddles*" on or about May 25, 2024;
e. "*well baby you and your girl toy can tie me to a chair and make me watch and when you are finished that you could take care of me*" on or about May 27, 2024;
f. "*Babe I give us 2 dates before I make you squirt lol*" on or about May 27, 2024;
g. "*I love giving I love doing oral so much it is my second favourite thing after kissing passionately. I never rush I even bite and suck a little…20 or 30 minutes and don't complain!!! I think it is one of the best parts of being intimate with someone*" on or about May 27, 2024
h. ".. how *about I lie there while you sit on my face… Lol yuuuuummmmm*" on or about May 27, 2024;
i. "*I like that I imagine you giving me the best head*" on or about May 27, 2024;

j. "*Your hands, your tongue and lips. I picture you as a wet passionate kisser who loves French kissing and bet you are a moaner*" on or about May 27, 2024;
k. "*… While you lie there with your legs together sticking from your yummy juices*" on or about May 27, 2024;
l. a photograph of a sex toy, specifically an extreme bondage table, on or about June 3, 2024;
m. "*You'll get extra orgasm. I might even let you peg me or get you a girl to play with*" on or about June 3, 2024;
n. "*I am so excited to feel your mouth on me and to make love to you*" on or about June 4, 2024;
o. photos of himself, including one where he appears naked, on or about June 5, 2024;
p. "*If you were with me we'd be in bed with fan on and I would be finger tracing your back and kissing your neck and shoulders*" on or about June 8, 2024;
q. "*Run this world like you would our house or my D*" on or about June 9, 2024
r. "*It would be easier for me to eat your juiciness if you are already naked…*" on or about June 9, 2024;
s. called Patient MD "sexy", "baby", "darling", "beautiful", "stunning" and "hun" or "hunny" on numerous occasions between May 21 to June 9, 2024.

Extracts from the relevant text messages from the Regulated Member to Patient MD were included as part of Exhibit #1 at TAB 7.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Mr. Buckle's admission of unprofessional conduct. The Hearing Tribunal accepts the information as presented, along with Mr. Buckle's admission of unprofessional conduct, which the parties presented in the Agreed Statement of Facts.

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
ii. Contravention of the Act, a code of ethics or standards of practice;
xii. Conduct that harms the integrity of the regulated profession.

The conduct in regard of Allegation #1 involved repeated occasions of Mr. Buckle contacting a patient to relay messages of a sexual nature. It is obvious this conduct did not reflect an appropriate professional boundary. This conduct is clearly a demonstration of a lack of judgment on the part of Mr. Buckle.

Mr. Buckle's conduct harms the integrity of the profession as this is not expected behavior of an LPN. LPNs are accountable for maintaining appropriate boundaries and meet the health care

needs of their patients. It is exploitative for a nurse to use this relationship to meet their own social, emotional, or relationship needs. Crossing boundaries puts the nurse-patient relationship at risk, breaches patient trust and can cause severe harm.

The conduct breached the following principles and standards set out in CLPNA's Code of Ethics ("CLPNA Code of Ethics" and CLPNA's Standards of Practice for Licensed Practical Nurses in Canada ("CLPNA Standards of Practice"):

CLPNA Code of Ethics:

Principle 1: Responsibility to the Public - Licensed Practical Nurses, as self-regulating professionals, commit to provide safe, effective, compassionate, and ethical care to members of the public. Principle 1 specifically provides that LPNs:

> 1.1 Maintain standards of practice, professional competence, and conduct.
>
> 1.5 Provide care directed toward the health and well-being of the person, family, and community.

Principle 2: Responsibility to Clients – Licensed Practical Nurses provide safe and competent care for their clients. Principle 2 specifically provides that LPNs:

> 2.3 Respect and protect client privacy and hold in confidence information disclosed except in certain narrowly defined exceptions.
>
> 2.7 Develop trusting, therapeutic relationships, while maintaining professional boundaries.
>
> 2.9 Identify and minimize risks to clients.

Principle 3: Responsibility to the Profession – LPNs have a commitment to their profession and foster the respect and trust of their clients, health care colleagues and the public. Principle 3 specifically provides that LPNs:

> 3.1 Maintain the standards of the profession and conduct themselves in a manner that upholds the integrity of the profession.
>
> 3.3 Practice in a manner that is consistent with the privilege and responsibility of self-regulation.

Principle 5: Responsibility to Self, Ethical Responsibilities – LPNs recognize and function within their personal and professional competence and value systems. Principle 5 specifically provides that LPNs:

5.1 Demonstrate honesty, integrity and trustworthiness in all interactions.

5.3 Accept responsibility for knowing and acting consistently with the principles, practice standards, laws and regulations under which they are held accountable.

5.7 Prevent or manage conflict of interest situations.

CLPNA Standards of Practice:

Standard 1: Professional Accountability and Responsibility – LPNs are accountable and responsible for their practice and conduct to meet the standards of the profession and legislative requirements:

1.8. Are accountable and responsible for their own practice, conduct, and ethical decision-making.

Standard 3: Protection of the public through self-regulation – Licensed Practical Nurses collaborate with clients and other members of the healthcare team to provide safe care and improve health outcomes:

3.1. Establish, maintain, and appropriately end the professional therapeutic relationship with the client and their families.

3.3. Lead and contribute to a practice culture that promotes safe, inclusive, and ethical care.

3.5. Understand and accept the responsibility of self-regulation by following the standards of practice, the code of ethics, and other regulatory requirements.

Standard 4: Professional and Ethical Practice – Licensed Practical Nurses adhere to the ethical values and responsibilities described in the Canadian Council for Practical Nurse Regulators (CCPNR) Code of Ethics.

4.4. Maintain professional boundaries in the nurse/client therapeutic relationship.

4.5 Demonstrate effective, respectful, and collaborative interpersonal communication to promote a positive practice culture.

4.6. Demonstrate practice that upholds the integrity of the profession.

Mr. Buckle breached the Standards of Practice for Licensed Practical Nurses on Boundary Violations: Protecting Patients from Sexual Abuse and Sexual Misconduct, which was approved by the Council and came into force on May 31, 2023:

Standard 1: The LPN-Patient Relationship

> 2. An LPN must not engage in behaviour towards a patient that is objectionable or unwelcome, including acting in a manner, or making remarks of a sexual nature, that the LPN knows, or ought reasonably to know, will cause offence or humiliation or adversely affect the patient's health and well-being. This behaviour is considered sexual misconduct.

Standard 8: Other Types of Boundary Violations

> An LPN must maintain professional boundaries in the LPN-patient relationship at all times. Boundary violations: can be related to behaviours between an LPN and a patient in areas such as cultural insensitivity, gift giving or receiving, emotional or financial abuse, and may occur physically and verbally.

Regulated professionals are called to hold themselves to a high standard and in a manner which reflects the undertaking of the responsibility of self-regulation. By engaging in sexually inappropriate or explicit text messages with patient MD between May 21, 2024 and June 9, 2024, Mr. Buckle failed to meet the high standard required and conducted himself in a manner inconsistent with the privilege of self-regulation. His actions were not compatible with the objective of providing care directed at the health and well-being of this patient and undermined a trusting therapeutic relationship and appropriate boundaries. Mr. Buckle ought to have known that his messages to this patient would cause offence or humiliation. For all of these reasons, the Hearing Tribunal concluded that Mr. Buckle engaged in unprofessional conduct deserving of sanction.

<u>Allegation 2</u>

Mr. Buckle admitted that on or between May 20, 2024 and June 21, 2024, he failed to maintain professional boundaries with Patient MD, particulars of which include one or more of the following:

a) On or around May 21, 2024, gave Patient MD cigarettes and a lighter;
b) Gave Patient MD a cell phone and paid for a phone plan for 6 months;
c) Gave Patient MD $50;
d) Communicated with Patient MD via text message while they were a patient and after discharge;
e) On or around May 20, 2024, Patient MD, via text message, to meet at a Tim Horton's located near the hospital where Patient MD was a patient and subsequently met with Patient MD on his day off;
f) On or around May 21, 2024, Patient MD, via text message, offered his home for them to stay after their discharge from hospital;

g) On or around May 22, 2024, Patient MD offered, via text message, the keys to his residence;
h) On May 22, 2024, via text message, offered and provided Patient MD the use of his home address for income support application;
i) On or around June 18, 2024, purchased two dresses and candy for Patient MD and sent the same via mail to her home address.

Patient MD was admitted to the in-patient area of the Facility from May 7 to May 25, 2024 for psychiatric concerns. On or between May 20, 2024 to June 21, 2024, while Patient MD was admitted to the Facility and after discharge, the Regulated Member failed to maintain professional boundaries with Patient MD.

The Regulated Member purchased a phone with a prepaid phone plan for the purpose of communicating with Patient MD. The Regulated Member gave Patient MD the phone during one of their shifts at the Facility, prior to May 20, 2024.

On May 20, 2024, the Regulated Member contacted Patient MD through text message and they began conversing while Patient MD was a patient at the Facility. The text messages continued following Patient MD's discharge from the Facility on May 25, 2024 up to June 21, 2024 for the purpose of engaging in a personal relationship. A copy of the first text message on May 20, 2024 was included as part of Exhibit #1 at TAB 8.

On May 20, 2024, the Regulated Member arranged to meet in person with Patient MD at the Tim Horton's near the Facility, on his day off, and met with Patient MD for a period of time [Exhibit #1, TAB 8].

The Regulated Member offered the following to Patient MD from May 21 to May 22, 2024:

a. to stay at his home after their discharge from hospital;
b. a set of keys to his residence; and
c. his home address for an income support application.

The relevant text messages extracts are at Exhibit #1. TAB 9.

The Regulated Member purchased and gave the following gifts to Patient MD between May 20 to June 18, 2024:

a. a cell phone with a 6-month paid phone plan on or before May 20, 2024;
b. cigarettes and a lighter on or about May 21, 2024;
c. $50 cash on or about May 22, 2024;
d. two dresses on June 18, 2024; and
e. candy on June 18, 2024.

The Regulated Member texted Patient MD to obtain their mailing/home address on or about June 7, 2024 and she provided it to him for the purpose of mailing the gifts at paragraph 30(d) and (e). The relevant extracts of text messages between the Regulated Member and Patient MD are at Exhibit #1, TAB 10.

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
ii. Contravention of the Act, a code of ethics or standards of practice;
xii. Conduct that harms the integrity of the regulated profession.

The conduct breached the same principles of the CLPNA's Code of Ethics cited above as well as CLPNA Standards of Practice (aside from the Standards of Practice for Licensed Practical Nurses on Boundary Violations: Protecting Patients from Sexual Abuse and Sexual Misconduct).

The Hearing Tribunal's reasons for concluding this conduct did meet the standard of unprofessional conduct are substantially similar to those given in respect to Allegation #1. Mr. Buckle demonstrates a lack of judgment by giving gifts to patient MD, including a phone for the purposes of communicating with Mr. Buckle, meeting with patient MD outside of the clinical setting and for non-care related purposes, offering access to and use of his home, and in seeking patient MD's home address. It is obvious this conduct did not reflect an appropriate professional boundary and had the potential for causing harm. This conduct falls well short of what is expected of LPNs and there can be no doubt that it tends to harm the integrity of the profession by undermining the public's ability to trust LPNs.

The conduct also constitutes a clear breach of the CLPNA Code of Ethics and CLPNA Standards of Practice. Mr. Buckle acted in a manner that was not support of good health outcomes for patient MD. It breached the requirements for boundaries between an LPN and a patient which are boundaries that the LPN must maintain. This compromises any ability for an LPN to provide safe and competent care. Mr. Buckle's conduct in this manner did not reflect the privilege of self-regulation or any understanding of it.

For all of these reasons, the Hearing Tribunal concludes Ms. Buckle's conduct constituted unprofessional conduct.

<u>Allegation 3</u>

Mr. Buckle admitted that on or between May 7, 2024 and May 24, 2024, he breached patient confidentiality and privacy by accessing Patient MD's personal and/or health information from the electronic records without justification or authorization.

During the Facility's internal investigation into the Regulated Member's conduct, an internal audit was performed on Patient MD's electronic medical records. The audit revealed multiple and lengthy accesses to Patient MD's medical records by the Regulated Member.

The Regulated Member's only justified and authorized access to Patient MD's electronic medical records was on May 16, 2024 at 16:41 hours when he needed to document the professional nursing services he provided to Patient MD [Exhibit #1,TAB 4].

The Regulated Member accessed Patient MD's 'patient clinical info', 'patient demographics', 'medications', and 'clinical notes' from the electronic records, without justification or authorization, on the following days:

a. eight (8) accesses on May 7, 2024 between 19:42 to 23:11 hours;
b. three (3) accesses on May 13, 2024 between 22:02 to 22:58 hours;
c. six (6) accesses on May 16th, 2024 at 15:33 hours and then between 16:54 to 22:04 hours;
d. one (1) access on May 17, 2024 at 16:43 hours;
e. two (2) accesses on May 23, 2024 between 11:36 and 12:09 hours; and
f. one (1) access on May 24, 2024 at 11:45 hours.

The Facility's internal audit report was included as part of Exhibit #1 at TAB 11.

Patient MD was not assigned to the Regulated Member during his shifts at the Facility, therefore other than providing professional nursing services on May 16, 2024 at 16:41 hours, the Regulated Member had no justification or authorization to access Patient MD's personal and/or health information outside of this occasion.

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
ii. Contravention of the Act, a code of ethics or standards of practice;
iii. Contravention of another enactment that applies to the profession, and
xii. Conduct that harms the integrity of the regulated profession.

This conduct is a clear violation of the *Health Information Act*, RSA 2000, c H-5 ("HIA") and also constitutes conduct that is unprofessional conduct for other reasons under the Act.

Mr. Buckle displayed a lack of judgment by accessing Patient MD's personal and/or health information from the electronic records without justification or authorization. Patients have a right to privacy regarding their health information. Unauthorized access breaches this right and can lead to a loss of trust in healthcare providers. Healthcare professionals have an ethical duty

to maintain patient confidentiality. Unauthorized access goes against professional ethical standards and can harm the reputation of the individual and their professional standing.

Mr. Buckle's conduct harmed the integrity of the regulated profession as he behaved in a manner that is not expected of an LPN in a similar situation. Patients should be able to expect that LPNs are not looking up their personal information or gaining access to personal records when they do not have justification or authorization to do so.

Similarly, Mr. Buckle's conduct breached the CLPNA Code of Ethics and the general CLPNA Standards of Practice as set out above. Breaching patient privacy in this manner shows a lack of integrity, does not reflect a commitment to the health and well-being of patients, is inconsistent with regulatory requirements and does not reflect a commitment to self-regulation.

For all of these reasons, the Hearing Tribunal concluded that the conduct in respect of Allegation #3 was unprofessional conduct.

Allegation 4

Mr. Buckle admitted that on or between July 2023 and July 2024, he made inappropriate or sexually suggestive comments toward co-workers, particulars of which include one or more of the following:

a) Told co-worker CC how tight her pants were or words to that effect;
b) Told co-worker CC how good she looked in tight pants or words to that effect;
c) Told co-worker CC, he "wanted to have a child with a younger woman" or words to that effect;
d) Made comments to co-worker TT about her clothing and appearance.

Co-worker CC worked on some of same shifts as the Regulated Member at the Facility since July 2023. During some of those shifts, the Regulated Member made inappropriate or sexually suggestive comments to co-worker CC about:

a. how tight their pants were or words to that effect;
b. how good they looked in tight pants or words to that effect; and
c. how the Regulated Member wanted to have a child with a younger woman, or words to that effect.

Co-worker TT worked on some of the same shifts as the Regulated Member at the Facility since July 2023. During some of those shifts, the Regulated Member made inappropriate or sexually suggestive comments to co-worker TT about her clothes or appearance.

On September 22, 2023, the Employer met with the Regulated Member to discuss concerns regarding comments he made to female co-workers in the workplace. A non-disciplinary letter was issued to the Regulated Member, outlining expectations in the workplace moving forward (Exhibit #1, TAB 12).

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
ii. Contravention of the Act, a code of ethics or standards of practice;
xiii. Conduct that harms the integrity of the regulated profession.

Mr. Buckle displayed a lack of knowledge and judgment. It was his responsibility as an LPN to ensure he conducted himself in a professional manner. The inappropriate comments towards his co-workers failed to demonstrate professional boundaries. By making unwanted, sexually suggestive comments with both CC and TT, he did not act in a manner that was respectful. His conduct in regard to the victims in Allegation #4 was over the span of a year.

The conduct breached the same principles of the CLPNA's Code of Ethics and CLPNA Standards of Practice applicable to Allegation #2. Mr. Buckle did not support and contribute to a healthy and positive practice environment. He made his co-workers very uncomfortable and had no regard for the professional boundaries he is expected to uphold.

This conduct would have the obvious effect of harming the integrity of the profession; it is unacceptable for an LPN to act in a manner so as to make co-workers uncomfortable in their place of work as was done here.

Mr. Buckle did not maintain his responsibilities to the profession. He failed to foster the respect of his colleagues, CC and TT. He did not collaborate with them in a respectful manner and his comments were not appropriate nor were they ethical. In this way, he breached both the CLPNA Standards and CLPNA Code of Ethics.

<u>Allegation 5</u>

Mr. Buckle admitted that on or about May 17, 2024, he made inappropriate or sexually suggestive comments toward co-worker XR, particulars of which include one or more of the following:

a) Commenting to co-worker XR "people are going to think we are having sex" or words to that effect;
b) Telling co-worker XR he "wanted her boobs and butt in his face" or words to that effect;
c) While talking to co-worker XR, referred to a song as his and co-worker XR's 'sex song' or words to that effect;
d) Lifting his shirt and showing his torso to co-worker XR;
e) During subsequent shifts, stating to co-worker XR, "I will see you at your car" or words to that effect.

On May 17, 2024, Co-worker XR worked on the same shift as the Regulated Member.

On that date, following the end of the Regulated Member and coworker XR's shift, the Regulated Member asked co-worker XR to give him a ride back to his residence, to which co-worker XR agreed.

During the car ride, the Regulated Member made the following inappropriate or sexually suggestive comments to co-worker XR:

a. "people are going to think we are having sex" or words to that effect;
b. that he "wanted her boobs and butt in his face" or words to that effect; and
c. referred to a song as his and co-worker XR's 'sex song' or words to that effect.

Once they arrived at the Regulated Member's residence, the Regulated Member exited the car but proceeded to lift his shirt exposing his torso to co-worker XR, before turning around and walking into his home.

During at least two subsequent shifts between May 17 to June 11, 2024, the Regulated Member approached co-worker XR at the end of their shift and stated "I will see you at your car" or words to that effect.

On June 11, 2024, co-worker XR reported the Regulated Member's conduct to the Employer.

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
ii. Contravention of the Act, a code of ethics or standards of practice;
xiii. Conduct that harms the integrity of the regulated profession.

Mr. Buckle displayed a lack of knowledge and judgment. It was his responsibility as an LPN to ensure he conducted himself in a professional manner. The inappropriate comments towards his co-worker failed to demonstrate professional boundaries. By making unwanted, sexually suggestive comments towards XR, he did not act in a manner that was respectful. Disrespectful and unprofessional conduct which would have the obvious effect of making someone uncomfortable diminishes the integrity of the profession.

For substantially the same reasons as given in respect of Allegation #4, Mr. Buckle's conduct also breached the CLPNA Code of Ethics and CLPNA Standards of Practice.

Mr. Buckle did not support and contribute to a healthy and positive practice environment. He made his co-workers very uncomfortable and had no regard for the professional boundaries he is expected to uphold.

Mr. Buckle did not maintain his responsibilities to the profession. He failed to foster the respect of his colleague, XR. He did not collaborate with her in a respectful manner and his comments were not appropriate nor were they ethical. In this way, he breached both the CLPNA Standards and CLPNA Code of Ethics.

(9) Joint Submission on Penalty

The Complaints Officer and Mr. Buckle jointly proposed to the Hearing Tribunal a Joint Submission on Penalty, which was entered as Exhibit #2. The Joint Submission on Penalty proposed the following sanctions to the Hearing Tribunal for consideration:

1. The Hearing Tribunal's written decision (the "Decision") shall serve as a reprimand.

2. For a period of **4 months** from service of the Decision, the Regulated Member's practice permit shall be suspended and they are prohibited from providing professional services as a Licensed Practical Nurse in Alberta.

3. Within **30 days** of service of the Decision, the Regulated Member shall read and reflect on how the following Educational Readings will impact their nursing practice and provide a written and signed declaration to the Complaints Officer attesting that they have reviewed the documents:
    a. Code of Ethics for Licensed Practical Nurses in Canada;
    b. Standards of Practice for Licensed Practical Nurses in Canada;
    c. Standards of Practice for Licensed Practical Nurses on Boundary Violations;
    d. CLPNA Policy: Client and Coworker Abuse;
    e. CLPNA Policy: Professional Responsibility and Accountability; and
    f. CLPNA Practice Guideline: Confidentiality.

    These documents are available on CLPNA's website and will be provided. If such documents become unavailable, they may be substituted by equivalent documents approved in advance in writing by the Complaints Officer.

4. Within **4 months** of service of the Decision, the Regulated Member shall complete the following remedial education, at their own cost, and shall provide the Complaints Officer with documentation confirming successful completion:

    a. John Collins Consulting Course – Professional Boundaries in Nursing, available online https://www.jcollinsconsulting.com/index.php/courses-modules/licensed-practical-nurse

b. CLPNA Learning Module – Code of Ethics for LPNs, available online https://www.clpna.com/lpn-knowledge-hub/lpn-code-of-ethics-learning-module/

If such course(s) become unavailable, an equivalent course(s) may be substituted where approved in advance in writing by the Complaints Officer.

5. Within **5 months** of service of the Decision, the Regulated Member shall author and provide a Written Reflection Paper on the professional LPN-patient relationship, taking into account the Educational Readings and remedial education at paragraphs 3 and 4. The Written Reflection Paper must be satisfactory to the Complaints Officer and meet the following requirements:

   a. Is typed and at least 1,000 words in length;
   b. Identifies at least three (3) goals of self-improvement relating to maintaining professional boundaries in an LPN-patient relationship;
   c. Describes how the Regulated Member will improve their own practice, including plans and supports or resources that may assist in achievement of their identified goals;
   d. Identifies and describes risks factors to a professional boundary violation and strategies to prevent boundary violations for health care professionals; and
   e. Details the impact of an LPN-patient power imbalance or boundary violation on a patient.

6. For a period of **sixteen (16) months** from service of the Decision, the Regulated Member shall provide a letter to the Complaints Officer from any current or prospective employment setting, where they work in the capacity of a Licensed Practical Nurse, confirming the following information:

   i. The location of the Regulated Member's employment setting, including the unit(s), if applicable (the "Employment Setting");
   ii. The anticipated start date of employment, if the letter is from a prospective employer;
   iii. The name, contact information and professional designation (if applicable) of the supervisor, anticipated supervisor, or other such manager of Regulated Member at the Employment Setting; and
   iv. That the supervisor, anticipated supervisor, or other such manager of the Regulated Member has read and reviewed the Hearing Tribunal's decision.

7. The Regulated Member shall pay 25% of the costs of the investigation and hearing to a maximum of $5,000, to be paid within **40 months** of service of the Decision.

    a) A letter advising of the final costs will be provided when final costs have been confirmed.
    b) The costs must be paid to the CLPNA, whether or not the Regulated Member holds an active practice permit with the CLPNA. Any outstanding costs are a debt owed to the CLPNA and if not paid by the deadline indicated, may be recovered as an action in debt.

8. The sanctions set out above at paragraphs 3 to 7 will appear as conditions on the Regulated Member's practice permit and the Public Registry subject to the following:

    a) The requirements at paragraphs 3 – 5 will appear as "CLPNA Monitoring Orders (Conduct)";
    b) The requirement at paragraph 6, will appear as "Disclosure to Employers"; and
    c) The requirement at paragraph 7, will appear as "Conduct Cost/Fines".

9. The conditions on The Regulated Member's practice permit and on the Public Registry will be removed upon completion of each of the requirements set out above. The CLPNA will provide the required notices in accordance with s. 119 of the HPA.

10. The Regulated Member shall ensure their information with the CLPNA, including home mailing address, telephone number(s), e-mail address and employment information, is up to date.

11. Should The Regulated Member be unable to comply with any of the deadlines for completion of the orders identified above, the deadlines may, upon written request, be extended for a reasonable period of time with the written consent of the Complaints Officer.

12. Should the Regulated Member fail or be unable to comply with any of the above orders for penalty, or if any dispute arises regarding the implementation of these orders, the Complaints Officer may do any or all of the following:

    a. Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
    b. Treat the non-compliance as information for a complaint under s. 56 of the *Health Professions Act*; or

c. In the case of nonpayment of costs, suspend the Regulated Member's practice permit until such costs are paid in full or the Complaints Officer is satisfied that such costs are being paid in accordance with a schedule of payment agreed to by the Complaints Officer.

Legal Counsel for the Complaints Officer submitted the primary purpose of orders from the Hearing Tribunal is to protect the public. The Hearing Tribunal is aware that s. 82 of the Act sets out the available orders the Hearing Tribunal is able to make if unprofessional conduct is found.

The Hearing Tribunal is aware, while the parties have agreed on a joint submission as to penalty, the Hearing Tribunal is not bound by that submission. Nonetheless, as the decision-maker, the Hearing Tribunal should give deference to a joint submission unless the proposed sanction is unfit, unreasonable or contrary to public interest. Joint submissions make for a better process and engage the member in considering the outcome. A rejection of a carefully crafted agreement would undermine the goal of fostering cooperation through joint submissions and may significantly impair the ability of the Complaints Director to enter into such agreements. If the Hearing Tribunal had concerns with the proposed sanctions, the proper process is to notify the parties, articulate the reasons for concern, and give the parties an opportunity to address the concerns through further submissions to the Hearing Tribunal.

The Hearing Tribunal therefore carefully considered the Joint Submission on Penalty proposed by Mr. Buckle and the Complaints Officer.

(10) Decision on Penalty and Conclusions of the Hearing Tribunal

The Hearing Tribunal recognizes its orders with respect to penalty must be fair, reasonable and proportionate, taking into account the facts of this case.

The orders imposed by the Hearing Tribunal must protect the public from the type of conduct that James Buckle has engaged in. In making its decision on penalty, the Hearing Tribunal considered a number of factors identified in *Jaswal v Newfoundland Medical Board* [1986] NJ No 50 (NLSC-TD), specifically the following:

- The nature and gravity of the proven allegations
- The age and experience of the investigated member
- The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions
- The age and mental condition of the victim, if any
- The number of times the offending conduct was proven to have occurred
- The role of the investigated member in acknowledging what occurred
- Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made

- The impact of the incident(s) on the victim, and/or
- The presence or absence of any mitigating circumstances
- The need to promote specific and general deterrence and, thereby to protect the public and ensure the safe and proper practice
- The need to maintain the public's confidence in the integrity of the profession
- The range of sentence in other similar cases

The nature and gravity of the proven allegations: These allegations are very serious in nature, as sexual misconduct is a very serious offence. LPNs are in a position of trust and power and must never abuse that position of trust. Unwelcome conduct of a sexual nature towards co-workers is also serious as it purposefully breaches a patient's privacy.

The age and experience of the investigated member: Mr. Buckle was registered in April 2023, so he had only been licensed for three months at the time of the first allegation. It was noted that he was in his 50's. This factor is not mitigating, the conduct in question relates to the basic dignity of those Mr. Buckle provides care to and works with.

The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions: The Hearing Tribunal was not made aware of any prior complaints or convictions with respect to Mr. Buckle.

The age and mental conditions of the victim: The age of Patient MD was said to have been in her 20s and was receiving mental health care. The Hearing Tribunal did not receive any information regarding the age of the co-workers who were affected by Mr. Buckle's words.

The number of times the offending conduct was proven to have occurred: For Allegations 1-3, they occurred between May 7, 2024 and June 21, 2024. This only occurred with one patient, MD, but did occur with her multiple times. Allegations 4 & 5 took place between July 2023 and July 2024, and involved at least three of Mr. Buckle's co-workers. There were multiple individuals who were subjected to the comments made by Mr. Buckle.

The role of the investigated member in acknowledging what occurred: Mr. Buckle has acknowledged his conduct and that it was unprofessional conduct, and he has taken responsibility for his actions.

Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made: Mr. Buckle lost his employment at the Facility as a result of the allegations and then had his CLPNA license suspended. He has therefore not worked as an LPN for about nine months.

The impact of the incident(s) on the victim, and/or: The CLPNA reached out to Patient MD on two occasions, and she refused to submit a statement or attend the hearing. While Mr. Buckle's co-workers were not patients, they were still significantly impacted. People should feel

comfortable when they come to work or choose to volunteer in a facility. Mr. Buckle's actions made all three victims extremely uncomfortable.

The need to promote specific and general deterrence and, thereby to protect the public and ensure the safe and proper practice: It is imperative that the sanction promotes both specific and general deterrence. The Hearing Tribunal believes the sanctions proposed in this case will ensure that Mr. Buckle understands that his actions are serious and will not be tolerated. They also serve as notice to other members of the profession that such actions will be dealt with very seriously.

The need to maintain the public's confidence in the integrity of the profession: The sanctions of Mr. Buckle send a strong message to the public that the CLPNA takes these allegations very seriously and will not be tolerated. The public needs to maintain their confidence in the profession; the Hearing Tribunal is confident that the sanction will ensure that.

The range of sentences in other similar cases: The Hearing Tribunal was presented with two similar cases: Re: Devon Ormsby (March 2024) & Diljot Singh (January 2024). The cases presented to the Hearing Tribunal also demonstrated a lack of awareness with no intentional malice. However, the comparative cases did not include sexual misconduct involving a patient, which is a very serious offence. These cases were cited in relation to the Joint Submission on Penalty, specifically concerning costs, as they presented a fact scenario similar to Mr. Buckle's case. The Hearing Tribunal reviewed the range of costs ordered in the similar cases in deciding whether to accept the proposal on costs in this matter.

It is important to the profession of LPNs to maintain the Code of Ethics and Standards of Practice, and in doing so to promote specific and general deterrence and, thereby, to protect the public. The Hearing Tribunal has considered this in the deliberation of this matter, and again, considered the seriousness of the Registered Member's actions. The penalties requested in this case are intended, in part, to demonstrate to the profession and the public that actions and unprofessional conduct such as this is not tolerated and it is intended that these orders will, in part, act as a deterrent to others.

After considering the proposed orders for penalty, the Hearing Tribunal finds the Joint Submission on Penalty is appropriate, reasonable and serves the public interest and therefore accepts the parties' proposed penalties.

(11) Orders of the Hearing Tribunal

The Hearing Tribunal is authorized under s. 82(1) of the Act to make orders in response to findings of unprofessional conduct. The Hearing Tribunal makes the following orders pursuant to s. 82 of the Act:

1. The Hearing Tribunal's written decision (the "Decision") shall serve as a reprimand.

2. For a period of **4 months** from service of the Decision, the Regulated Member's practice permit shall be suspended and they are prohibited from providing professional services as a Licensed Practical Nurse in Alberta.

3. Within **30 days** of service of the Decision, the Regulated Member shall read and reflect on how the following Educational Readings will impact their nursing practice and provide a written and signed declaration to the Complaints Officer attesting that they have reviewed the documents:
    a. Code of Ethics for Licensed Practical Nurses in Canada;
    b. Standards of Practice for Licensed Practical Nurses in Canada;
    c. Standards of Practice for Licensed Practical Nurses on Boundary Violations;
    d. CLPNA Policy: Client and Coworker Abuse;
    e. CLPNA Policy: Professional Responsibility and Accountability; and
    f. CLPNA Practice Guideline: Confidentiality.

    These documents are available on CLPNA's website and will be provided. If such documents become unavailable, they may be substituted by equivalent documents approved in advance in writing by the Complaints Officer.

4. Within **4 months** of service of the Decision, the Regulated Member shall complete the following remedial education, at their own cost, and shall provide the Complaints Officer with documentation confirming successful completion:

    a. John Collins Consulting Course – Professional Boundaries in Nursing, available online https://www.jcollinsconsulting.com/index.php/courses-modules/licensed-practical-nurse
    b. CLPNA Learning Module – Code of Ethics for LPNs, available online https://www.clpna.com/lpn-knowledge-hub/lpn-code-of-ethics-learning-module/

    If such course(s) become unavailable, an equivalent course(s) may be substituted where approved in advance in writing by the Complaints Officer.

5. Within **5 months** of service of the Decision, the Regulated Member shall author and provide a Written Reflection Paper on the professional LPN-patient relationship, taking into account the Educational Readings and remedial education at paragraphs 3 and 4. The Written Reflection Paper must be satisfactory to the Complaints Officer and meet the following requirements:

a. Is typed and at least 1,000 words in length;
b. Identifies at least three (3) goals of self-improvement relating to maintaining professional boundaries in an LPN-patient relationship;
c. Describes how the Regulated Member will improve their own practice, including plans and supports or resources that may assist in achievement of their identified goals;
d. Identifies and describes risks factors to a professional boundary violation and strategies to prevent boundary violations for health care professionals; and
e. Details the impact of an LPN-patient power imbalance or boundary violation on a patient.

6. For a period of **sixteen (16) months** from service of the Decision, the Regulated Member shall provide a letter to the Complaints Officer from any current or prospective employment setting, where they work in the capacity of a Licensed Practical Nurse, confirming the following information:

   i. The location of the Regulated Member's employment setting, including the unit(s), if applicable (the "Employment Setting");
   ii. The anticipated start date of employment, if the letter is from a prospective employer;
   iii. The name, contact information and professional designation (if applicable) of the supervisor, anticipated supervisor, or other such manager of Regulated Member at the Employment Setting; and
   iv. That the supervisor, anticipated supervisor, or other such manager of the Regulated Member has read and reviewed the Hearing Tribunal's decision.

7. The Regulated Member shall pay 25% of the costs of the investigation and hearing to a maximum of $5,000, to be paid within **40 months** of service of the Decision.

   a) A letter advising of the final costs will be provided when final costs have been confirmed.
   b) The costs must be paid to the CLPNA, whether or not the Regulated Member holds an active practice permit with the CLPNA. Any outstanding costs are a debt owed to the CLPNA and if not paid by the deadline indicated, may be recovered as an action in debt.

8. The sanctions set out above at paragraphs 3 to 7 will appear as conditions on the Regulated Member's practice permit and the Public Registry subject to the following:

a) The requirements at paragraphs 3 – 5 will appear as "CLPNA Monitoring Orders (Conduct)";
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c) The requirement at paragraph 7, will appear as "Conduct Cost/Fines".

9. The conditions on The Regulated Member's practice permit and on the Public Registry will be removed upon completion of each of the requirements set out above. The CLPNA will provide the required notices in accordance with s. 119 of the HPA.

10. The Regulated Member shall ensure their information with the CLPNA, including home mailing address, telephone number(s), e-mail address and employment information, is up to date.

11. Should The Regulated Member be unable to comply with any of the deadlines for completion of the orders identified above, the deadlines may, upon written request, be extended for a reasonable period of time with the written consent of the Complaints Officer.

12. Should the Regulated Member fail or be unable to comply with any of the above orders for penalty, or if any dispute arises regarding the implementation of these orders, the Complaints Officer may do any or all of the following:

    d. Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;

    e. Treat the non-compliance as information for a complaint under s. 56 of the *Health Professions Act*; or

    f. In the case of nonpayment of costs, suspend the Regulated Member's practice permit until such costs are paid in full or the Complaints Officer is satisfied that such costs are being paid in accordance with a schedule of payment agreed to by the Complaints Officer.

The Hearing Tribunal believes these orders adequately balances the factors referred to in Section 10 above and are consistent with the overarching mandate of the Hearing Tribunal, which is to ensure that the public is protected.

Under Part 4, s. 87(1)(a),(b) and 87(2) of the Act, the Investigated Member has the right to appeal:

“87(1) An investigated person or the complaints director, on behalf of the college, may commence an appeal to the council of the decision of the hearing tribunal by a written notice of appeal that

(a) identifies the appealed decision, and

(b) states the reasons for the appeal.

(2) A notice of appeal must be given to the hearings director within 30 days after the date on which the decision of the hearing tribunal is given to the investigated person.”

DATED THE 19th DAY OF JUNE 2025 IN THE CITY OF CALGARY, ALBERTA.

THE COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA

Sarah Kawaleski, LPN
Chair, Hearing Tribunal