

COLLEGE OF REGISTERED NURSES OF ALBERTA

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **MEGAN COFFEY**, R.N. REGISTRATION #**76,918**

AS A RESULT OF A HEARING HELD BEFORE

THE HEARING TRIBUNAL

OF THE COLLEGE

11120 178 STREET

EDMONTON, ALBERTA

ON

MAY 13, 2025

INTRODUCTION

A hearing was held on **May 13, 2025**, via Microsoft Teams videoconferencing by the Hearing Tribunal of the College of Registered Nurses of Alberta (the “**College**” or “**CRNA**”) to hear a complaint against Megan Coffey, R.N. registration #76,918.

Those present at the hearing were:

a. Hearing Tribunal Members:

John Bradbury, RN Chairperson
Kimberly Boyko, RN
Barb Rocchio, Public Member
David Rolfe, Public member

b. Independent Legal Counsel to the Hearing Tribunal:

Julie Gagnon

c. CRNA Counsel:

Stacey McPeck, Conduct Counsel

d. Registrant Under Investigation:

Megan Coffey (sometimes hereinafter referred to as “the **Registrant**”)

e. Registrant’s Legal Counsel:

Mona Duckett

f. CRNA Staff

Marina Skoreiko, Hearings Coordinator as Clerk supporting Chair of the Tribunal in procedural management of virtual proceeding technology.

PRELIMINARY MATTERS

Conduct Counsel and Legal Counsel for the Registrant 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. There were members of the public present.

Conduct Counsel confirmed that the matter was proceeding by Agreement.

ALLEGATIONS AND ADMISSION

The allegations in the Notice to Attend a Hearing are as follows:

1. Between March 2023 and April 2023, while [Patient 1] was a patient of the Registrant receiving psychotherapeutic treatment, the Registrant engaged in conduct of a sexual nature toward [Patient 1], when they did one or more of the following:
 - a. engaged in sexual intercourse with [Patient 1], on one or more occasion;
 - b. touched [Patient 1]'s genitals of a sexual nature, on one or more occasion; or
 - c. allowed [Patient 1] to stimulate their genitals, on one or more occasion.

It is further alleged that the Registrant's conduct constitutes "unprofessional conduct", as defined in section 1(1)(pp)(ii), or (xii) of the HPA, and in particular:

- a. The conduct underlying Allegation 1, or any part of it, constitutes "sexual abuse" as defined by section 1(1)(nn.1) of the HPA.
- b. The conduct underlying Allegation 1, on any part of it, contravenes CRNA's Protection of Patients from Sexual Abuse and Sexual Misconduct Standards (2019).
- c. The conduct underlying Allegation 1, or any part of it, contravenes:
 1. the Canadian Nurses Association Code of Ethics (2017);
 2. CRNA's Practice Standards for Registrants (2023);
 3. Protection of Patients from Sexual Abuse and Sexual Misconduct Standards;
 4. CRNA's Professional Boundaries: Guidelines for the Nurse-Client Relationship (2020); or
 5. one or more employer policy(ies).

The Registrant has admitted to the conduct in the allegations in the Agreed Statement of Facts and Liability (Exhibit #1 and #2).

EXHIBITS

The following documents were entered as Exhibits:

Exhibit #1 – Agreed Statement of Facts and Liability dated April 23, 2025;

Exhibit #2 – Appendices to the Agreed Statement of Facts and Liability;

Exhibit #3 – Joint Recommendations on Sanction;

Exhibit #4 – Brief of Law – Admission Joint Submissions;

Exhibit #5 – Notice to Attend a Hearing.

SUBMISSIONS ON THE ALLEGATIONS

Submissions by Conduct Counsel:

Conduct Counsel made brief submissions. Conduct Counsel submitted that a single allegation is brought against the Registrant. The allegation is that between March and April of 2023 the Registrant admitted to engaging in sexual conduct, on one or more occasion, with a patient receiving psychotherapeutic treatment.

Conduct Counsel suggested that due to the Registrant's admission, section 70(2) of the HPA is at issue. Conduct Counsel also submitted that the conduct constitutes unprofessional conduct under sections 1(1)(pp)(ii) and (xii) of the HPA. Conduct Counsel noted that the following were applicable: *Practice Standards*: 1.2, 2.4, 3.2 and 3.6; *Code of Ethics*: A1, C4, D1, D2, D6, D7, and G1. Conduct Counsel also noted that the entirety of the *Protection of Patients from Sexual Abuse and Sexual Misconduct Standards* are applicable but specifically numbers: 1.1, 1.2, 1.5, 1.6, 1.7, and 1.8. Conduct Counsel noted there may be other applicable provisions, but that in her view, these were applicable.

Submissions by Legal Counsel for the Registrant:

Legal Counsel for the Registrant submitted that the Agreed Statement of Facts and Liability support an admission to the Registrant's allegations of sexual abuse and agreed with Conduct Counsel regarding the applicable provisions.

Questions from the Hearing Tribunal:

The Hearing Tribunal requested submissions from the parties on the applicability of sections 1.3 and 4.3 of the Practice Standards. Conduct Counsel noted that 4.3 was inapplicable and not supported on the facts as no allegation was made against the Registrant that she did not establish or maintain a therapeutic relationship. It was also noted that although 1.3 could be applicable, Conduct Counsel suggested not altering what had been agreed to in the Joint Submission. Conduct Counsel advised that the Hearing Tribunal has sufficient information for sanction. Legal Counsel for the Registrant agreed.

The Hearing Tribunal also sought clarification from the parties on whether reference to the breach of Practice Standard 1.2 in paragraph 9 of Exhibit 1 should instead refer to Practice Standard 1.4. Conduct Counsel responded that the Registrant's breach could fall under either provision 1.2 or 1.4. However, Conduct Counsel maintained that this ambiguity was not significant enough to prevent the Hearing Tribunal from accepting the admission. Legal Counsel for the Registrant agreed.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON THE ALLEGATIONS

The Hearing Tribunal has reviewed the exhibits and considered the submissions made by the parties.

The Hearing Tribunal considered the definition of unprofessional conduct under section (1)(1)(pp) of the HPA. The Hearing Tribunal finds that the Allegations are proven and that the Registrant's conduct constitutes unprofessional conduct under section (1)(1)(pp) of the HPA, as follows:

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

- (ii) contravention of this Act, a code of ethics or standards of practice;
- (xii) conduct that harms the integrity of the regulated profession.

Background

In October 2004, the Registrant registered with the College.

On August 28, 2024, the Complaints Director received a written complaint (the “**Complaint**”) from the Complainant, the Director of Clinical Services for the Calgary Primary Care Network. The Complaint alleged concerns regarding the Registrant’s admitted intimate sexual relationship with a patient, [1] (the “**Patient 1**”) in March and April 2023. The Registrant had been counselling the Patient for mental health and substance addictions. The Complaints Director also received a self-report from the Registrant on the same date.

Following an investigation, the Complaints Director of the College determined that a hearing be held pursuant to the HPA.

The Registrant does not have a discipline history with the College, or its predecessor the Alberta Association of Registered Nurses.

Factual and Liability Admission

The Registrant began working at the Primary Care Network (the “**PCN**”) on November 6, 2018. The Registrant received an excellent work performance history during her employment with the PCN.

In August 2022, the Registrant was approached about [Patient 1], who needed support with drug and alcohol abuse. The Registrant agreed to meet with [Patient 1] to help link him with resources and to work through a cognitive behavioural therapy book. From September to end of December 2022 and from mid-January to early April 2023, the Registrant saw [Patient 1] in her Employer’s clinic once a week on Wednesdays as they worked through a cognitive behavioural therapy book. There was no physical contact between the Registrant and [Patient 1] during their clinic sessions. The relationship between the Registrant and [Patient 1] became personal when [Patient 1] contacted the Registrant in January 2023 on her personal cellphone. [Patient 1] told the Registrant that she was a lovely and very caring person. The Registrant found these comments impactful, because she was in an abusive and toxic relationship with [an individual] which resulted in a lack of encouragement and kindness from [them]. The Registrant and [Patient 1] continued their phone conversations which transitioned from supportive counselling to more personal conversations.

February and March were difficult months for [Patient 1] as they contained the anniversaries of [Patient 1]’s fiancé and brother’s deaths. In early/mid-March 2023, the Registrant attended [Patient 1]’s home to discuss their communication and personal interactions. During this encounter, [Patient 1] kissed the Registrant on the lips. The Registrant pushed him away and said “no”. [Patient 1] kissed the Registrant again. The Registrant pushed him away again and left.

Later in March 2023, the Registrant attended [Patient 1]'s home again and [Patient 1] kissed the Registrant which led to more kissing. Still later in March 2023, the Registrant attended [Patient 1]'s home. [Patient 1] and the Registrant engaged in intimate sexual touching of each other's genitals and sexual intercourse.

Moreover, the Registrant did not work on Fridays and had Friday mornings free. She went to [Patient 1]'s home on two or three occasions in April 2023 on Friday mornings and they had sexual intercourse. On April 28, 2023, the Registrant attended [Patient 1]'s home for the last time where they had sexual intercourse. Shortly after, the Registrant ended their personal and sexual relationship in late April 2023. However, they continued to talk on the phone periodically in May, June and July 2023.

Admission

The Registrant admits, as fact, that between March 2023 and April 2023, while [Patient 1] was a patient of the Registrant receiving psychotherapeutic treatment, the Registrant engaged in conduct of a sexual nature toward [Patient 1], when they did one or more of the following:

1. Engaged in sexual intercourse with [Patient 1], on one or more occasion;
2. Touched [Patient 1]'s genitals of a sexual nature, on one or more occasion; and
3. Allowed [Patient 1] to stimulate their genitals, on one or more occasion.

The Registrant has admitted that her conduct constitutes unprofessional conduct pursuant to the HPA. The Registrant also admitted that the Conduct was contrary to the *Code of Ethics, Practice Standards for Registrants, Protection of Patients from Sexual Abuse and Sexual misconduct Standards*, and *Professional Boundaries: Guidelines for the Nurse-Client Relationship*. Furthermore, the Registrant admits that the Conduct was contrary to her employer's policy, specifically contrary to Practice Standard 1.2.

Findings of the Hearing Tribunal

The Hearing Tribunal finds that Allegation 1 is proven on a balance of probabilities based on the agreed facts and supporting materials and the admissions made by the Registrant in Exhibit #1 (Agreed Statement of Facts and Liability) and at the hearing.

The Hearing Tribunal also finds that the Registrant was providing psychotherapeutic treatment to [Patient 1]. The Hearing Tribunal made this determination from the fact that the Registrant was working through a cognitive behavioural therapy book with [Patient 1] thus rendering the services as psychotherapeutic.

The Hearing Tribunal determined that during the psychotherapeutic services that were provided to [Patient 1], the Registrant demonstrated a lack of professionalism by allowing sexual relations to occur between herself and [Patient 1], thus constituting sexual abuse. Patients are often in a vulnerable position when seeking and receiving medical treatment, which places nurses in a position of significant trust and responsibility. The vulnerability of the patient and power imbalance is significant where the patient is receiving psychotherapeutic treatment. Nurses must recognize this power dynamic and always conduct themselves with a sense of professionalism and integrity.

There are circumstances in which it is never appropriate for a nurse to engage in a sexual relationship with a former patient. Specifically, a nurse must not enter into such a relationship if they provided the patient with psychotherapeutic treatment (*Protection of Patients from Sexual*

Abuse and Sexual Misconduct Standards, standard 1.7). In these circumstances, a sexual relationship between the nurse and a former patient would constitute sexual abuse as defined in section 1(1)(nn.1) of the HPA. The Hearing Tribunal concluded that the unprofessional conduct by the Registrant in engaging in sexual abuse of a patient not only harms the reputation of the nursing profession but also undermines the trust that the public places in nurses and the healthcare system as a whole.

In addition, the Hearing Tribunal finds that the conduct in Allegation 1 breached the following *Practice Standards for Registrants, Code of Ethics, Sexual Misconduct Standards, Professional Boundaries Guidelines* and the *CRPCN Code of Conduct* contrary to section 1(1)(pp)(ii) of the HPA.

The Hearing Tribunal finds that the Registrant breached the following provisions of the *Practice Standards*: 1.2, 2.4, 3.2, and 3.6, as follows:

Standard 1: Professional Responsibility and Accountability

The registrant is personally responsible and accountable for their nursing practice, professional conduct, and fulfilling their professional obligations.

Indicators

The registrant

- 1.2 follows all current and relevant legislation and regulations.

Standard 2: Knowledge-based Practice

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

Indicators

The registrant

- 2.4 exercises reasonable judgment and sets justifiable priorities in practice.

Standard 3: Ethical Practice

The registrant complies with the Code of Ethics adopted by the Council in accordance with Section 133 of HPA (2000) and College bylaws.

Indicators

The registrant

- 3.2 identifies ethical issues and uses ethical and reasonable decision-making to resolve;
- 3.6 ensures their relationships with clients are therapeutic and maintains professional boundaries.

The Hearing Tribunal finds that the Registrant breached the following provisions of *the Code of Ethics (CNACE)*: A1, C4, D1, D2, D6, D7 and G1 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 and other members of the **health-care team**.

C. Promoting and Respecting Informed Decision-Making

Nurses recognize, respect and promote a person's right to be informed and make decisions.

Ethical responsibilities:

4. Nurses are sensitive to the inherent power differentials between care providers and persons receiving care. They do not misuse that power to influence decision-making.

D. Honouring Dignity

Nurses recognize and respect the intrinsic worth of each person.

Ethical responsibilities:

1. Nurses, in their professional capacity, relate to all persons receiving care with respect.
2. Nurses support persons receiving care in maintaining their dignity and integrity.
6. Nurses utilize practice standards, best practice guidelines, policies and research to minimize risk and maximize safety, well-being and/or dignity for persons receiving care.
7. Nurses maintain appropriate professional **boundaries** and ensure their relationships are always for the benefit of the person. They recognize the potential vulnerability of persons receiving care and do not exploit their trust and dependency in a way that might compromise the **therapeutic relationship**. They do not abuse their relationship for personal or financial gain and do not enter in personal relationships (romantic, sexual, or other) with persons receiving 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, practice according to the values and responsibilities in the Code and in keeping with the professional standards, laws and regulations supporting ethical practice.

The Hearing Tribunal finds that the Registrant breached the following provisions of the *Protection of Patients from Sexual Abuse and Sexual Misconduct Standards*: 1.1, 1.2, 1.5, 1.6, 1.7, and 1.8, as follows:

Standard 1: Therapeutic and Professional Boundaries

The nurse must maintain therapeutic and professional boundaries in all interactions with the patient in the provision of professional services.

Criteria

The nurse must:

- 1.1 take responsibility for maintaining therapeutic and professional boundaries;
- 1.2 not sexualize any interaction with a patient;
- 1.5 refrain from socializing or communicating with a patient for the purpose of pursuing a sexual relationship (CPSA, 2018);
- 1.6 refrain from entering into a sexual relationship with a patient or any person with whom a patient has a significant interdependent relationship (i.e. parent, guardian, child, or significant other) (CPSA, 2018);
- 1.7 must not engage in a sexual relationship at any future point with any patient where the nurse-patient relationship was psychotherapeutic;
- 1.8 seek impartial advice and refrain from any relationship with the individual if there is any doubt that the individual is still their patient.

The Hearing Tribunal finds that the Registrant breached the *Professional Boundaries Guidelines for the Nurse-Client Relationship*. In particular, Guidelines 2 and 3 which state:

Guideline 2: The nurse is responsible for maintaining healthy professional boundaries, not the client.

Guideline 3: The nurse is accountable for ensuring ethical nursing care and practice in compliance with the values of the *Code of Ethics for Registered Nurses* (CAN, 2017).

The Hearing Tribunal finds that the Registrant also breached the provisions of the Calgary Rural PCN (CRPCN) Code of Conduct Policy relating to respecting the dignity of individuals and having high standards of personal conduct.

The Registrant failed to uphold the level of professionalism required for the nursing profession, engaging in conduct that ultimately harmed the trust placed in nurses by patients. The Registrant was aware of her misconduct but neglected to take appropriate steps in accordance with the professional standards set out for nurses.

Registrants are expected to uphold standards of professionalism and refrain from conduct that undermines the integrity of the nursing profession or erodes public trust in the healthcare system. Nurses are responsible for recognizing situations where it may be difficult to maintain professional conduct. In such cases, they must report the issue and remove themselves from the situation to uphold professional standards. The failure to do so in the case at hand demonstrated a serious lack of judgement by the Registrant. The Registrant not only failed to remove herself from a situation that led to multiple breaches of professional standards, but also repeatedly engaged in conduct that directly contravened the standards she was expected to uphold.

The breaches of the *Practice Standards*, the *Code of Ethics*, *Protection of Patients from Sexual Abuse and Sexual Misconduct Standards*, *Professional Boundaries Guidelines* and the *CRPCN Code of Conduct* policy are serious and constitute unprofessional conduct pursuant to section 1(1)(pp)(ii) of the HPA.

In addition, the conduct in the allegation harms the integrity of the profession. Patients are in a vulnerable position with respect to healthcare providers. Registered nurses must be vigilant in protecting patients from the power imbalance that exists and are responsible for maintaining and enforcing boundaries. The sexual abuse of a patient clearly harms the integrity of the profession and is unprofessional conduct pursuant to section 1(1)(pp)(xii) of the HPA.

SUBMISSIONS ON SANCTION

The Hearing Tribunal heard submissions on the sanction to be ordered.

Submissions by Conduct Counsel:

Conduct Counsel noted there was a joint proposal on sanction and reviewed the Joint Recommendations on Sanction (Exhibit #3) highlighting that the Complaints Director and the Registrant were in agreement on sanction. The first aspect of the proposed sanction includes a reprimand with the Hearing Tribunal's written decision serving as the reprimand, while cancellation of the registrant's practice permit and registration formed the second aspect of the sanction.

Conduct Counsel noted she would normally review the factors in the decision of *Jaswal v. Newfoundland Medical Board* and how those factors applied to the present case. However, because the matter before the Hearing Tribunal involves sexual abuse there is limited available options for sanctions as outlined in section 82(1.1)(a) of the HPA which stipulates that where sexual abuse occurs, the sanction must include cancellation of the registrant's practice permit and registration.

Conduct Counsel noted that the sanction sends the appropriate message to other registrants of the profession. There are aspects of denunciation and deterrence in the sanction which are appropriate.

Conduct Counsel noted the case of *R. v Anthony Cook*, 2016 SCC 43 and the need for deference to a joint recommended sanction. Significant deference is owed, and a joint recommended sanction should only be rejected if the proposed sanction would bring the administration of justice into disrepute or is contrary to the public interest.

Finally, Conduct Counsel advised that the Complaints Director is not seeking costs recognizing the cooperation of the Registrant.

Submissions by Legal Counsel for the Registrant:

Legal Counsel for the Registrant noted that there has been agreement by the parties and that the Hearing Tribunal has limited options respecting the sanction under section 82(1.1)(a) of the HPA. Legal Counsel for the Registrant also asked that the Hearing Tribunal accept the joint submission regarding no costs. This was suggested due to the Registrant's cooperation throughout the complaint process and because the conduct which has been admitted was out of character for the Registrant.

Statement by the Registrant:

The Registrant was affirmed and made a statement expressing her remorse for violating the ethical standards and professional expectations of the nursing profession. She apologized for her actions, explaining the context which led to her breach of professional boundaries. She noted that she valued her career in nursing and takes responsibility for her actions and subsequent consequences. She has committed herself to taking meaningful steps to heal to ensure she will never be in a position where unresolved trauma compromises the safety and trust of others.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION

The Hearing Tribunal carefully considered the Joint Recommendations on Sanction and the submissions of the parties. The Hearing Tribunal also noted the high level of deference owed to a joint recommendation on sanction.

The Hearing Tribunal is aware that it should not depart from a joint submission on sanction unless the proposed sanction would bring the administration of justice into disrepute or would otherwise be contrary to the public interest. In light of this standard, the Hearing Tribunal finds that the Joint Recommendations on Sanction are reasonable and protect the public interest. The nursing profession must uphold high ethical and professional standards recognizing the power imbalance with patients, who may be particularly vulnerable, and the trust placed in the profession of nursing.

The Hearing Tribunal considered the Registrant's cooperation in this matter. The Hearing Tribunal also acknowledges that this was a difficult process for the Registrant and commends her for taking the challenging step of self-disclosure, which demonstrates professional accountability. The Hearing Tribunal also recognizes that the Registrant was in a vulnerable position herself. She was involved in a toxic and abusive relationship. The Hearing Tribunal wishes to express its understanding of the difficult circumstances faced by the Registrant and the Tribunal's appreciation for her honesty and transparency throughout this process. Given these, the Hearing Tribunal found that it was appropriate to not assign costs as the sanction to cancel the Registrant's practice permit and registration was enough of a penalty.

The Hearing Tribunal noted that the sanction is a proper balance between the goals of deterrence and denunciation, while remaining measured and consistent with the public's expectation of

integrity within the profession. The Hearing Tribunal also noted that, where there is a finding of sexual abuse, the HPA makes cancellation of the practice permit and registration mandatory. Accordingly, the Hearing Tribunal accepts the Joint Recommendations on Sanction. The proposed sanction will serve to maintain the public's confidence in the integrity of the nursing profession.

ORDER OF THE HEARING TRIBUNAL

The Hearing Tribunal orders that:

1. The Registrant shall receive a reprimand for unprofessional conduct.
2. The Registrant's CRNA practice permit and registration is cancelled¹, effective on the date of the Hearing, which is to be determined, or the date of this Order if different from the date of the Hearing, pursuant to section 82(1.1)(a) of the HPA.

(the "**Condition(s)**")

COMPLIANCE

3. Compliance with this Order shall be determined by the Complaints Director of the College. All decisions with respect to the Registrant's compliance with this Order will be in the sole discretion of the Complaints Director.
4. Should the Registrant 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.
5. The responsibility lies with the Registrant to comply with this Order. It is the responsibility of the Registrant to initiate communication with the College for any anticipated non-compliance and any request for an extension.

CONDITIONS

6. The Registrant confirms the following list sets out all the Registrant's employers and includes all employers even if the Registrant is under an undertaking to not work, is on sick leave or disability leave, or if the Registrant has not been called to do shifts, but could be called. Employment includes being engaged to provide professional services as a Registered Nurse on a full-time, part-time, casual basis as a paid or unpaid employee, consultant, contractor or volunteer. The Registrant confirms the following employment:

| Employer Name | Employer Address & Phone Number |
|---------------|---------------------------------|
|---------------|---------------------------------|

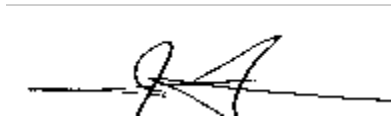
¹ The Joint Recommendations on Sanction note: As of the date of this joint recommendation, the Registrant's CRNA practice permit and registration is already cancelled, so practically it will remain cancelled. Notwithstanding the Registrant's CRNA practice permit and registrant being cancelled, the Registrant's CRNA permit and registrant will be considered cancelled as a result of a decision of unprofessional conduct based in whole or in part on sexual abuse.

| | |
|-----|-----|
| N/A | N/A |
|-----|-----|

7. The Registrar of the College will be requested to put the following condition against the Registrant's practice permit (current or future):
 - a. ***Cancelled – Arising from Disciplinary Matter.***
8. Effective on the date of the Hearing or the date of this Order if different from the date of the Hearing, notifications of the above condition shall be sent out to the Registrant's current employers (if any), the regulatory college for Registered Nurses in all Canadian provinces and territories, and other professional colleges with which the Registrant is also registered (if any).
9. This Order takes effect on the date of the Hearing 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,



John Bradbury, Chairperson
On Behalf of the Hearing Tribunal

Date of Order: May 13, 2025