Most complaints received by the College of Registered Nurses of Manitoba (the College) are managed and resolved by the Complaints Investigation Committee. One of the options for the management of complaints is referral of the entire complaint or a part of the complaint to the Inquiry Committee for a hearing. For a hearing, a panel is chosen from the Inquiry Committee by the Chair of the Committee. The Inquiry Panel acts much like a judge and jury would. The Panel hears the case and makes a determination of whether or not the registered nurse is guilty of the charges. The Regulated Health Professions Act (RHPA), section 124(2) provides for the following possible findings:

(a) guilty of professional misconduct;
(b) contravened this act, the regulations, the by-laws or the code of ethics of the college;
(c) guilty of an offence that is relevant to suitability to practise;
(d) displayed a lack of knowledge or lack of skill or judgment in the practice of nursing;
(e) demonstrated an incapacity or unfitness to practise nursing;
(f) suffering from an ailment that might be a danger to the public if the investigated member continues to practise;
(g) suffering from an ailment, emotional disturbance or addiction that impairs ability to practise; or
(h) guilty of conduct unbecoming.

If the RN is guilty, the Inquiry Panel makes a determination of penalty for the RN in accordance with the RHPA.

Definitions of the Potential Charges Against a Registered Nurse

Professional Misconduct

“Misconduct” is a word of general effect, involving some act or omission which falls short of what would be proper in the circumstances. The standards of propriety may be found by reference to rules or to standards ordinarily required to be followed by a RN in the particular circumstances. “Misconduct” is qualified by the word “professional” which links the misconduct to the practice of registered nursing. Without restricting the generality of the foregoing, examples of conduct, which may amount to professional misconduct, are as follows:

• abuse of a client or health-care team member, verbally, physically or sexually;
• discontinuance of professional services unless: the client requested the discontinuance; alternative or replacement services were arranged; or the client was given reasonable opportunity to arrange alternative or replacement services;
• failure to exercise discretion with respect to the disclosure of confidential information about a client;
• falsification of a client record;
• influencing or attempting to influence a client/agency to change the client’s last will and testament;
• theft of drugs;
• theft of property belonging to the client or the employer;
• inappropriate use of the nurse’s professional status for personal gain;
• failure to report to the College the incompetence of a colleague whose actions put the safety of a client at risk;
• failure to comply with the College’s practice direction Practice Expectations for RNs or Code of Ethics;
• failure without reasonable cause to respond to inquiries from the College regarding alleged professional misconduct, professional incompetence or incapacity;
• failure to comply with directives arising from the complaint – investigation – discipline process;
• failure to provide information to a College investigator or answer any questions the investigator may have regarding an investigation;
• failure to produce for a College investigator any record, substance or thing within their possession or under their control;
• obtaining registration by misrepresentation or fraud.

Incapacity or Unfitness to Practise Nursing

Incapacity or unfitness to practise refers to professional incompetence. Professional incompetence is an act or omission or a series of acts or omissions demonstrating a lack of reasonable knowledge, skill, judgment and/or lack of concern for a client’s welfare to the extent that the client’s safety was in jeopardy. Without restricting the generality of the foregoing, examples of circumstances where an RN may be found to have demonstrated incapacity or unfitness to practice nursing are:

• failure to carry out assessments such that client safety was placed in jeopardy;
• failure to develop and implement a reasonable plan of care such that client safety was placed in jeopardy;
• failure to provide direct nursing care such that client safety was placed in jeopardy;
• failure to use judgment in relation to individual competence when accepting, delegating and/or carrying out duties.

Suffering from an Ailment

An RN may be found to be suffering from an ailment if they have a physical or mental condition or disorder that affects their ability to practise nursing in a safe manner. An example is an RN practising while impaired by a substance.

Conduct Unbecoming

Professional misconduct relates to conduct while actually engaged in the practice of nursing, while conduct unbecoming relates to conduct not in the course of the practice of nursing. It is recognized that it is not appropriate for the College to seek to regulate and discipline all conduct of its registrants which is not in the course of professional duties. However, where conduct is reprehensible and seriously reflects upon and shatters professional integrity to the point where protection of the public is involved, the College is justified in making a finding of conduct unbecoming.

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For more information please contact our professional conduct team at
204-774-3477
800-665-2027 (Manitoba toll-free)

Our publications are available on our website at www.crnm.mb.ca