

IN THE MATTER OF: *The Regulated Health Professions Act, C.C.S.M. c. R117*

AND IN THE MATTER OF: LESLEY SELCH #136504, A MEMBER OF THE COLLEGE OF REGISTERED NURSES OF MANITOBA

AND IN THE MATTER OF: A HEARING BEFORE A PANEL OF THE INQUIRY COMMITTEE OF THE COLLEGE OF REGISTERED NURSES OF MANITOBA

DECISION AND REASONS



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Inquiry Committee Panel Members: Jennifer Colvine, Chair, Registered Nurse (“RN”)
Mike Blackburn, Public Representative
Lydia Harris, RN
Joseph Lovelace, Public Representative
Tricia Tyerman, RN

**Counsel to and representative of
the Complaints Investigation**

Committee: David Swayze K.C. / Keith Murkin
Meighen Haddad LLP
Denise Nakonechny
CRNM Manager of Professional Conduct

Registrant: Lesley Selch

Counsel to the Panel: Jeff Hirsch K.C.
Thompson Dorfman Sweatman LLP

I. Introduction and Preliminary Issues

1. On February 24 and 25, 2026, an Inquiry Committee Panel (the “Panel”) of the College of Registered Nurses of Manitoba (the “College”) held a hearing into charges against Lesley Selch, a registrant of the College (the “Registrant”).
2. The Panel has decided to convict the Registrant on all charges of professional misconduct and make a finding they are ungovernable and therefore unfit to practise as an RN. The Registrant’s registration is cancelled.
3. This matter relates to two separate Notices of Hearing - the first was issued on September 15, 2021 (“NOH#1”), and the second on July 29, 2022 (“NOH#2”).
4. The charges in NOH#1 stem from a complaint from the Registrant’s former employer.
5. The charges in NOH#2 arise out of three separate complaints involving the Registrant’s former patients.
6. The charges allege misconduct which includes rudeness, profanity, belittling behaviour, lack of compassion, bullying, and discriminatory behaviour toward patients and colleagues on the part of the Registrant.
7. This matter has a protracted history and involves conduct dating back to 2020 and 2021.
8. NOH#1 was scheduled to proceed October 21, 2021, and was adjourned on October 10, 2021.
9. NOH#2 was scheduled to proceed on September 8, 2022, and was adjourned on August 23, 2022. There was a delay in setting the matters due to a change of legal counsel involving the Registrant, the Complaints Investigation Committee (the “CIC”), and the Inquiry Committee, and differing views on whether the hearing could be consolidated.
10. In May 2025, the Inquiry Committee ultimately determined that the charges would be heard at the same hearing by one panel of the Inquiry Committee. The hearing was set to proceed for three days commencing October 14, 2025.

11. Due to the lack of availability of a key witness for the CIC, the hearing was adjourned again on October 10, 2025. In November 2025, a hearing date was set to commence in February 2026. All parties were notified by email.
12. On February 11, 2026, the parties were notified by email of a revised start time on February 24th.
13. On February 20, 2026, at 8:33 a.m., the Registrant emailed counsel for the Panel, stating that they could not attend the hearing as “there are not enough technicians next week and [they] have to work”.
14. Counsel for the Panel replied to the Registrant with a copy to counsel for the CIC, noting the CIC would need to respond formally to what appeared to be the Registrant’s request for an adjournment. Counsel for the CIC did so by email on February 20th at 4:19 p.m., indicating the CIC opposed the adjournment.
15. On February 22nd at 8:15 a.m., counsel for the Panel emailed the parties with the Chair’s decision to deny the request for an adjournment on the following bases: the matters have been outstanding for a considerable period of time and it is in the interests of all parties to have them dealt with sooner rather than later; the hearing dates have been set since November 2025 with notice to the Registrant at the same email address they used two days before to indicate they could not attend the hearing; the adjournment request was not timely as the hearing was set to commence less than four days from the request; the Registrant has not responded to a variety of email communication; and, arranging new dates to accommodate hearing dates when the Registrant might not be working is impractical given the need to set dates which will be available for the Panel, counsel, witnesses, and College staff.
16. The hearing convened on February 24, 2026, just after 11 a.m.
17. As the Registrant was not in attendance, a 15-minute adjournment was taken with attempts to contact the Registrant on their mobile phone. These attempts were unsuccessful.
18. When the hearing resumed, it was established that both NOH#1 and NOH#2 had been properly served and the jurisdictional requirements set forth in subsections 102(3), 116(2), and 116(4) of *The Regulated Health Professions Act, C.C.S.M., c.R117* (the “Act”) had been met.

19. Counsel for the CIC asked the Panel to proceed in the absence of the Registrant and relied on subsections 118 and 176(1) of the Act noting that the Registrant had sufficient notice as evidenced by their email adjournment request of February 20th and the Chair's ruling of February 22nd sent to the Registrant at the same email address. The Panel agreed.
20. As the Registrant was absent, the Chair directed that a plea of not guilty to all charges would be entered on behalf of the Registrant.
21. Counsel for the CIC submitted both in-person and Affidavit evidence. The in-person witnesses were both College staff: Ms. Samantha Psoch, Compliance Monitor, and Samantha Cyr, Investigator. There were seven Affidavits filed, as detailed below.
22. On February 25th at approximately 12:15 p.m., following the completion of the evidence portion of the hearing and as counsel for the CIC was concluding their argument on the charges, the Registrant telephoned Mr. Swayze and indicated they would be coming to the hearing. Just after 1 p.m., the Registrant arrived and shortly thereafter indicated they did not object to the hearing continuing and that they would have a statement to make once counsel for the CIC concluded their argument.
23. The CIC asked for a finding that the Registrant was guilty on all charges, had committed professional misconduct, breached the Act, the College's *Practice Direction: Practice Expectations for Registered Nurses* (the "PD"), the *Code of Ethics for Registered Nurses* (the "Code"), and the College's *Entry-Level Competencies* (the "ELCs"), and was ungovernable and therefore unfit to practise as an RN.
24. The CIC sought a cancellation of the Registrant's registration, an Order of costs in the amount of \$50,000, and publication.
25. The Registrant made a statement following the CIC's argument. The Panel did not receive the statement as evidence as that portion of the hearing had concluded and the Registrant indicated their willingness to permit the hearing to proceed with argument.
26. After hearing from the parties, the Panel reserved its decision and advised it would issue a decision with written reasons in due course. These are those reasons.

II. The Evidence

27. Counsel for the CIC filed a Book of Documents with 26 documents as an exhibit to the proceedings. The Book of Documents included an investigation report dated June 17, 2021 (the “First Investigation Report”), an investigation report dated December 14, 2021 (the “Second Investigation Report”), and an investigation report dated December 15, 2021 (the “Third Investigation Report”).
28. In addition, the CIC filed two Affidavits affirmed on February 24, 2026, from Denise Nakonechny, Manager of Professional Conduct for the College.

The Registrant

29. The Registrant first registered with the College as an RN in 1995 and worked at Misericordia Hospital from 1995-1997, and then at the Health Sciences Centre (the “HSC”) Emergency Department (the “ED”) from December 1997 to November 27, 2020. They worked at Concordia Hospital Urgent Care (“CHUC”) from January 4, 2021, to an unknown date in 2024. For an undetermined period of time starting in October 2024, the Registrant was employed at Drake Medox. At the date of this hearing, the Registrant was under an interim suspension imposed by the CIC on January 28, 2025.
30. The Registrant has a conduct history with the College including the following:
 - (a) February 26, 2008 – The complaint related to the Registrant insulting a physician by calling him an “idiot” in the presence of other staff, and verbal abusiveness to staff and a patient. The outcome was a six-month undertaking from the Registrant to the College’s Investigation Committee (predecessor to the CIC) requiring: attendance at a Respectful Workplace workshop; and, a paper demonstrating why their comments were inappropriate using the *Standards of Practice for Registered Nurses* as a framework, incorporating their learning from the workshop and apologizing to the physician complainant. This undertaking was signed in March 2008 and closed January 27, 2009;
 - (b) April 22, 2010 – The complaint related to the Registrant using inappropriate language and exhibiting disrespectful and unprofessional behaviour in front of patients and other members of their health care team. This resulted in a two-year undertaking from the

Registrant to the Investigation Committee requiring: the successful completion of three courses offered by the Resolution Skill Centre (Building Respectful Workplaces, Communication at Work, and Emotional Intelligence); a reflection paper demonstrating what they have learned from the courses, how they have applied what they learned in their practice, and how they would handle the situations differently; and, the submission of self assessment/employer reports every three months for a period of two years. This undertaking was not signed until August 2010. The Registrant was non-compliant with the terms of this undertaking;

- (c) November 22, 2010 – The complaint related to the Registrant using inappropriate language and exhibiting disrespectful and unprofessional behaviour in front of patients and other members of the health care team. This resulted in a two-year undertaking from the Registrant to the Investigation Committee which mirrored and replaced the previous undertaking. The Registrant was non-compliant with the terms of this undertaking and was convicted of professional misconduct by the Discipline Committee on June 30, 2011;
- (d) June 30, 2011 – The Discipline Committee convicted the Registrant of professional misconduct for consistently failing to comply with their undertaking and imposed the terms of the undertaking in an Order with a fine of \$1,000 and costs of \$1,500 (the “Discipline Order”). The terms of the Discipline Order were complied with by July 2013;
- (e) November 20, 2017 – The complaint related to the Registrant using inappropriate language and exhibiting disrespectful and unprofessional behaviour in front of patients and other members of the health care team. After a failure to attend the Investigation Committee meeting, the Investigation Committee interim suspended the Registrant and stated as part of its analysis:

The Investigation Committee’s position is that it has made reasonable attempts to provide the member with an opportunity to cooperate with the investigation and the Practice Audit...

The member’s lack of insight into her professional obligations and refusal to cooperate with the investigation and Practice Audit are indicative of ungovernable behaviour and/or her failure to maintain her fitness to practice.

The member's actions and reactions to the Investigation Committee's inquiries and the investigation and the Practice Audit suggest that the member possesses an intolerance or indifference to the Committee at best or at worse, an intended disregard for its authority.

The Registrant's interim suspension was lifted on November 27, 2017, when they attended at the next Investigation Committee meeting.

- (f) February 8, 2018 – The Investigation Committee accepted a three-month undertaking from the Registrant requiring: the successful completion of four courses – Professional Boundaries (NCSBN online), Righting a Wrong (NCSBN), Interpersonal Aspects of Nursing (MacEwan University), and Respectful Workplace (WRHA); a reflection paper demonstrating what they have learned from the courses, how they have applied what they learned in their practice, and how they would handle the situation differently. This undertaking was completed on September 8, 2018.
- (g) January 7, 2022 – Based on a patient complaint, the Registrant's certificate of practice was interim suspended by the CIC. The CIC cited: the similarity of allegations in concurrent investigations and recent referral to the Inquiry Committee; and, the Registrant's prior history which indicates multiple unsuccessful efforts through undertakings and a Discipline Committee Order to remediate similar conduct;
- (h) January 14, 2022 – The CIC modified its January 7th decision by, among other things, ordering a fitness to practice assessment by Dr. Stambrook to determine if the Registrant was fit to practice; and
- (i) September 21, 2023 – The CIC lifted the interim suspension and approved reinstatement on the condition the Registrant enter into an undertaking which included limitations on hours, not working in high acuity practice areas, regular sessions with a mental health clinician, and feedback meetings;
- (j) January 28, 2025 – The CIC interim suspended the Registrant for an alleged breach of undertaking to disclose their employment to the College.

The Charges

31. Counsel for the CIC filed the charges as separate exhibits.

II.1 NOH#1

32. NOH#1 arose out of a mandatory employer's report dated December 17, 2020 (the "Employer's Report") with respect to inappropriate and unprofessional behaviour toward patient family and staff members and alleged as follows:

- (a) July 7, 2020 – The Registrant did not allow a patient's family member to visit, which had been approved by management, nor did they communicate with the family member with respect to their request.
- (b) January 2020 - While a Clinical Resource Nurse ("CRN") at the HSC ED, the Registrant was rude, unprofessional, bullying and threatening towards an Ear Nose and Throat resident.
- (c) July 20, 2020 - While a CRN at the HSC ED, the Registrant was unprofessional, rude, threatening and bullying when dealing with a physician with respect to the modified redirection of patients.
- (d) November 15, and 16, 2020 - The Registrant refused to allow a COVID-19 positive homeless person to have an available bed in the ED in breach of the policy at the time which was to remove COVID-19 positive patients from the waiting room and place them in the department to avoid the spread of COVID-19 to other people.
- (e) January to November 2020 - The Registrant made racist and derogatory comments while the CRN of the ED at HSC including:
 - i. Referring to junior staff as "idiots" and "stupid";
 - ii. Referred to some patients as "pieces of shit";
 - iii. In February or March 2020 when overhearing a discussion between a physician and triage nurse regarding a patient of East Indian ethnicity, the Registrant intervened stating "well, they're all alcoholics so what do you expect."; and

- (f) 2013-2014 - During a complicated resuscitation involving a massive transfusion, the Registrant made no effort to provide any professional collaborative assistance or to participate in the care of the patient, nor did they offer help when it was clear that the equipment was not working properly.
33. For this set of charges, the prosecution called one witness - Ms. Samantha Cyr - and filed three Affidavits, respectively from Dr. Cheryl French (affirmed February 19, 2026), Dr. Chau Pham (affirmed February 24, 2026), and Dr. Christian La Riviere (affirmed February 24, 2026).
34. Ms. Cyr is an investigator in the College's Professional Conduct Department and has been employed by the College since 2021.
35. Ms. Cyr referred the Panel to their First Investigation Report which described their investigative steps, the information gathered, and a summary of how the information applied to the Employer's Report.
36. The First Investigation Report also included details of the Registrant's Human Resources file at the HSC ED from 2008 to 2020, including:
- (a) March 5, 2008 - Verbal reprimand following a physician's complaint that the Registrant made an inappropriate comment to him and was verbally abusive and rude to the staff accompanying him to the ED on November 16, 2007;
 - (b) September 24, 2009 - One-day unpaid suspension for using profane language with another staff member in front of a patient and compromising patient safety;
 - (c) January 14, 2016 - Written warning for disrespectful conduct and behaviour and language as well as communications with social workers in the ED including "if she does not keep her mouth shut, she will be found dead one day";
 - (d) March 2, 2017 - Written warning for confrontational behaviour toward a CRN and using inappropriate language including "too stupid", "too dumb", and "the current CRN membership is not working and the CRN should just go back to be a nurse on the floor...";

- (e) October 3, 2018 – Written warning for being dismissive to a social worker and expressing they were uncaring and uninterested in a patient’s reported levels of pain; and
 - (f) October 18, 2019 – Written warning for four different dates upon which the Registrant made inappropriate comments, used inappropriate language, or inappropriate behaviour/conduct with other staff.
37. The Third Investigation Report disclosed that the Registrant received a verbal warning on October 14, 2021 and a written warning on October 26, 2021 for unprofessional conduct which included rude and condescending comments that were disrespectful and hurtful.
38. There were, broadly, six incidents of what the CIC alleged to be professional misconduct, as well as contraventions of the Act, the PD, or the Code.
39. With references to the filed Affidavit evidence as well as the information gathered in the First Investigation Report, Ms. Cyr described and summarized these incidents.

II.1(a) – January 2020

40. In January 2020 while a CRN at the ED of HSC, the Registrant was alleged to have been rude, unprofessional, bullying and threatening towards an ENT resident.
41. The ENT resident submitted an anonymous report to the employer.
42. The patient of the ENT Resident attended at the triage area of emergency requesting to see the ENT Resident and the ENT Resident asked if they could see the patient in the department.
43. The Registrant denied the request using a tone that was unprofessional, rude and bullying.
44. The Registrant threatened to “write up” the ENT Resident for this simple request.
45. The Registrant told Ms. Cyr they do not recall this incident.

II.1(b) – July 7, 2020

46. On July 7, 2020, the Registrant denied access of a family member to a patient with Stage 4 metastatic breast cancer suffering from increased pain and confusion and suffering from opioid induced neurotoxicity.
47. This was during COVID-19 and the family member had received permission through the CRN on duty prior to the Registrant, to be present with the patient. The family member left briefly, and on their return, the Registrant denied her access without consulting with the authorities or the visitor's log where the permission had been recorded.
48. Dr. Christian La Riviere ("CL") is an Emergency Room Physician at HSC and Medical Director of the Palliative Care Program at the WHRA. The CIC filed his Affidavit affirmed on February 24, 2026.
49. He worked with the Registrant on July 7, 2020. He tried to discuss the matter with the Registrant, and they were resistant to any discussion. The Registrant told CL that the family member was inappropriate, raising her voice, and causing a disturbance. CL did not witness any such behaviour.
50. The Registrant told CL the patient could speak and advocate for herself but this contradicted CL's assessment of the patient's condition within the previous hour. CL described this as a "complete fabrication" on the part of the Registrant.
51. The Registrant never did speak to the family member about her request for access.
52. Based on CL's advocacy, the Registrant agreed to let the family member back into the department.
53. CL described the Registrant's behaviour as inappropriate, unprofessional, vindictive and not patient-centred.
54. The Registrant stated they were unaware of the permission being granted and thought they had to be "fair" about allowing visitors. They acknowledged the conversation with CL was a little heated.

II.1(c) – July 20, 2020

55. On July 20, 2020, while a CRN at the ED of HSC, the Registrant was unprofessional, rude, threatening and bullying when dealing with Dr. Chau Pham (“CP”) with respect to the modified redirection of patients.
56. CP is an Emergency Room Physician at the HSC and, at the time of this incident was the Ultrasound Director for the Department of Medicine. CP is now the Medical Co-Director for the HSC Emergency Department. The CIC filed their Affidavit affirmed February 24, 2026.
57. In a discussion with CP with respect to a patient, the Registrant advised that they felt a modified redirection should occur. CP indicated that before the modification redirection occurred, all options should be reviewed to assess whether it was necessary.
58. The Registrant became angry and raised their voice. While discussing the matter, the Registrant repeatedly threatened to “write up” or report another physician to the Medical Director of the ED.
59. The Medical Director had been involved in the creation of the plan which restricted the use of modified redirections. When CP indicated that the Medical Director had advised that modified redirections should not occur unless it was absolutely necessary, the Registrant said that they don’t care what [the Medical Director] says and “[he] can go fuck himself.”
60. CP described this as a hostile interaction with the Registrant.
61. The Registrant denied that the conversation was heated and denied saying “[he] can go fuck himself”.
62. CP stated that the Registrant often reacts in many situations uttering threats to write people up including inappropriately with an ENT resident who had merely requested a bed to see an ENT patient. CP thought the Registrant was not acting professionally or collegially.
63. The Registrant acknowledged this conversation was heated.

II.1(d) – November 15 and 16, 2020

64. On November 15, and 16, 2020, the Registrant refused to allow a COVID-19 positive homeless person to have an available bed in the ED.
65. The policy at the time was to remove COVID-19 positive patients from the waiting room and place them in the department to avoid the spread of COVID-19 to other people.
66. The patient was unwell, experiencing incontinence, and non-compliant with masking protocols. The patient waited in the waiting room for an extended period of time, increasing the risk to others.
67. When a colleague approached the Registrant about moving the patient, they were dismissive and displayed unprofessional behaviour. There were beds available and the Registrant refused to permit the patient to be admitted to a bed.
68. Each time a bed in the ED became available and they were approached by a colleague advocating for moving the patient to the bed, the Registrant refused.
69. The Registrant stated they did not refuse to place the patient in a bed and they do not know why the patient was not moved to a bed.
70. CL stated that the Registrant can be resistant to providing care to individuals who she believes should not be at the HSC, or may be misusing the health system, such as individuals who are intoxicated, or homeless.
71. CP stated that the Registrant would often act in an obstructionist manner in the ED. As an example, if CP had a patient needing a bed, the Registrant would automatically respond “I don’t have any beds, beds are all full” even when the beds were not all full.
72. Dr. Cheryl French (“CF”) is an Attending Physician at the HSC and is also the Program Director for the Royal College Emergency Medicine Residency Program and of the Simulation Department of Emergency Medicine. The CIC filed her Affidavit affirmed February 24, 2026.

73. CF stated they were advised by other staff that the Registrant “blocks” staff from admitting patients, that the triage nurses know they will not access beds as early when the Registrant is CRN and that some patients will have to wait unnecessarily.

II.1(e) – January to November 2020

74. Between January 1, and November 17, 2020, the Registrant made racist and derogatory comments while the CRN of the ED at HSC including:
- (a) Referring to junior staff as “idiots” and “stupid”;
 - (b) Referred to some patients who arrived intoxicated as “pieces of shit”;
 - (c) In February or March 2020 when overhearing a discussion between a physician and triage nurse regarding a patient of East Indian ethnicity, the Registrant intervened stating “well, they’re all alcoholics so what do you expect.”
75. CF stated they had witnessed the Registrant bullying junior and senior nurses.
76. CF says the Registrant referred to junior staff as “idiots” and “stupid”. Senior staff report to her that they feel bullied by the Registrant and unsupported by them when they are CRN. Many physicians have reported to CF that they also feel bullied by the Registrant.
77. CF stated they heard the Registrant refer to patients as “pieces of shit” on multiple occasions when they arrive intoxicated and are causing problems in the ED.
78. CF observed the Registrant yelling at patients and telling them to stop “misbehaving” when they were agitated and delirious from profound hypoxic and hypo perfusion to their brain.
79. CF was in a conversation with the Registrant where the Registrant described East Indian people as “all alcoholics”. When CF objected to the reference, the Registrant said their neighbour had told her that people of such ethnicity were “all just drinkers”.
80. The Registrant does not recall making these statements.

81. CP stated that the Registrant discriminates against homeless individuals and non-Caucasian patients and was constantly threatening, bullying and intimidating others in the department.
82. CL stated that the Registrant makes prejudicial comments about patients such as “another drunk Indian” and tends to be prejudicial against those of a perceived lower socio-economic status.

II.1(f) – 2013-2014

83. In or about 2013-2014, during a complicated resuscitation involving a massive transfusion, the Registrant sat and watched nurses struggling with some equipment but offered no assistance.
84. During a debrief following the event, the Registrant told the nurses that it was the worst resuscitation they had ever witnessed and that the nurses were all incompetent.
85. The Registrant made no effort to provide any professional collaborative assistance or to participate in the care of the patient, nor did they offer help when it was clear that the equipment was not working properly.
86. The First Investigation Report contained this summary:
 - (a) Six witnesses have reported that they have experienced bullying behavior from [the Registrant] or witnessed bullying behavior by [the Registrant] towards other staff;
 - (b) Four witnesses told the investigation that bullying behaviors were a “daily” occurrence, “general pattern of behavior” by [the Registrant] or “a constant revolving door of interactions”;
 - (c) Two witnesses reported that [the Registrant] had called them an idiot or stupid. A third witness reported that they have witnessed [the Registrant] refer to junior staff as “idiots and stupid”;
 - (d) Three physicians described that [the Registrant] is not a team player. Two described [them] as an “obstructionist” and reported that [the Registrant] “blocks” beds when residents or physicians request to use a space in the emergency department to see a patient;

(e) Two physicians reported that they have heard [the Registrant] make comments like “There’s a piece of shit”, “Another idiot who is drunk”, or “another drunk Indian”.

87. The First Investigation Report summarized the Registrant’s statements to Ms. Cyr, including the following:

(a) As a CRN, it is [their] job to ask questions and if [they] were not doing this then [they] would not be doing [their] job. [They do] not intentionally pick on people or single anyone out;

(b) [They are] “straight forward” and to some people, [they] may have come across as being “short”; this was not [their] intention;

(c) [They do] not believe [they have] been obstructive. As the CRN, [they] always [have] a plan going on regarding the beds. The resident comes in with the sole purpose of seeing their patient and do not take into account other patients who could be going into that spot;

(d) Sometimes [they have] to say things to people they don’t want to hear, like that they cannot have a bed or their decision was wrong. The CRN role makes you look like “the bad guy”;

(e) [They] had things going on in [their] home life, and combined with the pressure [they] experienced at HSC, [they] may not have been [their] “best”;

(f) Reading the report was “eye widening” for [them] and [they feel] horrible if [they] made anyone feel bad.

88. Ms. Cyr characterized the Registrant’s responses to the allegations as “didn’t recall, deny, or try to explain away”. They noted the Registrant’s admissions and stated the Registrant did not take overall ownership of their conduct.

II.2 NOH#2

89. NOH#2 arose out of three separate patient complaints dated, respectively, July 8, September 1, and November 30, 2021 (the “2021 Complaints”), with respect to inappropriate and unprofessional behaviour toward patients and family members and alleged:

(a) On or about July 7, 2021 while acting as a Triage Nurse at the CHUC, the Registrant was rude to and lacked empathy for a patient “OR” and her husband.

(b) On August 15, 2021 while at the CHUC, the Registrant failed to establish a therapeutic relationship and provide care when a 19-year-old female patient, “AL”, presented complaining of general pain of an unknown origin.

(c) On November 26-27, 2021, while at CHUC, the Registrant displayed poor and condescending communication skills, displayed a lack of empathy, failed to establish a therapeutic relationship and provided care that was unhelpful and safe to a patient, “IB”, who came to the CHUC for assessment complaining of stomach pain.

90. For this set of charges, the prosecution called one witness - Ms. Samantha Psoch – and filed three Affidavits, respectively from IB (affirmed February 24, 2026), LL (affirmed February 21, 2026), and OR (affirmed February 20, 2026). OR’s Affidavit was accepted for identification pending receipt of an executed version. As of the date of these Reasons, it has not been received.

91. Ms. Psoch is a Compliance Monitor with the College and has been employed by the College since 2013.

92. Ms. Psoch has been involved with the College’s Professional Conduct Department and was familiar with the Registrant’s case. They were testifying in the place of the investigator who authored the Second Investigation Report as that investigator is on a leave from the College.

93. Ms. Psoch referred the Panel to the Second Investigation Report and the Third Investigation Report which describe the investigative steps, the information gathered, and a summary of how the information applied to the 2021 Complaints.

94. In the 2021 Complaints, there were, broadly, three incidents of what the CIC alleged to be professional misconduct, as well as contraventions of the Act, the PD, the Code, or the ELCs.

II.2(a) – July 7, 2021

95. On July 7, 2021 while acting as a Triage Nurse, the Registrant was rude to a patient and her husband.

96. The patient, "OR", attended at the CHUC complaining of right sided pain. The patient was not fluent in English and relied on her husband to translate for her.
97. The Registrant refused to allow the patient's husband to speak for her, told him to be quiet, threatened to have him removed from the hospital, did not allow the husband to be present with the physician, and was generally rude, condescending, uncaring and lacked empathy.
98. OR stated that she felt belittled, nervous, and uncomfortable because of the Registrant.
99. OR's husband stated that they were treated like garbage and it was savage and terrifying.

II.2(b) – August 15, 2021

100. On August 15, 2021 while at the CHUC, the Registrant failed to establish a therapeutic relationship, was condescending and rude and showed a lack of care when a 19-year-old female patient, "AL", presented complaining of general pain of an unknown origin.
101. The Registrant asked her why she came to urgent care for a COVID-19 test after she said she had done so previously, as the patient began to cry while describing her symptoms,
102. The Registrant glared at the patient while she described her symptoms and when the patient advised she takes medication for depression and ADHD, the Registrant said "that explains it." AL told her mother "LL" that AL felt shamed for attending the hospital.

II.2(c) – November 26-27, 2021

103. On November 26-27, 2021 while at CHUC, the Registrant displayed poor and condescending communication skills, displayed a lack of empathy, failed to establish a therapeutic relationship and provided care that was unhelpful and safe to patient "IB", who came to the CHUC for assessment complaining of stomach pain.
104. The Registrant asked whether the patient was really in pain stating to the effect "Oh really? It doesn't look like you are in pain."

105. IB stated the Registrant caused her stress, and a panic attack when the Registrant laughed at her.
106. The Registrant told the patient her lab work was normal and therefore her “story” and the information she was providing did not make sense.
107. IB said the Registrant accused her of drug seeking and made her feel disrespected and belittled and that she should not have been seeking care.
108. The Registrant told the investigator that it was not that they disbelieved IB but rather that they did not understand her issues.
109. The Third Investigation Report notes the Registrant’s Manager said she was aware that other staff members asked to not work with the Registrant and some staff report the Registrant has a condescending tone, uses intimidating behaviour, talks down to, belittles and disbelieves patients.

Costs

110. The CIC, through the Affidavit of Ms. Nakonechny, calculated that the College’s incurred and anticipated costs for both charges would likely be over \$120,000, consisting of (approximately) investigation and case management (\$16,500), legal fees (\$92,000), CIC, witness and Panel fees/per diems, administrative support, disbursements (\$10,500), and court reporter fees (\$875).

III. Position of the Parties

III.1 The CIC

111. The CIC submitted that the evidence demonstrated that the Registrant failed to meet their obligations as an RN and is guilty of professional misconduct by failing to be supportive, collaborative, caring and sympathetic to their patients and colleagues and by being abusive, confrontational, dismissive, threatening and uncooperative, and even discriminatory.

112. The CIC referred the Panel to the Registrant's history of the same type of misconduct which included: four undertakings; seven remedial courses and having to write two papers; and one undertaking imposed by a previous Discipline Committee through the Discipline Order due to the Registrant's unresponsiveness. Despite these remedial efforts, the CIC argued that the Registrant has persisted in their inappropriate behaviour.
113. Moreover, the CIC argued that the Registrant has delayed in fulfilling undertakings, ignored correspondence from the CIC, and ultimately failed to attend the hearing in any timely or meaningful way because they refused to attend, even though their own email on February 20, 2026 confirmed they knew the date and start time of the hearing.
114. Mr. Swayze submitted that the Registrant has repeatedly demonstrated a profound disregard for their obligations as an RN, committed professional misconduct and contravened the Act, the PD, the Code and the ELCs.
115. The CIC maintained that the Registrant is ungovernable, should have their certificate of registration cancelled, and pay a contribution to the College's costs in the amount of \$50,000.

Professional Misconduct and Contraventions

116. Mr. Swayze directed the Panel to section 86 of the Act which requires RNs to comply with the Act and the various rules and regulations imposed by the College:
- A member must comply with this Act and the regulations, by-laws, standards of practice, code of ethics and practice directions for the member's health profession.
117. The CIC submitted that the Registrant's failure to comply constitutes professional misconduct and asked the Panel to make that finding
118. Mr. Swayze pointed out to the Panel that the College has put in place numerous standards of practice and practice directions, one of which being the PD which the Registrant is accountable to apply to their own nursing practice:
2. Demonstrate professional behaviours, attributes and values.
 4. Promote a practice environment that supports responsibility, professional development and a respectful attitude.

6. Take personal responsibility for professional conduct and fitness to practice.
17. Identify barriers to clear communication (e.g. language) and take steps to manage them.
26. As an RN, when involved in providing for the health care of a client you must:
 - a) work collaboratively and cooperatively with clients, families and other health-care providers in providing for the health care of the client and communicate effectively and appropriately with them;
 - b) ensure that you understand your role and the role of other health-care providers in providing for the health care of the client;
 - c) explain to the client or their representative your role and responsibility;
 - d) comply with any collaborative care decision tool in place at the practice setting where you and other health-care providers are providing for the health care of the client;
 - e) give your full name and designation of membership class to the client, their representative and any other person involved in the client's health care;
 - f) treat other health-care providers with respect; and
 - g) recognize the skill, knowledge, judgment and roles of others involved in the client's care.

119. Counsel also referred to the applicable provisions of the Code:

- (a) Value A, Providing Safe, Compassionate, Competent and Ethical Care, Nurses provide safe, compassionate, competent and ethical care.
 3. Nurses build trustworthy relationships with persons receiving care as the foundation of meaningful communication, recognizing that building these relationships involves conscious effort. Such relationships are critical to understanding people's needs and concerns.
 9. During a natural or human-made disaster, including a communicable disease outbreak, nurses provide care using appropriate safety precautions in accordance with legislation, regulations and guidelines provided by government, regulatory bodies, employers, unions and professional associations.

14. When differences among members of the health-care team affect care, nurses seek constructive and collaborative approaches to resolving them and commit to conflict resolution and a person-centred approach to care.
- (c) Value C, Promoting and Respecting Informed Decision-Making Nurses recognize, respect and promote a person's right to be informed and make decisions
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) Value D, Honouring Dignity, Nurses recognize and respect the intrinsic worth of each person.
13. Nurses treat each other, colleagues, students and other health-care providers in a respectful manner, recognizing the power differentials among formal leaders, colleagues and students. They work with others to honour dignity and resolve differences in a constructive way.
- (f) Value F, Promoting Justice, Nurses uphold principles of justice by safeguarding human rights, equity and fairness and by promoting the public good.
1. Nurses do not discriminate on the basis of a person's race, ethnicity, culture, political and spiritual beliefs, social or marital status, gender, gender identity, gender expression, sexual orientation, age, health status, place of origin, lifestyle, mental or physical ability, socio-economic status, or any other attribute.
 2. Nurses respect the special history and interests of Indigenous Peoples as articulated in the Truth and Reconciliation Commission of Canada's (TRC) Calls to Action (2012).
 3. Nurses refrain from judging, labelling, stigmatizing and humiliating behaviours toward persons receiving care or toward other health-care providers, students and each other.
 4. Nurses do not engage in any form of lying, punishment or torture or any form of unusual treatment or action that is inhumane or degrading. They refuse to be complicit in such behaviours. They intervene, and they report such behaviours if observed or if reasonable grounds exist to suspect their occurrence.
 5. Nurses provide care for all persons including those seen as victims and/or abusers and refrain from any form of workplace bullying (CNA, 2016a).
 6. Nurses make fair decisions about the allocation of resources under their control based on the needs of persons receiving care. They advocate for fair

treatment and fair distribution of resources.

7. Nurses advocate for evidence-informed decision-making in their practice including, for example, evidence for best practices in staffing and assignment, best care for particular health conditions and best approaches to health promotion.
8. Nurses work collaboratively to develop a moral community. As part of this community, all nurses acknowledge their responsibility to contribute to positive and healthy practice environments. Nurses support a climate of trust that sponsors openness, encourages the act of questioning the status quo and supports those who speak out in good faith to address concerns (e.g. whistle-blowing). Nurses protect whistle-blowers who have provided reasonable grounds for their concerns.

(g) Value G, Being Accountable Nurses are accountable for their actions and answerable for their practice.

1. Nurses, as members of a self-regulating profession, practise according to the values and responsibilities in the Code and in keeping with the professional standards, laws and regulations supporting ethical practice.
2. Nurses are honest and practise with integrity in all of their professional interactions. Nurses represent themselves clearly with respect to name, title and role.
3. Nurses are accountable for their practice and work together as part of teams. When the acuity, complexity or variability of a person's health condition increases, nurses assist each other (LPNAPEI et al., 2014).

120. Counsel also referred to the College's ELCs. Each ELC is defined as "an observable ability of a registered nurse at entry-level that integrates the knowledge, skill, abilities, and judgment required to practice nursing safely and ethically." The ELCs state that "all RNs are ultimately accountable to meet these competencies throughout their careers relative to their specific context and/or patient population."

121. Mr. Swayze directed the Panel to the following ELCs:

1. Clinician

Registered nurses are clinicians who provide safe, competent, ethical,

compassionate, and evidence-informed care across the lifespan in response to client needs. Registered nurses integrate knowledge, skills, judgment and professional values from nursing and other diverse sources into their practice.

1.1* Provides safe, ethical, competent, compassionate, client-centred and evidence-informed nursing care across the lifespan in response to client needs;

1.9* Recognizes and responds immediately when client's condition is deteriorating;

2. Professional

Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession.

2.2* Demonstrates a professional presence, and confidence, honesty, integrity, and respect in all interactions;

2.5* Identifies the influence of personal values, beliefs, and positional power on clients and the health care team and acts to reduce bias and influences;

3. Communicator

Registered nurses are communicators who use a variety of strategies and relevant technologies to create and maintain professional relationships, share information, and foster therapeutic environments.

3.3* Uses evidence-informed communication skills to build trusting, compassionate, and therapeutic relationships with clients;

6. Leader

Registered nurses are leaders who influence and inspire others to achieve optimal health outcomes for all.

6.4* Participates in creating and maintaining a healthy, respectful, and psychologically safe workplace;

7. Advocate

Registered nurses are advocates who support clients to voice their needs to achieve optimal health outcomes. Registered nurses also support clients who cannot advocate for themselves.

7.4 Advocates for health equity for all, particularly for vulnerable and/or diverse clients and populations;

7.6* Advocates for safe, competent, compassionate and ethical care for clients;

7.7* Supports and empowers clients in making informed decisions about their health care, and respects their decisions;

9. Scholar

Registered nurses are scholars who demonstrate a lifelong commitment to excellence in practice through critical inquiry, continuous learning, application of evidence to practice, and support of research activities.

9.3 Engages in self-reflection to interact from a place of cultural humility and create culturally safe environments where clients perceive respect for their unique health care practices, preferences, and decisions.

122. The CIC submitted that the Registrant failed to live up to the requirements of the PD, the Code, and the ELCs by, variously:

- (a) being rude, discourteous, demeaning, and belittling to patients;
- (b) minimizing and dismissing their pain and discomfort;
- (c) acting in disbelief of patients;
- (d) referring to some patients as “pieces of shit”;
- (e) denying some patients access to a bed;
- (f) refusing to provide access to patient’s family member;
- (g) denying a patient’s access to translation by their spouse;
- (h) making patients feel unsafe and as a burden to the system;
- (i) treating their colleagues with disrespect by threatening to “write them up”;
- (j) denying an ENT resident a room;

- (k) using profane and racist language;
- (l) referring to junior colleagues as “stupid” and “idiots”; and
- (m) bullying other nurses, physicians, and patients.

123. Overall, counsel for the CIC said that the Registrant has failed to meet their professional obligations and this has been consistent throughout their career with complaints about lack of collaboration, lack of professionalism, bullying, profanity, disrespect and discrimination going back to 2007.

Ungovernability and Cancellation

124. Mr. Swayze stated that the College derives its authority to govern its members from subsection 10(1) of the Act:

A college must carry out its mandate, duties and powers and govern its members in a manner that serves and protects the public interest.

125. Further, at subsection 10(2), the mandate of the College is described this way:

A college has the following mandate:

- (a) to regulate the practice of the health profession and govern its members in accordance with this Act and the regulations and by-laws;

126. Mr. Swayze made the point that the power to regulate incorporates the power to ensure that members of the College comply with the rules enacted by the profession.

127. With respect to an appropriate penalty, counsel for the CIC cited the Manitoba Court of Appeal’s decision in *Ahluwalia v. College of Physicians and Surgeons (Man)* 2017 MBCA 15 [*Ahluwalia*] at paragraph 52, noting that the Panel had to balance the Registrant’s privilege to practice with the public’s right to protection.

128. Mr. Swayze argued that the public, knowing these facts, would only be able to maintain public trust in the nursing profession if the College demonstrated that it took this misconduct seriously and took the step of cancellation to protect the public and keep people safe.

129. The CIC submitted that a member who shows nothing but disregard for that power, is ungovernable. Counsel stated that an ungovernable member is someone who repeatedly and without reservation continues to breach the by-laws, standards of practice, practice directions and codes of ethics.
130. The Panel was referred to *Ahluwalia*, at paragraph 44, where the concept of ungovernability was recognized in Manitoba:
- ...A professional person will be considered “ungovernable” if the nature, duration and repetitive character of the person’s misconduct demonstrates an inability on the part of that person to respond appropriately to the authorities who are authorized to regulate the individual’s professional activities.
131. Mr. Swayze asserted that there is a two-step analysis when considering whether a person is ungovernable. The first branch of the test is to assess the objective seriousness of the past and present misconduct, based on the nature, duration and repetitive characteristics of the behaviour. The second is to look at any mitigating factors that might suggest the registrant should not be found ungovernable.
132. The finding of ungovernability is also part of the concept of progressive discipline or, in other words, escalating consequences for repeated bad behaviour.
133. In the case of *Ebagua v. Law Society of Upper Canada*, 2014 ONLSTA 40 [*Ebagua*], the Ontario Law Society Tribunal, at paragraph 42, wrote that there comes a point where progressive sanctions reach the point where it is found that the registrant will not accept the authority of the regulator and cannot continue as a member of the profession.
134. Mr. Swayze urged the Panel to apply the principle of progressive discipline to the Registrant. It was submitted that, with respect to the Registrant, lesser consequences have been unsuccessful and there is only one consequence that will be effective, and that is cancellation.
135. *Ebagua*, at paragraph 43, defines “ungovernability” as “the point at which the licensee’s conduct in past and present disciplinary proceedings, taken together, is sufficiently serious that revocation (or permission to surrender) is warranted because the licensee has made it clear, generally despite previous consequences, that he or she will not follow the rules.”

136. Mr. Swayze said there was precedent whereby Inquiry Committee Panels (“ICPs”) of the College have applied these tests to find a registrant ungovernable.
137. In *Re Shannon Hancock*, a 2021 decision, the ICP found that a nurse was guilty of professional misconduct for refusing to cooperate with requests from the CIC and respond substantively to repeated inquiries made by the College for disclosure of information. She was found to be ungovernable having previously been disciplined by the ICP.
138. Similarly, in *Kuny v College of Registered Nurses of Manitoba*, 2017 MBCA 111 [*Kuny*], the registrant had been subject to an agreement with the CIC negotiated through his counsel. He later challenged the meaning of the agreement and even questioned whether it even existed. He was uncooperative and argued that he did not need to comply with the agreement. He was found to be ungovernable.
139. Mr. Swayze submitted that a governability analysis begins with a review of the history of the RN and the discipline to date to ascertain whether, in the circumstances, the objective seriousness of the past and present misconduct based on the nature, duration and repetitive characteristics of the behaviour justifies a finding of ungovernability. Second, any mitigating factors are considered.
140. In the present case, the CIC submitted that the Registrant has a lengthy disciplinary history for the same type of behaviour (bullying, disrespect, and use of profanity) which includes:
- (a) Calling a physician an idiot and verbally abusive to staff in 2007 resulting in a six-month undertaking;
 - (b) Use of inappropriate language in front of patients and other members health care team, disrespectful and unprofessional behaviour in 2009 resulting in a two-year undertaking (May 10, 2010) which included course work, a paper, and employer reports every three months;
 - (c) Inappropriate language in front of patients and other members of the health care team in 2010 resulting in a two-year undertaking (November 22, 2010) which included course work, a paper, and employer reports every three months;

- (d) Failing to sign the May 10, 2010 undertaking resulting in a discipline decision that imposed the undertaking as an Order and which took them two years to comply; and
- (e) In August 2017, they were the subject of a complaint that they failed to treat a patient well and was rude, abrasive and used abusive language in front of the patient as witnessed by the police. They were again placed on an undertaking and interim suspended.

- 141. Counsel noted that the most recent complaints are serious and a continuation of the same pattern. He pointed out that their behaviour has resulted in some patients leaving and foregoing care and some colleagues asking not to work with them.
- 142. Mr. Swayze stated that this conduct occurred despite the Registrant having written papers and taken courses, multiple times and having been subject to four prior undertakings.
- 143. In addition, counsel submitted that the Registrant has been unresponsive to the CIC, resulting in the Discipline Order that imposed the terms of an undertaking. Further, the Registrant has not set aside time to attend hearings and this hearing proceeded largely in their absence because they refused to attend, even though through an email on February 20 they confirmed they knew the date and start time of the hearing.
- 144. Mr. Swayze maintained that all of that satisfies the first branch of the ungovernability test with the second consideration being the existence of any mitigating factors. The CIC's position is that there is no such evidence and the Registrant should be subject to a finding they are ungovernable.
- 145. In reply to a question from the Panel, Mr. Swayze clarified that the CIC's request for a finding of ungovernability would be a finding of "unsuitability" to practise within the meaning of "unfitness to practise" in subsection 124(2)(e) of the Act. The CIC's position is that "unsuitability" is subsumed within "unfitness".
- 146. What must follow from that finding, according to the CIC, is the cancellation of the Registrant's registration pursuant to subsection 126(1)(i) of the Act. The CIC argued that an ungovernable member is someone who, by very definition, is incapable of being regulated. And further, a person who is incapable of being regulated has demonstrated that their behaviour cannot be

remediated. The CIC relied on the comments in *Ebagua* that a member who is found to be ungovernable either has their license cancelled or is permitted to voluntarily surrender.

147. Mr. Swayze reminded the Panel that, when sentencing a member of a profession, it ought to consider the comments of James T. Casey from *The Regulation of Professions in Canada*:

Where the legislature has entrusted the disciplinary process to a self-governing professional body, the legislative purpose is regulation of the profession in the public interest. The emphasis must clearly be on protection of the public.

148. The CIC stressed that the overarching goal of sentencing is to find a sentence that ensures the protection of the public. In doing so, regulated professions have accepted that sentencing has multiple aims, these include specific deterrence, general deterrence, rehabilitation, punishment of the offender, denunciation of the conduct, and the need to maintain the public's confidence in the ability of the regulator to govern its members. These aims are to be balanced under the ultimate goal of the protection of the public.

149. The position of the CIC is that the Registrant is ungovernable and, if the Panel so finds, then their registration must be cancelled. In the alternative, even if the Panel is not prepared to make that finding, the CIC says that the only appropriate remedy, given the failure of prior undertakings to remedy the Registrant's behaviour, remains cancellation of the Registrant's registration.

150. Mr. Swayze reminded the Panel that the Registrant has repeatedly treated people with disrespect, bullied them, discriminated against them, and demonstrated a lack of compassion. They have been subject to four undertakings including an undertaking converted to the Discipline Order. They have written papers, attended courses, and been under monitoring. They have failed to be responsive to the CIC and demonstrated a disregard for the role of the Panel by being unresponsive to counsel for CIC and the Panel.

151. The CIC submitted that there are effectively no realistic options for sentencing that do not include cancellation.

152. To impose a sentence less than cancellation would be to accept that there is potential for rehabilitation. Mr. Swayze referred to *Ahluwalia*, where the Manitoba Court of Appeal noted

when considering the sentencing principles, that to be effective the person must be capable of rehabilitation. However, rehabilitation requires insight into the underlying causes of the problem and the counts for which the person was convicted.

153. The CIC says the Registrant has repeatedly demonstrated that despite courses, papers, and monitoring, they do not possess that insight and they relapse. Conditions on their practice have been tried and failed, and they have been through four undertakings, one of which had to be imposed by the ICP as an Order, yet their old behaviours quickly returned. Specific deterrence has been unsuccessful, and it was submitted that the College is out of options when it comes to rehabilitation.
154. Mr. Swayze addressed a further point to the effect that cancellation is also a strong form of general deterrence as it sends the message to the profession that failure to maintain professional standards of respect for others and collaboration with colleagues will merit severe discipline.
155. Finally, counsel noted that public confidence in the regulation of the nursing profession will be undermined if an RN nurse who habitually abuses patients and their colleagues is not stopped. He urged the Panel to conclude that allowing the Registrant to continue practice, under any circumstances, will not protect the public interest and will only undermine the public's faith in the ability of the nursing profession to regulate itself.
156. Mr. Swayze referred to *Re Nipaben Patel*, at paragraph 159, where the ICP considered the importance of protecting the public and that the factors leading to Ms. Patel's misconduct could not be easily remediated. Here, Mr. Swayze argued that the Registrant has demonstrated that their misconduct repeats itself and, despite best efforts, cannot be remediated. They are therefore, in the submission of the CIC, beyond remediation.
157. Finally, the CIC noted the Registrant's lack of participation in the hearing process, their poor communication, and last-minute request for an adjournment prioritizing their work over their regulator further reinforces that the Registrant is unable or unwilling to treat this matter with the seriousness it deserves.

Costs

158. With respect to a contribution to costs, Mr. Swayze referred to Ms. Nakonechny's Affidavit which estimated the College's costs to be more than \$120,000 and that the number would increase.
159. He noted that the Registrant has been the subject of four investigations in relation to NOH#1 and NOH#2. They have had hearings adjourned and additional funds expended to personally serve the Registrant to confirm notice of the hearings.
160. Mr. Swayze pointed out that the Registrant was unresponsive with respect to how they intended to proceed at the hearing and that they failed to appear at the hearing until all the evidence had been submitted in their absence. This required the CIC to conduct a full hearing and bring the necessary evidence to prove their case, in the absence of the Registrant.
161. The CIC asked the Panel to award \$50,000 in costs, acknowledging that it was a very high number. However, counsel argued that the Registrant's failure to cooperate with the discipline process combined with the extensive investigation required, justifies this being an appropriate amount that, even then, leaves the CIC (and therefore the profession as a whole) responsible for more than the other half.

Publication

162. The CIC's position was that publication is mandatory under the Act.

III.2 The Registrant

163. As noted above, the Registrant appeared at the hearing just prior to counsel for CIC concluding their submissions in argument.
164. The Registrant made a statement explaining her circumstances. In it, they acknowledged that they were not asking for their licence back, no longer wanted to be an RN and wished to have stability moving forward.
165. The Registrant indicated the requested costs were very high and that they would not be able to afford to pay them. They requested that there not be publication as they are concerned about their employability and wanted to try to put all this behind them and move on.

III.3 Reply of the CIC

166. Mr. Swayze noted that the content of the Registrant's statement could not be considered evidence as there was no opportunity for the CIC to challenge any of the evidence through its own evidence or cross-examination. He cautioned the Panel to be careful in its consideration of the Registrant's statement.
167. Mr. Swayze submitted that the Registrant continued to deflect their own responsibility and failed to acknowledge any of the harm they caused to patients and other staff. He argued that the Registrant remained unaccountable.
168. With respect to publication, counsel referred the Panel to subsection 129(1) of the Act which requires publication of any finding made by the Panel and includes publication of the member's name.

IV. Analysis and Decision

169. The authority of a Panel to make findings is found in subsection 124(2) of the Act.
170. The authority of the Panel to make orders is found in subsection 126(2) of the Act.
171. The authority of the Panel to make costs orders is found in section 127 of the Act.
172. The Panel has concluded that the Registrant is guilty of professional misconduct and having contravened the Act, the PD, the Code, and the ELCs as alleged in NOH#1 and NOH#2.
173. The Panel also finds that the Registrant is unfit to practise as an RN and is ungovernable.
174. The reasons of the Panel supporting these conclusions follows.
175. The Panel considered the following sentencing objectives to be applicable to the Registrant:
- (a) the protection of the public not only for those likely to come into contact with the Registrant, but also to protect the public generally by maintain high standards of competence and professional integrity among RNs;

- (b) specific deterrence to prevent the Registrant from committing similar acts of misconduct in the future;
- (c) general deterrence to inform and educate the profession generally as to the serious consequences which will result from breaches of recognized standards of competent and ethical practice;
- (d) preserving the public trust in the profession's ability to regulate itself;
- (e) proportionality between the misconduct and the penalty – the punishment must fit the crime; and
- (f) imposing a penalty consistent with similar penalties for similar misconduct, recognizing that each case must be decided on the basis of its own unique facts

176. The Panel also considered these additional factors:

- (a) the nature of the misconduct and the circumstances in which the misconduct occurred;
- (b) the impact of the misconduct on those affected by it; and
- (c) the role of the Registrant in acknowledging or failing to acknowledge what has occurred.

177. The Panel accepts the evidence establishing that the Registrant did in fact behave in the manner alleged in the charges. Where the Registrant denied to the investigators any of the acts alleged, the Panel prefers the evidence of the patients and staff, taking into consideration that the Registrant also claimed not to have any recollection of many of the incidents.

178. The evidence was uncontroverted and overwhelming that the Registrant is either unwilling or unable to conduct themselves appropriately as an RN both with respect to their interactions with patients and their colleagues.

179. The Panel noted Ms. Cyr's observation that the Registrant was not accountable for their behaviour – the proof of which being the repetitive and ongoing nature of the misconduct.

180. The Panel accepts the submissions of the CIC that the enumerated behaviour is professional misconduct and a contravention of the Act, the PD, the Code, and the ELCs. There is no

justification for the Registrant's behaviour which has been repetitive and longstanding. Their conduct and apparent refusal or inability to change renders them for all intents and purposes, ungovernable.

181. In the CIC's filed authorities on this point, it referred to *Kuny* where the Court stated that a finding of ungovernability is based on a case-by-case analysis in which the guiding principle is the public interest. Members of a profession must be willing to be governed by their regulator; otherwise, the public cannot be protected. A demonstrated inability or unwillingness to abide by the decision of a regulatory body will support a finding of ungovernable conduct. The Court upheld the tribunal's finding of ungovernability in that case based on the evidence that Mr. Kuny, by his actions and words, refused to accept the authority or take direction from his governing body.
182. The Panel accepts that the essence of ungovernability is a registrant who has shown themselves to be unable or unwilling to be governed by their regulator, such that their regulator is unable to fulfill its mandate to protect the public. When a member is ungovernable, no amount of supervision can make them governable.
183. Regulatory bodies have relied on enumerated factors to structure their decisions on ungovernability. In *Hall (Re)*, [2007 LSBC 26 \[Hall\]](#), at paragraph 27, the following factors are listed:
- (a) a consistent and repetitive failure to respond to the governing body;
 - (b) an element of neglect of duties and obligations to the governing body;
 - (c) an element of misleading behaviour directed to a client and or the governing body;
 - (d) a failure or refusal to attend at the discipline hearing;
 - (e) a discipline history;
 - (f) a history of breaches of undertakings; and
 - (g) a record or history of practising while under suspension.

184. *Hall*, at paragraph 24, also refers to a Manitoba decision - *Law Society of Manitoba v. Ward*, [1996] L.S.D.D. No. 119 where a panel considered the behaviour of the lawyer in his failure to file an annual report and his repeated failure to respond to communications from the Law Society. The panel noted a prior record with the Law Society that included convictions for similar failures to respond, failures to file reports and a series of fines, all of which remained unpaid, and suspensions. The panel noted:

... there is a pattern of conduct which is well established in this case; a pattern of conduct which appears to have begun when Mr. Ward failed to file his annual accountant's report, Form D ... **That pattern of conduct has continued and has involved breaches of the rules of the Society for two consecutive years for failing to file the Form D. It has involved breaches of the rules of the Society in respect of failing to respond to the Society's communications on a persistent basis.** It has involved a failure to pay fines, costs, penalties and annual fees for ... something in excess of a year now. **It has involved failures and acts of omission primarily. These have been persistent, inexplicable, and unfortunately from our point of view, unexplained.**

In our view, the right to practice law carries with it obligations to the Society and to its members. The minimum obligations in our view are, compliance with rules and communication with the Society as might reasonably be expected. ... **The justification for self government is at least partly based on the assumption that the Society will in fact govern its members and that its members will accept governance. Ward has demonstrated through his behaviour that he does not accept governance.**

We regard this as a serious matter. **We regard this as a cumulative ongoing set of behaviours and patterns which demonstrate that the member refuses to be governed.** Ward cannot say that he is not aware that he was required to respond. Me [sic] should be taken to be aware of the rules. He has been served repeatedly with correspondence and documents requiring him to respond.

As a result of all of this we have concluded that Mr. Ward is in fact, as submitted by counsel for the Society, an ungovernable member...

(emphasis added)

185. The factors enumerated in *Hall* have been followed in Manitoba in a number of decisions and explicitly in *College of Paramedics of Manitoba v. Matthew Chorney*, a 2025 decision of that College's Inquiry Committee.

186. *Hall* was implicitly followed in Manitoba in *Ahluwalia*. In that case, the Manitoba Court of Appeal upheld a decision of the Inquiry Panel of the College of Physicians and Surgeons of Manitoba

in which a member was found to be ungovernable based on three of the factors enumerated in the *Hall* test - the seriousness of the conduct, misleading behaviour towards the governing body, and disciplinary history.

187. In finding the member ungovernable in *Ahluwalia*, the Inquiry Panel considered:
- (a) that the member “engaged in several different types of serious misconduct involving multiple written and oral misrepresentations to the College”;
 - (b) that the member’s misrepresentations indicated that he was prepared to lie to avoid the governing body’s regulatory jurisdiction, showing he would not respond truthfully to the governing bodies’ inquiries or maintain their required standards in the future; and
 - (c) that he had committed similar transgressions in the 1990s, which indicated to the Panel that he had a lack of insight into the seriousness of his misconduct and the importance of adhering to professional standards.
188. Other factors that militate towards a finding of ungovernability are a refusal to attend disciplinary proceedings, non-payment of fees, practicing during a suspension, and breaching undertakings previously provided to the regulatory body - all of which indicate an intention not to be governed.
189. *Hall* is clear, at paragraph 28, that not all factors need to be present for a regulatory body to make a finding of ungovernability. To paraphrase, a finding of ungovernability can be made if all that was present was a repeated failure of the registrant to respond to inquiries from their regulator provided that failure is illustrative of a “wanton disregard and disrespect” of the registrant for the regulatory processes that govern their conduct.
190. The Panel in this case carefully considered whether the Registrant’s behaviour demonstrated a “wanton disregard and disrespect” for the College and whether their misconduct rose to a level which justified a finding of ungovernability.

191. The Panel took note of the Registrant's record of multiple undertakings, the breach of undertakings, the multiple attempts at education and remediation, the Discipline Order, as well as the lack of engagement and communications with the College, and ultimately their failure to meaningfully attend and participate in the Inquiry Panel proceedings.
192. This is a path the Registrant has been following for years and the Panel specifically noted the comments of the Investigation Committee in 2017 (from paragraph 30(e) above):
- The member's lack of insight into her professional obligations and refusal to cooperate with the investigation and Practice Audit are indicative of ungovernable behaviour and/or her failure to maintain her fitness to practice.
- The member's actions and reactions to the Investigation Committee's inquiries and the investigation and the Practice Audit suggest that the member possesses an intolerance or indifference to the Committee at best or at worse, an intended disregard for its authority.
193. Effectively, the College has tried everything it could with the Registrant short of cancellation and it appears that those efforts have made no difference.
194. In reaching its conclusions, the Panel noted the Registrant's statement that they are not seeking to practice again as an RN and are looking to move on with their life. This is not a case about rehabilitation by the Registrant's own admission.
195. In light of the applicable case law and the evidence at the hearing, the Panel concluded that the Registrant is ungovernable, is unsuited to practise as an RN, and is therefore unfit to practise as an RN within the meaning of subsection 124(2)(e) of the Act.
196. Utilizing the test of the existence of a "wanton disregard and disrespect", the Panel is of the view that a finding of ungovernability and cancellation of their registration fit the Registrant's circumstances and misconduct.
197. Had the Panel not been prepared to find the Registrant ungovernable, it would have nevertheless ordered a cancellation of the Registrant's registration for the same reasons.

198. On costs, the Panel is satisfied that the actions of the Registrant have contributed to the accumulation of costs.
199. While the Registrant alluded to their inability to pay a significant costs order, there is no evidence before the Panel which it could take into consideration. Even without that evidence, the Panel recognizes that the requested amount would be a significant amount of money to most registrants.
200. The Panel specifically considered whether the requested amount of \$50,000, which is less than half of the College's anticipated \$120,000 of costs, is proportionate and fair.
201. The Panel is of the view that the extent of the multiple investigations, combined with the Registrant's lack of communication and compliance, and their apparent disregard for the Inquiry Committee proceedings supports a significant costs contribution and the Panel is therefore prepared to order costs in the amount of \$50,000. The Panel recommends that the College consider the possibility of seeking an agreement with the Registrant to pay this amount over a period of time acceptable to the College, failing which the costs award is to be enforceable forthwith.
202. There will be publication in the usual manner in accordance with the requirements of the Act and the Regulation.

V. Order

203. The Panel therefore makes the following Order:
- (a) The Registrant is ungovernable and has demonstrated they are unfit to practise as a Registered Nurse;
 - (b) The Registrant's registration is cancelled;
 - (c) The Registrant will pay the amount of \$50,000 as a contribution to the costs of the investigation and hearing; and
 - (d) The Decision and Reasons of the Panel will be published and made available to the public.

Dated at Winnipeg, Manitoba this 11th day of May, 2026.

JENNIFER COLVINE, RN, Chair of the Panel, *has authorized the use of electronic signature*

LYDIA HARRIS, RN, *has authorized the use of electronic signature*

TRICIA TYERMAN, RN, *has authorized the use of electronic signature*

JOSEPH LOVELACE, Public Representative, *has authorized the use of electronic signature*

MIKE BLACKBURN, Public Representative, *has authorized the use of electronic signature*