

In the Matter of Adihudi Imbai

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**The College of Registered Nurses of British Columbia
Re: Section 33(2) of the *Health Professions Act* R.S.B.C. 1996**

DECISION
June 18, 2015

Introduction

On August 21, 2013, Abihudi Imbai (the “Registrant”) was found guilty by the Court of two charges of sexual assault (contrary to section 271 of the *Criminal Code*) regarding his conduct on June 11, 2012. On August 13, 2014 the Registrant was sentenced by the Court and received:

- a six month conditional sentence for each count;
- 18 months probation,
- a ten year firearms prohibition,
- a DNA order primary, and
- a lifetime Sex Offender Information Registration Act (SOIRA) order.

By letter dated November 4, 2014 CRNBC received notification from the Ministry of Justice related to the determination of risk under section 4 of the *Criminal Records Review Act*. The Ministry determined that the Registrant’s convictions indicate that he presents a risk of sexual abuse to vulnerable adults.

By letter dated November 18, 2014 Shera Skinner, Deputy Registrar of the Criminal Record Review Program (“CRRP”) provided the College of Registered Nurses of B.C. (the “College”) and the Registrant with the reasons for the November 4, 2014 determination of risk.

On January 8, 2015 and in accordance with Section 33 of the *Health Professions Act* (the “Act”) the Inquiry Committee authorized an investigation into the CRRP determination of risk in order for the Inquiry Committee to consider whether to cancel, suspend or impose limits or conditions on the Registrant’s registration under section 33(2) of the Act.

The investigation report was provided to Registrant on January 23, 2015 for response. The Registrant provided his response on February 5, 2015.

The Inquiry Committee considered the investigation report and the Registrant’s response on March 9, 2015. To inform its decision making under section 33(2) of the Act, the Inquiry Committee offered the Registrant an opportunity to present his submissions in person regarding whether the Committee should place limits or conditions, suspend or cancel his registration.

As such on April 9, 2015 the Inquiry Committee convened an in-person proceeding to hear submissions from the Registrant and the College in regards to section 33(2) of the Act.

Background

Section 33(2) of the Act states:

“(2) If

(a) a Registrant fails to authorize a criminal record check or a criminal record check verification, as applicable, under the *Criminal Records Review Act*,

(b) the registrar under that Act has determined that the Registrant does not have a portable criminal record check, or

(c) the deputy registrar under that Act has determined that the Registrant presents a risk of physical or sexual abuse to children or a risk of physical, sexual or financial abuse to vulnerable adults and that determination has not been overturned by the registrar under that Act,

the inquiry committee must take the failure or the determination into account, investigate the matter and decide whether to impose limits or conditions on the practice of the designated health profession by the Registrant or whether to suspend or cancel the registration of the Registrant.”

As part of the College’s investigation, the November 18, 2014 Reasons for the CRRP’s November 4, 2014 determination of risk (the “Reasons”) were reviewed. The Reasons summarized Mr. Imbai’s criminal proceedings as follows:

- The two patients (M.A.W. and Z.R.) at Ridge Meadows hospital that Mr. Imbai was convicted of sexually assaulting were under the influence of morphine at the time of the assaults.
- Mr. Imbai maintained that he was innocent of the charges throughout the course of the trial.
- Patient M.A.W. testified to having five interactions with Mr. Imbai, including that he:
 - caressed and kissed her;
 - made circular motions on her breasts with his hands; and,
 - lay down in the bed next to her with his face in her breasts.
- Patient Z.R. testified that Mr. Imbai was flirtatious with her, asked her if her feet were swollen and then rubbed her foot, shin and calf. Z.R. testified that her feet were not swollen and she had never experienced that type of touching in a hospital before. Z.R. testified that Mr. Imbai returned to her room on a number of occasions and tried to kiss her. On one occasion he kissed the side of her mouth because she moved away from his lips. Z.R. testified that on the last occasion that Mr. Imbai entered her room, he asked her to move

over in her bed, he got into her bed and put his hands behind her neck. When she told Mr. Imbai that he would get into trouble he advised her that he was the only one on the floor. Mr. Imbai then cupped Z.R.'s face and caressed her cheek.

In finding that Mr. Imbai presents a risk to sexually abuse vulnerable adults the Deputy Registrar of CRRP considered the following factors:

- Whether the behaviour associated with the relevant offense, if repeated, would pose a threat of sexual abuse to vulnerable adults;
- The circumstances of the offence;
- Extenuating circumstances;
- Time elapsed since the offense;
- Mr. Imbai's subsequent actions;
- The likelihood of Mr. Imbai repeating similar behaviour; and
- Any rehabilitation attempts.

Ultimately the Deputy Registrar concluded that Mr. Imbai posed a risk of sexual abuse to vulnerable adults for the following reasons:

“Due to the nature of Mr. Imbai's sexual assault convictions in which he abused a position of trust while the patients were under the influence of morphine, his current status of being bound by a conditional sentence order, and his lack of acknowledgement of wrongdoing, I conclude that Mr. Imbai presents a risk of sexual abuse to vulnerable adults.” [Page 5 Reasons]

College's Submissions

College legal counsel summarized the CRRP's Deputy Registrar's Reasons and of particular note pointed the panel to the Deputy Registrar's statement that:

“I have considered that Mr. Imbai abused his position of trust when he sexually assaulted two patients under his care who were under the influence of morphine, at night, when the hospital unit was quiet. It is difficult to imagine an individual in a more vulnerable position. Mr. Imbai's testimony at trial was not credible, and his failure to acknowledge his wrongdoing is an aggravating factor, and one that will be a barrier to treatment.” [Page 5 Reasons]

Ms. Whittow noted that the CRRP decision appropriately summarized the Court's findings in the criminal matter:

“Now, let me pause to say the judge's decision is at tab 5. The College, of course, obtained it. And I am not going to take you to the judge's decision, but I would submit to you that on a comparison of the deputy director's analysis or summary of the decision, if you compare that to the decision itself, it is a fair and accurate summary of the decisions of the court.” [Proceeding Transcript, page 11, line 19]

Ms. Whittow also pointed out that in the Registrant's February 5, 2015 response to the College's investigation report the Registrant discussed the impact of his African cultural background on his nursing practice. In his response the Registrant described that when nursing in Kenya he would comfort patients by hugging and touching them, as well as sitting on the edge of their beds. In regards to this response Ms. Whittow submitted that the Court found that contrary to the Registrant's evidence, that amongst other things he:

- lay on the bed of two patients;
- rubbed a patient's breasts;
- kissed a patient on the side of the mouth; and,
- caressed the patients' faces.

Ms. Whittow submitted that this type of conduct is sexual in nature and the Registrant's conviction for sexual assault was far more than could be justified as a cultural difference.

With respect to the issue of rehabilitation, Ms. Whittow noted that in his response the Registrant indicated that he has taken steps to improve his professionalism such as: a boundaries course through the Canadian Nurses Association, studied materials, attended sessions with Dr. Jack and sought help on boundaries issues with Charles McManus. Ms. Whittow submitted that none of the evidence supports the contention that the Registrant has rehabilitated. In particular Ms. Whittow noted that the only medical report that the Registrant provided to the College was a medical report from his counsellor Dr. McManus. That medical report was in regards to an assessment dated May 12, 2013 which predated the Registrant's trial. Of note in that medical report, the Registrant continued to deny his misconduct. Ms. Whittow also submitted that in the Registrant's February 5, 2015 response to the investigation report he continued to minimize his responsibility and to deny the seriousness of his conduct.

In the circumstances, Ms. Whittow submitted that cancellation of the Registrant's registration is the appropriate outcome to address the risk posed by the Registrant of sexual abuse to vulnerable adults. Ms. Whittow submitted that there is an obligation for the Inquiry Committee and the College to protect the public and the only effective way to do that given the Registrant's conviction and the CRRP determination of risk is cancellation of the Registrant's registration. In support of her submission, Ms. Whittow referred to case precedents. The first precedent was a consent agreement between the College and a registrant. The CRRP determined the registrant in that case to be a risk of sexual abuse to children. The registrant had been charged criminally but the charges were stayed. He made admissions regarding his conduct in the College process. Additionally the registrant had been diagnosed with depression. The consent agreement required the registrant to practice nursing in a manner that would not pose a risk to children as well as a number of undertakings. Ms. Whittow submitted that this case is distinguishable from the matter before the Inquiry Committee on the basis that the CRRP's determination of risk regarding Mr. Imbai is based on his criminal convictions, the fact he has not made an admission regarding his conduct, and there is no evidence of him having medical issues.

Ms. Whittow then pointed to two Ontario cases. The first case being the *College of Nurses v. Wagner* 2009 CanLII 92105 (ON CNO). In this case Mr. Wagner was convicted of sexual assault and his registration was revoked for conduct which involved him lying across the body of a

comatose female patient and fondling her with one hand. He admitted his conduct and the College of Nurses decided revocation of registration was the appropriate outcome to protect the public.

The second case: *College of Physicians and Surgeons of Ontario v. Minnes* 2015 ONCPSD 3 (CanLII) involves a physician who engaged in sexual harassment of female nursing staff and sexual conduct towards a 17 year old girl. Ms. Whittow submitted this case as providing a good overview of the relevant caselaw of regulatory bodies in cases of sexual harassment and assault.

Ms. Whittow concluded her submissions by saying that if the Inquiry Committee were to cancel the Registrant's registration, he would still be at liberty to apply for reinstatement however he would be required to meet the standard for good character and other registration requirements.

Mr. Imbai's Submissions

The Registrant started his submissions by expressing his gratitude for the opportunity to let the Inquiry Committee know about where he is now and the journey he has been on. The Registrant explained that he started his nursing career in Kenya and that he came to Canada in 2005. In Kenya he worked for two years as a pediatric nurse in emergency. Upon gaining registration in B.C. he began working in a medical unit in Langley in 2007. He eventually obtained a full-time position in the pediatrics unit in Langley where he practiced until June 2012. Due to financial issues, the Registrant also started to work shifts in a medical unit at Ridge Meadows Hospital. He worked there for two years. The Registrant described his love for nursing and stated that he entered the nursing profession not to make money but rather because he wanted to help people.

The Registrant described his interactions with patient M.A.W. He described having had a vibrant and healthy conversation with her when he introduced himself. The Registrant said that he touched M.A.W.'s face because she was very red and he wanted to see why she was sweating. He said he did this in front of M.A.W.'s husband and her friend. He learned later that touching M.A.W.'s face was a mistake as it was construed that he was caressing her face. The Registrant went on to say that:

“...A lot of things are being lost throughout this process...I just want to let counsel, let everyone here, know that there's – there was a reason for every one of my actions. And there was nothing – there are things that I did during that night in hindsight I shouldn't have done that – you know, I shouldn't have done that. And I do regret that did I those things and I'll not sit here and pretend, okay, I did everything that was professionally correct that night. No, that's not correct. Okay.

But I hear a lot of things that are being said that I did on that night that are far from the truth. And I don't want to sit here because it's not like a defence court where I went to say my story and somebody else defends themselves. No, it would not be fair to the victims, so to say. It is not right.” [Proceeding Transcript, page 33, line 10]

The Registrant further clarified his perspective on what happened with M.A.W. and Z.R. as follows:

“...As I sit here, I’m trying to say, no, no, I did right, no. If I hugged her and she not want me to hug her that night, then it was wrong. There is no way to – there’s no way about that. I sat on their beds and admitted to sitting on their beds. I admitted hugging them. There are things that are being said beyond that that I did not do, and will not sit here and say I did them because I did not do them. I’d rather go out of practice, in truth, than sit here and say I admit because just to get my way into practice. I don’t was to live a lie; okay.

So I did not do the things that—some of the things they said I did. But I admitted doing the things that I admitted before the court. Unfortunately, my decision was subject to that judgment by the judge who decided, okay, who is saying the truth here. He had two patients, of course. I put myself in the judge’s position for sure, if there are two people saying similar things about one person, you will be prompted to think they’re right, you know....And it was pretty much a judgment of intent, why was he doing this thing. And the intent – unfortunately, the judge believed whatever the ladies said, and, you know, I leave it at that. That’s the decision of the judge.” [Proceeding Transcript, Page 36 – 37, Line 21]

The Registrant submitted that he sees things differently after he has had the benefit of the courses and training he has undertaken. The Registrant noted that in the past there was no difference between “...professional Abi and personal Abi.” Moving forward the Registrant recognizes that things need to be different such that there is a line where professionalism starts. The Registrant described his recent sex offender classes with Dr. Jack as being beneficial to him in regards to setting a boundary between his professional and personal lives.

In his February 5, 2015 response to the investigation report, the Registrant stated the following about his understanding of how his culture impacted his practice:

“Just as a footnote to understand my African cultural background, and in particular within the hospitals. scarcity of medical personnel has left many hospitalized patients to suffer alone with fear to reach out to medical staff. Therefore early in my career especially in the pediatrics unit, in line with my cultural upbringing I have been keen to comfort my patients in congruence with the African culture. And therefore comforting the sick by hugging, touching, sitting on the edge of the bed is a common practice to ease superstition and fears among ailing patients. It is clear to me now as to how my nurse-client relationship had been shaped by my cultural background.” [page 1]

At the proceeding the Registrant also discussed his counselling sessions with Dr. Charles McManus, in those sessions the Registrant states that he learned about cultural differences and blind spots in his practice. In regards to his culture the Registrant stated that:

“...the lessons I’ve gone through is understanding where my culture – where my culture has actually really had to – differs from where I’m living right now and the way I have to

behave and act around – around clients and around my family. It’s really different.”
[Proceeding Transcript, page 47, line 16]

The Registrant explained his current probation conditions as requiring that if he has to do direct patient care he will need his probation officer and employer to permit him to work and that he will need someone with him while he works.

When asked by the Inquiry Committee what type of nursing position he felt he could do safely he indicated that he had a supervisor or manager position with Bayshore. In that job he was responsible for making sure that others were doing what they were supposed to but he was not responsible for providing direct patient care.

College Reply

In response to Mr. Imbai’s submissions, Ms. Whittow made the following points:

- The Registrant continues to admit to certain conduct such as: hugging a patient and sitting on their bed, but he denies the more serious conduct of a sexual nature including kissing the patients and rubbing a patient’s breasts. The Registrant’s denial of his behaviour is a factor in the CRRP’s determination of risk; and,
- While it is commendable that the Registrant completed counselling and courses, he did not provide any proof of completion or advancement through the counselling process.

Letters of reference submissions

In the course of the proceeding, the Registrant discussed his reference letters. The Registrant had not submitted the letters to the Inquiry Committee during his submissions, so he was given an opportunity to send the letters to the Inquiry Committee to consider as part of the decision making process.

On April 16, 2015, the Registrant provided reference letters from 12 individuals, which included friends and colleagues. The letters, all of which were very positive in regards to the Registrant, speak of the Registrant’s service to the community, dedication to his family, morality, and skills as a nurse.

Ms. Whittow was given the opportunity to make written submissions regarding the letters and the Registrant was given the opportunity to respond to Ms. Whittow’s submissions.

By letter dated April 17, 2015, Ms. Whittow provided her submissions regarding the Registrant’s reference letters. Ms. Whittow submitted that the first 8 letters, related to the Registrant’s employment and predate the conviction for sexual assault. Given that the authors of the first 8 letters did not address the Registrant’s criminal conviction or the determination of risk, Ms. Whittow submitted that the letters are of little value to the Inquiry Committee. The remaining four letters were dated after the criminal conviction and express disbelief in the allegations despite the findings of the Court. Ms. Whittow referred to the *Minnes* case, and in particular noted the College

of Physicians and Surgeons of Ontario discipline committee determined that letters of support should be given little weight in the context of sexual offenses.

Ms. Whittow concluded:

“Mr. Imbai is clearly well supported by friends and colleagues. However, the panel’s task is to decide what action to take based upon the determination that Mr. Imbai represents a risk of sexual abuse of vulnerable adults. The character letters do not alter my submission that the appropriate disposition at this time is cancellation of Mr. Imbai’s registration.”

By letter dated April 17, 2015 the Registrant responded to Ms. Whittow’s submissions regarding his reference letters. As part of his response, the Registrant submitted that:

“The letters submitted to the counsel are not from people I worked with or had encounters with for a day, or a week or even a year but people I’ve worked with for years. As much as I believe that the commendations made by my friends and colleagues are a fair assessment of my character, It’s understandable if the committee will be cautious about their judgment of character and even dismiss them as lopsided. However we can’t question the judges decision in finding me credible enough to serve the public. We cannot also doubt our own medical/professional assessment by forensic Psychologist in saying that I should be reinstated back to the Nursing profession.

This are my humble submissions to you - the committee and I believe you will be able to sift through and agree with the judges' decision to send me back to practice nursing.”

Decision

The decision before the Inquiry Committee is whether to place limits or conditions on the Registrant’s registration, to cancel or suspend his registration, or to take no action at all in regards to the investigation the Inquiry Committee authorized into the CRRP’s determination that the Registrant poses a risk of sexual abuse to vulnerable adults. This is in accordance with section 33(2) of the Act.

In making the decision, there are a number of factors that the Inquiry Committee placed weight on. Of most significance is that even after being found guilty of sexual assault by the B.C. Supreme Court, the Registrant still does not admit to his actions. He has consistently limited his admissions to the fact he hugged, touched M.A.W.’s face and sat on his patient’s bed, but he has consistently maintained his denial of the sexual misconduct such as rubbing M.A.W.’s breasts and kissing both M.A.W. and Z.R. The Court found the Registrant guilty beyond a reasonable doubt for having committed sexual assault against his patients M.A.W. & Z.R. The Court did not find the Registrant’s testimony to be credible. In these proceedings the Registrant’s explanation of the sexual misconduct was simply that he was accused of things he did not do. His explanation for why the Court found him guilty of sexual assault was essentially because it was two against one, i.e. that the Court simply believed the testimony of the female patients over his testimony because there were two of them. Accordingly, in light of the sexual assault convictions, proven beyond a reasonable doubt in a court of law, the Inquiry Committee is unable to rely on the Registrant’s

explanation of events. The Registrant's explanation is simply implausible and in fact minimizes the nature and impact of his actions on his patients.

Another factor of consequence to the Inquiry Committee's decision making is the fact that there is no evidence of rehabilitation by the Registrant. The Committee is pleased that the Registrant has undertaken training and counselling on boundaries, as well as completed the Court mandated sexual offenders' course. However the Registrant did not provide any objective proof of completion of training and progression through the counselling, undermining the Inquiry Committee's ability to place any value in regards to rehabilitation from the training. In any event, given the Registrant's ongoing unequivocal denial that he sexually assaulted Z.R. and M.A.W., the Inquiry Committee questions how the Registrant can truly be rehabilitated.

The Registrant submitted that his culture played a role in his interactions with patients and the boundaries that he set with them. In his response to the investigation report, the Registrant stated that from early on in his nursing career in Kenya he comforted his patients in congruence with the African culture which as common practice involved: hugging, touching, and sitting on the edge of patients' beds. In the Inquiry Committee's view it is understandable that the Registrant would need to adjust his nursing practice to a different cultural context. With that said, the behaviour that the Court found the Registrant guilty of and the CRRP based the determination of risk on went far beyond hugging, stroking a patient's arm and sitting on her bed. The Court found that the Registrant's behaviour also included rubbing a patient's breasts, kissing a patient on the side of her mouth, climbing into bed with a patient, placing his head between a patient's breasts, and rubbing a patient's feet and legs. This behaviour cannot be explained nor justified by cultural differences.

The Inquiry Committee also notes that in the May 12, 2013 Report prepared by Dr. McManus and provided to the College as part of the Registrant's February 5, 2015 response to the investigation report, Dr. McManus discusses the Registrant's East African culture and the impact it has had on the Registrant's practice in Canada. It is specifically of note that in his report Dr. McManus states:

“...East Africans do not hug one another so Abihudi is not too familiar with the norms around it. He said his experience was his Caucasian workmates would at times hug him. It seems Abihudi was confused about when to hug and when not to hug. He has since learned that it is generally not a good idea to hug patients.” [page 3]

It is of concern to the Inquiry Committee that there is a lack of consistency in what the Registrant told Dr. McManus and what he told the College in regards to the role “hugging” plays in his culture.

The Registrant submitted numerous letters of reference to support his position that he should be permitted to return to nursing practice. While the letters clearly indicate that the Registrant is well regarded by colleagues and friends, it is also clear that a person can be highly regarded by friends and colleagues, yet be convicted of sexual assault. The Registrant's colleague letters were written before the criminal conviction and therefore do not speak to that most relevant issue. The Registrant's friends wrote letters subsequent to the conviction and despite the conviction expressed

disbelief in the Court's findings against the Registrant. As such, the Inquiry Committee has placed little weight on these letters.

The Registrant currently has a Court imposed probation order, which will be in place 18 months from the date of conviction. One of the conditions in the probation order is that the Registrant not practice nursing without in essence having a chaperone with him. The CRRP placed emphasis on the fact that the Court placed this condition on the Registrant. The Registrant in his April 17, 2015 written submission to the Inquiry Committee submits in essence that because the judge has allowed him to practice, the Inquiry Committee should also allow him to practice. With respect, what the Registrant's submission fails to recognize is that the Court and the College play different roles in regards to his conduct. The Court was assessing whether he was guilty of sexual assault as defined in the *Criminal Code*. In finding the Registrant guilty of sexual assault, the Court imposed a sentence that would address the seriousness of the conduct. To that end, the Court was so concerned by the Registrant's sexual assaults of Z.R. & M.A.W. that it imposed a restriction on the Registrant's practice while the probation order was in place. While imposing restrictions on the Registrant's practice is within its jurisdiction, the Court does not have the jurisdiction to cancel the registration of a registrant. That power rests with the College in accordance with the Act.

College counsel referred the Inquiry Committee to several decisions. There was a College consent agreement in which involved a registrant who was determined by the CRRP to pose a risk of sexual abuse to children. In that case the registrant's registration was not cancelled, rather he was limited in how he could practice and had a number of undertakings. The Inquiry Committee views this case as being distinguishable from that of Mr. Imbai's. The registrant in the consent agreement was not convicted criminally, suffered from a mental health issue, and had made appropriate admissions in the course of the College process.

College counsel also provided the *Minnes* and *Wagner* cases, both of which are instructive in regards to the matter before us. The *Minnes* case provided an overview of some relevant cases involving harassment and sexual misconduct by medical professionals. The Inquiry Committee notes that in the *Wagner* case, the nurse in question sexually assaulted a comatose female patient, admitted to the conduct, and the College revoked his registration. The *Wagner* case is similar to the Registrant's case because in both cases the registrants sexually assaulted vulnerable female patients who were due to their medical situations not in a position to defend or protect themselves. It is notable that even though Mr. Wagner admitted to his conduct, because of the College of Nurses mandate to protect the public interest, Mr. Wagner's registration was nevertheless revoked.

The CRRP was very clear in its reasons for finding the Registrant to be a risk of sexual abuse to vulnerable adults. Similar to the Inquiry Committee, the CRRP placed emphasis on the fact that the Registrant has not admitted to the sexual misconduct with his patients, despite the criminal conviction and that there had not been any meaningful rehabilitation. As noted by the CRRP, the Registrant's patients who he subjected to sexual assault, were the most vulnerable: they were isolated, under the influence of medication, and completely at the mercy of their nurse who was supposed to taking care of their medical needs not sexually assaulting them. The Inquiry Committee concurs with the CRRP's finding that the Registrant poses a risk of sexual abuse to vulnerable adults. There was nothing in the Registrant's submission that provided the Inquiry Committee with any confidence that the Registrant understood the magnitude of his conduct and

the impact it had on his patients. This lack of self-awareness is inconsistent with the requirements of being a self-regulated professional such as a registered nurse.

Having found the Registrant to pose an ongoing risk of sexual abuse to vulnerable adults, the Inquiry Committee considered the appropriate disposition. Given the existence and nature of the risk posed by the Registrant, simply taking no action would be completely inconsistent with the College's mandate to protect the public. The Inquiry Committee considered whether a limit or condition on practice would be appropriate, however given the Registrant's lack of insight and lack of rehabilitation, it is the Inquiry Committee's view that limits or conditions would be insufficient to protect the public interest. In addition, the varied manner in which nurses practice their profession render conditions or limits on practice requiring chaperoning or direct supervision impractical and, in many circumstances, impossible. The Inquiry Committee also considered the appropriateness of a suspension but concluded that given the Registrant's lack of insight and rehabilitation, once the suspension was over there would be no ability to protect the public from potential misconduct by the Registrant.

Based on the foregoing, the Inquiry Committee directs pursuant to section 33(2) of the Act that the College's Registrar cancel the Registrant's registration as of the date of this decision. The Inquiry Committee is not placing restrictions on the Registrant's ability to apply for reinstatement; however should he apply for reinstatement he will be required to meet the standard for good character and other registration requirements. The Inquiry Committee further directs that notification of the cancellation be placed on the College's register and publication of a case summary be placed on the College's website in accordance with section 39.3 of the Act.



Donna Bentham, Chair



Sheila Cessford



Linda Nelson