

BRITISH COLUMBIA COLLEGE OF NURSING PROFESSIONALS

CITATION

(Section 37 of the *Health Professions Act*, R.S.B.C. 1996, chapter 183)

To: Paul Perry

TAKE NOTICE that a Panel of the Discipline Committee of the British Columbia College of Nursing Professionals (“BCCNP”)¹ will conduct a hearing into your conduct as a Nurse Practitioner and Registered Nurse under section 38 of the Health Professions Act, R.S.B.C. 1996, c. 183 (the “Act”).

The hearing will be held at the offices of the BCCNP, Suite 900-200 Granville Street, Vancouver, British Columbia or by video conference from **September 14 to 22, 2020**, commencing at 10:00 a.m.

You are requested to attend the hearing, and have the right to be represented by legal counsel and to submit evidence. However, if you fail to attend the hearing, the Panel will proceed with the hearing in your absence, and, without further notice to you, may take any action that it is authorized to take under the Act.

The purpose of the hearing is to inquire into your conduct that:

1. From April 2014 to on or about June 2016, while a Nurse Practitioner at two sites, the HIM Clinic located at 1033 Davie Street, Vancouver and operated by Providence Health and the Three Bridges Clinic located at 1128 Hornby St, Vancouver and operated by Vancouver Coastal Health (“VCH”), and employed in the health authorities’ prevention program with the specific mandate to work with the vulnerable and high risk population of men-who-have-sex-with-men (“MSM”) you:
 - a. Solicited detailed and personal sexual histories from your clients when the level of detail in these histories was not clinically indicated and was contrary to the goals and/or mandate of the MSM program (the “Sexual Histories”);

¹ On September 4, 2018, the College of Registered Nurses of British Columbia (“CRNBC” or the “Former College”) amalgamated with two other nursing colleges in British Columbia to form the British Columbia College of Nursing Professionals. Under Part 2.01 of the Act, BCCNP remains seized of the complaints investigated by the CRNBC. Any reference to BCCNP in this citation includes a reference to CRNBC where applicable.

- b. Recorded the Sexual Histories in the permanent clinical records of your clients in detail, using non-clinical descriptors;
- c. Created documentation in your clients' permanent clinical records that was not clear, concise, objective, and/or legible due to:
 - i. numerous spelling and grammatical errors;
 - ii. the use of abbreviations that were not standard and were out of the norm;
 - iii. the lack of a logical flow of information such that a clinician would be unable to follow your clinical decision making;
 - iv. your client intake and history taking occurring over numerous visits, which required a clinician to read several notes made over a longer period of time to attempt to understand the purpose of each visit and your clinical and intellectual footprint;
 - v. inconsistencies between the subjective and objective observations that you recorded;
- d. Solicited extensive histories from your clients relating to what you described as "coming out" experiences, and on more than one occasion, these histories included information relating to significant past sexual, physical, and/or psychological trauma and you did not appropriately refer those clients to supportive services;
- e. Engaged in providing psychological counselling with your clients when you were not appropriately qualified or trained to do so;
- f. Did not adhere to best practice guidelines when you ordered diagnostic interventions and/or prescribed medications for your clients without a clear clinical indication;
- g. Failed to document necessary clinical indicators for your clients, including allergies when you prescribed a drug;
- h. Practised beyond the scope of a nurse practitioner when you:
 - i. diagnosed a client with hyperthyroidism on the basis of a single THC blood test and failed to refer the client to an endocrinologist and/or provide any appropriate follow up; and

- ii. provided cognitive behaviour therapy (“CBT”) to a client, or a derivative of CBT called Cognitive Behaviour Interpersonal Skills, when you were not appropriately trained or qualified to do so.

This conduct also constitutes professional misconduct and/or unprofessional conduct, or breach of the Act or bylaws, under s.39(1) of the Act.

2. On or around February 12 to 18, 2018, you breached terms of a current consent agreement with the Former College, dated January 28, 2018, when you accepted employment with the University of Northern British Columbia, as a Registered Nurse, when you were obliged to provide specific disclosure to new employers as a term of the consent agreement and you did not do so.

This conduct also constitutes professional misconduct and/or unprofessional conduct, or breach of the Act or bylaws, under s.39(1) of the Act.

3. On or about May 1 to 5, 2018, you breached the undertakings you had given to the Former College when you accepted employment with the University of Northern British Columbia, as a Registered Nurse, and you did not provide the University of British Columbia with comprehensive disclosure regarding the ongoing investigation into your nursing practice.

This conduct also constitutes professional misconduct and/or unprofessional conduct, or breach of the Act or bylaws, under s.39(1) of the Act.

The Discipline Committee is constituted under the Act and BCCNP’s bylaws thereunder. You are particularly referred to sections 37 to 40 of the Act, the *Nurses (Registered) and Nurse Practitioners Regulation*, B.C. Reg. 284/2008, and sections 341 to 346 of the bylaws.

FURTHER TAKE NOTICE that after a hearing under section 38 of the Act, the Panel of the Discipline Committee may make such determinations and orders under section 39 of the Act that it considers to be appropriate.

This Citation is issued at the direction of the Inquiry Committee of the BCCNP under section 37 of the Act.

BRITISH COLUMBIA COLLEGE OF NURSING PROFESSIONALS



Cynthia Johansen, MAL, MSc
Registrar/CEO

July 21, 2020

Date