

**IN THE MATTER OF
THE BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES
AND UNDER THE *HEALTH PROFESSIONS ACT*,
R.S.B.C. 1996, chapter 183 (the “Act”)**

BETWEEN:

THE BRITISH COLUMBIA COLLEGE OF NURSES AND MIDWIVES
(the “College” or “BCCNM”)

AND:

DAMINDA JAYAKODY MUDIYANSELAGE
(the “Respondent”)

Date and Place of Hearing:

Date: May 16, 2022

Place: hearing in writing

Hearing Panel of the Discipline Committee:

Sheila Cessford (Chair)

Catharine Schiller

Stephanie Buckingham

Counsel for the College

Aisha Ohene-Asante and Alandra Harlinton

Counsel for the Registrant:

Peter Eastwood and Victoria Petrenko

Independent Legal Counsel for the Panel:

Lisa C. Fong, Q.C.

**REASONS FOR DECISION AND ORDER
OF THE DISCIPLINE COMMITTEE
CONCERNING PENALTY, COSTS, AND PUBLICATION**

1. The Panel reconvened on May 16, 2022, to consider joint submissions made by the Parties on penalty, costs, and publication. This hearing was heard in writing and follows an earlier determination (the “Liability Decision”) by the Panel, under sections 39(1)(b) and (c) of the *Health Professions Act*, R.S.B.C. 1996, c.183 (the “HPA” or the “Act”), that the Respondent contravened the College’s Professional and Practice Standards and committed professional

misconduct in relation to all allegations set out in the amended citation dated August 18, 2021 (the “Amended Citation”).

Proceedings to date

2. On September 20-24 and 27, 2021, the Panel conducted a hearing to inquire into allegations that the Respondent administered methadone to the wrong patient (W.B.), failed to document that conduct, and failed to correct his error, notify colleagues, or intervene while that patient was in medical distress. The Panel also considered allegations that the Respondent failed to administer methadone to the right patient (M.L.) and failed to document that error. These allegations are contained in five citation items set out in the Amended Citation.

3. On December 9, 2021, the Panel issued its Liability Decision. The Panel determined that the Respondent breached the College’s *Professional Responsibility and Accountability Professional Standards, Knowledge-Based Professional Standards, Client-Focused Provision of Service Professional Standards, Ethical Practice Professional Standards, Medication Administration Practice Standards, and Documentation Practice Standards*, and committed professional misconduct in relation to all allegations set out in the Amended Citation.

The penalty jurisdiction of the Discipline Committee

4. Under HPA section 39(2), if a determination is made under subsection 39(1), the Discipline Committee may make orders respecting penalty:

39 (2) If a determination is made under subsection (1), the discipline committee may, by order, do one or more of the following:

- (a) reprimand the Respondent;
- (b) impose limits or conditions on the Respondent’s practice of the designated health profession;
- (c) suspend the Respondent’s registration;
- (d) subject to the bylaws, impose limits or conditions on the management of the Respondent’s practice during the suspension;
- (e) cancel the Respondent’s registration;
- (f) fine the Respondent in an amount not exceeding the maximum fine established under section 19 (1) (w).

Joint submissions of the parties

5. The College and the Respondent delivered joint submissions dated April 26, 2022, outlining what they felt were appropriate penalty, costs, and publication orders in the circumstances (the “Joint Submissions”). The parties sought a suspension of the Respondent’s registration for a period of six months, a reprimand, remedial education, and limits and conditions on the Respondent’s licence upon his return to work.

6. Counsel for the parties directed the Panel to the governing authority on the issue of joint submissions, being the Supreme Court of Canada’s decision in *R v. Anthony-Cook*, 2016 SCC 43. Counsel noted that although that case was decided in the criminal law context, the public interest test for rejecting joint submissions applies to disciplinary bodies. The public interest test for rejecting a joint submission sets out that joint submissions on sentence are to be accepted

“unless the proposed sentence would bring the administration of justice into disrepute or is otherwise contrary to the public interest”. Counsel further submitted that the case of *Timothy Edward Bradley v. Ontario College of Teachers*, 2021 ONSC 2303, a case involving an appeal of the discipline committee’s decision to reject the joint submissions of the parties, highlights the stringent nature of the public interest test, as articulated by the Court in *Anthony-Cook*.

7. **Factors that the Panel may consider:** The parties identified factors that the Panel could consider respecting penalty, as possible mitigating or aggravating factors:

- a. the nature and gravity of the conduct proven;
- b. the age and experience of the Respondent;
- c. the previous character of the Respondent, including details of prior discipline;
- d. the impact upon the victim;
- e. the advantage gained, or to be gained by the Respondent;
- f. the number of times the offending conduct occurred;
- g. whether the Respondent has acknowledged the misconduct and taken steps to disclose and redress the wrong and the presence or absence of other mitigating circumstances;
- h. the possibility of remediating or rehabilitating the Respondent;
- i. the impact of the proposed penalty on the Respondent;
- j. the need for specific and general deterrence;
- k. the need to ensure the public’s confidence in the integrity of the profession; and
- l. the range of penalties imposed in similar cases.

Jaswal v. Medical Board
(Newfoundland) (1996), 1996
CanLII ii630 (NL SC)

8. The parties also referred to *Law Society of BC v. Dent*, 2016 LSBC 05, where a hearing panel suggested a consolidated list of various factors:

Nature, gravity and consequences of conduct

[20] This would cover the nature of the professional misconduct. Was it severe? Here are some of the aspects of severity: For how long and how many times did the misconduct occur? How did the conduct affect the victim? Did the lawyer obtain any financial gain from the misconduct? What were the consequences for the lawyer? Were there civil or criminal proceedings resulting from the conduct?

Character and professional conduct record of the respondent

[21] What is the age and experience of the respondent? What is the reputation of the respondent in the community in general and among his fellow lawyers? What is contained in the professional conduct record?

Acknowledgement of the misconduct and remedial action

[22] Does the respondent admit his or her misconduct? What steps, if any, has the respondent taken to prevent a reoccurrence? Did the respondent take any remedial action to correct the specific misconduct? Generally, can the respondent be rehabilitated? Are there other mitigating circumstances, such as mental health or addiction, and are they being dealt with by the respondent?

Public confidence in the legal profession including public confidence in the disciplinary process?

[23] Is there sufficient specific or general deterrent value in the proposed disciplinary action? Generally, will the public have confidence that the proposed disciplinary action is sufficient to maintain the integrity of the legal profession? Specifically, will the public have confidence in the proposed disciplinary action compared to similar cases?

9. The College further referred to a previous decision of the Discipline Committee, *Re: Jean Marilyn Cunningham*, June 22, 2017 Penalty Decision, where the panel referred to the above authorities and reasoned as follows:

[19] ... the Panel may decide on an appropriate measure under HPA s.39(2) with a view to a number of objectives, including the following:

1. the need for specific deterrence of the registrant;
2. general deterrence of other registrants who might otherwise offend;
3. educating registrants and the public about professional standards; and
4. promoting public confidence in the profession and its ability to self-regulate.

[20] Ultimately, a penalty must fall within a range of appropriate penalties, having regard to the circumstances of the misconduct and evidence of mitigation.

10. **Prior discipline:** The parties submitted that the Panel could consider past action under HPA s.39.2, which in the Respondent's case, showed his experience with the College's investigation process. On June 19, 2019, the Respondent entered into a consent agreement with BCCNM under ss.33 and 36 of the HPA in respect of two complaints regarding his practice as an LPN. Over the period of March to October 2018, the Respondent made numerous medication and documentation errors, and falsified a medication record. The Inquiry Committee directed, and the Respondent consented to, remedial education, meeting with a practice consultant, limits and conditions on his practice and a suspension of his registration for two weeks.

11. The parties submitted that the misconduct found by the Panel in this matter can be considered as being similar; the Respondent made documentation and medication errors involving narcotics. BCCNM submitted that repetition of this conduct indicates that the Respondent was not adequately deterred and did not benefit sufficiently from past remedial efforts taken by BCCNM.

12. When organized in terms of the consolidated factors in *Dent*, the parties' submissions may be summarized as follows:

- a. Respecting the nature, gravity and consequences of conduct, the Respondent's conduct put patients at risk of harm, and had the potential to have life-threatening consequences.

- b. Respecting the Respondent's character, the Respondent provided several reference letters from colleagues and management at the hospital in Sri Lanka where he previously worked as a nurse. Respecting the Respondent's professional conduct record, the College submitted that the Respondent's discipline history can be regarded as an aggravating factor in determining the appropriate penalty.
- c. Respecting the Respondent's acknowledgement of his misconduct and remedial action, the Respondent did not acknowledge his error or report his error to his nursing colleagues or his supervisors. Further, in relation to a prior complaint, the College submitted that the Respondent had previously completed remedial education in Professional Accountability and Legal Liability for Nurses, Righting a Wrong and Professionalism in Nursing, Medication Errors: Causes and Prevention, Clinical Decision-Making, and Documentation.
- d. The penalty imposed should serve to promote public confidence in the nursing profession, including its ability to self-regulate, address the need for both general and specific deterrence, and serve to educate registrants and the public about professional standards.

13. **Authorities:** The parties referred the Panel to two cases for purposes of verdict. A brief description and the measures ordered in those cases are as follows:

- a. *College of Nurses of Ontario v. Lim*, 2012 CanLII 100002 (ON CNO) (the panel revoked the licence of a registrant who made medication errors when she administered unprescribed medication to patients. The registrant was disciplined in relation to her conduct of administering two fentanyl patches unintentionally to the wrong patient, in addition to intentionally administering haloperidol to four patients).
- b. *College of Nurses of Ontario v. Taylor*, 2013 CanLII 93851 (ON CNO) (the registrant was suspended for six months, reprimanded, and limits and conditions were placed on her registration after a finding of professional misconduct in relation to her misadministration of narcotics).

14. The parties proposed that the Panel should make the following orders:

Suspension

- a. The Respondent's registration be suspended for six months. The Respondent's six-month suspension is considered to have been served during the time he maintained voluntary non-practising registration status.

Reprimand

- b. The Respondent is reprimanded.

Limits and Conditions

- c. At the end of the suspension, the Respondent's practice be subject to the following limits and conditions:

Conditions

- i. Prior to returning to practice, the Respondent will complete the following remedial education:
 1. Professional/Problem-Based Ethics, available through CPEP PROBE: Ethics & Boundaries Program – Canada | CPEP (cpepdoc.org);
 2. Legal Liability, available through CHA Learning Health Law, Policies, & Standards Course | CHA Learning;
 3. BCCNM Online Module: *Medication*;
 4. BCCNM Online Module: *Clinical Decision-Making*; and
 5. BCCNM Online Module: *Documentation*.
- ii. The Respondent will provide his BCCNM Monitor with proof of successful completion of each of the above remedial courses.
- iii. Should one of the directed remedial education courses be unavailable, the Respondent and/or the BCCNM Monitor may propose an alternative that covers the same materials and is of a similar duration. Approval of any substitute remedial course will be at the sole discretion of the BCCNM Monitor.
- iv. Prior to his return to practice, the Respondent will develop a Learning Plan that addresses the nursing practice and professional standards that the Respondent was found to have breached as outlined in the Liability Decision. The content and duration of the Learning Plan will be as follows:
 1. The Learning Plan will address at minimum, documentation, medication administration, ethics, and professional responsibility (the “Learning Plan”). Each focus area of the Learning Plan must have an associated goal, resources and/or strategies, and a section for evaluation. The intent of the Learning Plan is to support the Respondent in ensuring that his future nursing practice is safe, competent, and ethical.
 2. Once complete, the Respondent must submit his Learning Plan to his BCCNM Monitor.
 3. Upon returning to work, the Respondent will begin to utilize the Learning Plan. Specifically, the Respondent will, at least weekly, populate the plan with relevant learning or training completed, self-reflective entries and/or illustrative clinical examples from his practice.
 4. For at least three months (or an equivalent 450 nursing hours, whichever is longer) the Respondent will update his Learning Plan every week to reflect learning, growth, and updated learning needs.
 5. The updated Learning Plan must be submitted by email to his Supervisor (defined below) and/or Clinical Nurse Educator by the Respondent after each update.

Limits

- v. Prior to working as a Registered Nurse in British Columbia, the Respondent must identify a supervisor (the “Supervisor”) in his new work setting and will provide the BCCNM Monitor with the Supervisor’s name, position, and contact information.
- vi. The Supervisor must be a Registered Nurse, preferably the Clinical Nurse Educator or equivalent in the employment setting and must have a minimum of five years of nursing experience.
- vii. Within five business days of identifying a Supervisor the Respondent must provide a copy of the Panel’s decisions, both liability and penalty, to his Supervisor, and the BCCNM Monitor may confirm that this disclosure has taken place.
- viii. The Supervisor will supervise the Respondent’s practice for no less than 12 months (or an equivalent 1800 nursing hours, whichever is longer) on the following terms:
 1. To allow for the realities of shift work, vacation, and illness, the Respondent may have two, but not more than three, supervisors whose names and contact details will be communicated to his BCCNM Monitor prior to the Respondent’s return to work.
 2. The Supervisor must be on site where the Respondent is working. The Supervisor must be reasonably available to the Respondent during the course of his shift, either in person, or by telephone.
 3. The Supervisor is required to provide reports to the unit leadership and to notify BCCNM promptly, and in writing, if the Respondent does not comply with the terms of the supervision and/or the Supervisor believes there has been a reportable incident or practice concern potentially impacting public safety.
- ix. For the first six months (or an equivalent 900 nursing hours, whichever is longer) of supervision, the Respondent will not work except under direct supervision of his Supervisor. The terms of this supervision will be as follows:
 1. The Respondent will not administer narcotics without direct supervision from his Supervisor, both in dispensing the medication from the narcotic storage device and in administering the narcotic medication to the intended patient.
 2. The Respondent will meet with his Supervisor each shift to “check-in” and to discuss his plan for the shift.
 3. The timing of these “check-ins” will be determined between the Respondent and his Supervisor.
- x. The Respondent will not work overtime for a period of six months (or an equivalent 900 nursing hours, whichever is longer).

- xi. The Respondent will not be the sole RN on duty on a unit, floor, or in a facility for a period of 12 months (or an equivalent 1800 nursing hours, whichever is longer).
- xii. The Respondent will not be in charge for a period of 12 months (or an equivalent 1800 nursing hours, whichever is longer).
- xiii. The Respondent will not provide regulatory supervision to nursing students and/or act in a role of providing orientation for new staff in the nursing environment for a period of 12 months (or an equivalent 1800 nursing hours, whichever is longer).

Costs

- d. The Respondent pay costs and disbursements to BCCNM in the amount of \$21,153.60 to be paid within 24 months from the day this Order is finalized.

Public Notification

- e. That the penalty decision of the Panel relating to the Respondent be published pursuant to section 39.3 of the Act.

Reasons for decision

15. The Panel agrees that it may decide on an appropriate measure under HPA s.39(2) with a view to a number of objectives, including the following:

- 1. the need for specific deterrence of the Respondent;
- 2. general deterrence of other registrants who might otherwise offend;
- 3. educating registrants and the public about professional standards; and
- 4. promoting public confidence in the profession and its ability to self-regulate.

16. A penalty must fall within a reasonable range of appropriate penalties, having regard to the circumstances of the misconduct and the evidence in mitigation. The Panel is also aware of the general principle that the Panel should endeavor to order measures that are similar to the sanction ordered by tribunals for similar misconduct in similar circumstances.

17. The Panel has considered the Joint Submissions and is mindful of the public interest test for rejecting a joint submission, as articulated in *Anthony-Cook*, which sets out that joint submissions on sentence are to be accepted “unless the proposed sentence would bring the administration of justice into disrepute or is otherwise contrary to the public interest”.

18. The Panel expressed concern with the past conduct of the Respondent especially given its similar nature, and that the proposed six-month suspension is to be considered served during the time the Respondent maintained voluntary non-practising registration status. The Panel felt concerned that a 6-month suspension considered served was on the light-side for an appropriate penalty.

19. Notwithstanding its concerns, the Panel accepts the proposed penalties set out in the Joint Submissions.

Order of the Panel

20. The Panel orders the following:

- a. The Respondent's registration be suspended for six months. The Respondent's six-month suspension is considered to have been served during the time he maintained voluntary non-practising registration status;
- b. The Respondent is reprimanded;
- c. At the end of the suspension, the Respondent's practice be subject to the following limits and conditions:

Conditions

- ix. Prior to returning to practice, the Respondent will complete the following remedial education:
 1. Professional/Problem-Based Ethics, available through CPEP PROBE: Ethics & Boundaries Program – Canada | CPEP (cpepdoc.org);
 2. Legal Liability, available through CHA Learning Health Law, Policies, & Standards Course | CHA Learning;
 3. BCCNM Online Module: *Medication*;
 4. BCCNM Online Module: *Clinical Decision-Making*; and
 5. BCCNM Online Module: *Documentation*.
- x. The Respondent will provide his BCCNM Monitor with proof of successful completion of each of the above remedial courses.
- xi. Should one of the directed remedial education courses be unavailable, the Respondent and/or the BCCNM Monitor may propose an alternative that covers the same materials and is of a similar duration. Approval of any substitute remedial course will be at the sole discretion of the BCCNM Monitor.
- xii. Prior to his return to practice, the Respondent will develop a Learning Plan that addresses the nursing practice and professional standards that the Respondent was found to have breached as outlined in the Liability Decision. The content and duration of the Learning Plan will be as follows:
 1. The Learning Plan will address at minimum, documentation, medication administration, ethics, and professional responsibility (the "Learning Plan"). Each focus area of the Learning Plan must have an associated goal, resources and/or strategies, and a section for evaluation. The intent of the Learning Plan is to support the Respondent in ensuring that his future nursing practice is safe, competent, and ethical.
 2. Once complete, the Respondent must submit his Learning Plan to his BCCNM Monitor.
 3. Upon returning to work, the Respondent will begin to utilize the Learning Plan. Specifically, the Respondent will, at least weekly, populate the plan with relevant learning or training completed, self-reflective entries and/or illustrative clinical examples from his practice.

4. For at least three months (or an equivalent 450 nursing hours, whichever is longer) the Respondent will update his Learning Plan every week to reflect learning, growth, and updated learning needs.
5. The updated Learning Plan must be submitted by email to his Supervisor (defined below) and/or Clinical Nurse Educator by the Respondent after each update.

Limits

- xiii. Prior to working as a Registered Nurse in British Columbia, the Respondent must identify a supervisor (the “Supervisor”) in his new work setting and will provide the BCCNM Monitor with the Supervisor’s name, position, and contact information.
- xiv. The Supervisor must be a Registered Nurse, preferably the Clinical Nurse Educator or equivalent in the employment setting and must have a minimum of five years of nursing experience.
- xv. Within five business days of identifying a Supervisor the Respondent must provide a copy of the Panel’s decisions, both liability and penalty, to his Supervisor, and the BCCNM Monitor may confirm that this disclosure has taken place.
- xvi. The Supervisor will supervise the Respondent’s practice for no less than 12 months (or an equivalent 1800 nursing hours, whichever is longer) on the following terms:
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 2. The Supervisor must be on site where the Respondent is working. The Supervisor must be reasonably available to the Respondent during the course of his shift, either in person, or by telephone.
 3. The Supervisor is required to provide reports to the unit leadership and to notify BCCNM promptly, and in writing, if the Respondent does not comply with the terms of the supervision and/or the Supervisor believes there has been a reportable incident or practice concern potentially impacting public safety.
- ix. For the first six months (or an equivalent 900 nursing hours, whichever is longer) of supervision, the Respondent will not work except under direct supervision of his Supervisor. The terms of this supervision will be as follows:
 1. The Respondent will not administer narcotics without direct supervision from his Supervisor, both in dispensing the medication from the narcotic storage device and in administering the narcotic medication to the intended patient.

- 2. The Respondent will meet with his Supervisor each shift to "check-in" and to discuss his plan for the shift.
- 3. The timing of these "check-ins" will be determined between the Respondent and his Supervisor.
- x. The Respondent will not work overtime for a period of six months (or an equivalent 900 nursing hours, whichever is longer).
- xi. The Respondent will not be the sole RN on duty on a unit, floor, or in a facility for a period of 12 months (or an equivalent 1800 nursing hours, whichever is longer).
- xii. The Respondent will not be in charge for a period of 12 months (or an equivalent 1800 nursing hours, whichever is longer).
- xiii. The Respondent will not provide regulatory supervision to nursing students and/or act in a role of providing orientation for new staff in the nursing environment for a period of 12 months (or an equivalent 1800 nursing hours, whichever is longer).
- d. The Respondent pay costs and disbursements to BCCNM in the amount of \$21,153.60 to be paid within 24 months from the day this Order is finalized; and
- e. That the penalty decision of the Panel relating to the Respondent be published pursuant to section 39.3 of the Act.

Notice

21. The Respondent is advised that under section 40(1) of the Act, a respondent aggrieved or adversely affected by an order of the Discipline Committee under section 39 of the Act may appeal the decision to the Supreme Court. Under section 40(2), an appeal must be commenced within 30 days after the date on which this order is delivered.

These are the Panel's Reasons for Decision and Order concerning penalty, costs, and publication.

Dated for reference this ____ day of May 2022.

Sheila Cessford (Chair)

Place

Date

Catharine Schiller

Place

Date


A. Buckington *Nanose Bay BC* *19 May 2022*

- 2. The Respondent will meet with his Supervisor each shift to “check-in” and to discuss his plan for the shift.
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These are the Panel’s Reasons for Decision and Order concerning penalty, costs, and publication. Dated for reference this 19 day of May 2022.

Sheila Cessford (Chair)	Place	Date
	Prince George, BC	May 19, 2022

Catharine Schiller	Place	Date
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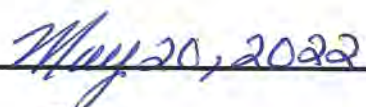
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These are the Panel’s Reasons for Decision and Order concerning penalty, costs, and publication.

Dated for reference this 20 day of May 2022.

		
Sheila Cessford (Chair)	Place	Date

Catharine Schiller	Place	Date
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Stephanie Buckingham

Place

Date