

**DISCIPLINE COMMITTEE OF THE
COLLEGE OF DENTAL HYGIENISTS OF ONTARIO**

PANEL: **Erin Betts, Chair, a public member of Council,
Angelica Palantzas, a public member of Council,
Amanda Acker, a professional non-Council member,
Siobhan Brennen, a professional non-Council member, and
Paula Malcomson, a professional non-Council member.**

BETWEEN:

College of Dental Hygienists of Ontario) Erica Richler, for the College of Dental Hygienists of Ontario
- and -))))
Angelita Maramag) Jasmine Ghosn, for the Registrant, Angelita Maramag))) Elyse Sunshine, Independent Legal Counsel))) Heard: July 10, 2023

DECISION AND REASONS FOR DECISION

1. A panel of the Discipline Committee of the College of Dental Hygienists of Ontario ("the Panel") heard this matter virtually by Zoom videoconference on July 10, 2023.

2. The hearing was uncontested. It proceeded by way of an Agreed Statement of Facts ("ASF") and a Joint Submission on Penalty and Costs, which counsel for the College of Dental Hygienists of Ontario ("the College") and counsel for the Registrant, Angelita Maramag (the "Registrant"), jointly proposed.

3. At the conclusion of the hearing, the Panel delivered its finding and penalty order orally, with written reasons to follow. These are those reasons.

The Allegations

4. The allegations of professional misconduct against the Registrant were listed in the Notice of Hearing, dated February 14, 2023, which was filed as Exhibit #1, and read as follows:

1. At the material times, the Registrant was a duly registered dental hygienist in Ontario, holding a certificate of registration in the General Class from the College.
2. At the material times, the Registrant practised dental hygiene at a clinic in Scarborough, Ontario, which she owned.

Care and Record Keeping

3. Based on a sample of charts collected in September 2021 and December 2021, it is alleged that the Registrant failed to document that she followed the dental hygiene process of care in her treatment of clients, including but not limited to the following:

- a. The Registrant failed to document appropriate assessment of clients, including but not limited to: failing to document complete medical histories; failing to document follow up relating to client medical conditions (in particular, failing to document follow up relating to hypertension); failing to document complete pharmacological histories; failing to document vital signs; failing to document subgingival calculus detection; and/or failing to document radiographic interpretations; and/or
- b. The Registrant failed to document appropriate treatment planning, including but not limited to: failing to document individualized treatment plans; and/or failing to document individualized oral self care; and/or
- c. The Registrant failed to document appropriate evaluation of client goals, including but not limited to: failing to document measurable long and short term care goals and objectives; and failing to document follow up from previous appointments.

4. Based on a sample of charts collected in September 2021 and December 2021, it is alleged that the Registrant failed to document that she provided evidence based care in her treatment of clients, including but not limited to the following areas:

- a. Blood pressure: The Registrant failed to record blood pressure, including with respect to one client with a history of high blood pressure; and/or
- b. Fluoride use: The Registrant failed to provide client specific care, including by applying fluoride to clients where there was no documentation or evidence of risk for caries or dental decay. In addition, the Registrant failed to meet the standards of practice of the profession by using foam fluoride and fluoride rinse. In particular, the Registrant recorded using fluoride rinse to decrease gingival sensitivity, which was not in accordance with the standards of practice of the profession; and/or
- c. Polishing not client specific: The Registrant routinely performed polishing for clients, rather than based on client specific need. In addition, the Registrant's documentation relating to stains was standardized; and/or
- d. Periodontal assessment and clinical attachment levels: The Registrant failed to document clinical attachment levels, which was not in accordance with the standards of practice of the profession; and/or
- e. Fine scaling and debridement: The Registrant used a template with the heading "fine scaling", which suggests that partial debridement was performed on teeth, which was not in accordance with the standards of practice of the profession; and/or
- f. Subgingival calculus: The Registrant did not routinely assess, document, or debride subgingival calculus.

5. Based on a sample of charts collected in September 2021 and December 2021, it is further alleged that the Registrant failed to identify the person who performed the treatment and/or the identity of the person who made the record.

Billing

6. Based on a sample of charts collected in September 2021 and December 2021, it is alleged that the Registrant failed to keep accurate billing records, including but not limited to billing for treatments for which there was insufficient documentation to support the amounts billed. In particular:

- a. The Registrant invoiced client #1 for dental hygiene care provided on July 6, 2021, but the Registrant failed to maintain any treatment notes for that date. The Registrant made treatment notes for care provided on August 16, 2021, but failed to maintain any invoice for that date.
- b. The Registrant invoiced client #2 on April 21, 2021 for debridement, stain removal (polish), fluoride, desensitizing and interim stabilization device, when there is no record of the details of treatment provided.
- c. The Registrant invoiced client #3 on November 17, 2021 for one unit of desensitizing, when there is no record of the details of the treatment provided.

- d. The Registrant invoiced client #4 on May 1, 2021 for one unit of desensitizing, when there is no record that treatment was actually provided. The treatment notes indicate fluoride was applied.
- e. The Registrant invoiced client #5 on June 19, 2021 for one unit of polish, when there is no record of the details of the treatment provided.
- f. The Registrant invoiced client #6 for fluoride on September 17, 2021, when there is no record of the details of the treatment provided.
- g. The Registrant invoiced client #7 on June 19, 2021 for polishing of teeth, when there is no record of the details of the treatment provided.
- h. With respect to following clients, the Registrant failed to record the time spent on the procedures:
 - i. Client #8: desensitizing on October 26, 2021;
 - ii. Client #9: debridement on March 7, 2021;
 - iii. Client #4: polishing on May 1, 2021; and/or
 - iv. Client #10: desensitizing on October 22, 2021.

IPAC Standards and Policies

7. It is alleged that the Registrant failed to maintain the standards of practice of the profession by not ensuring that current scientifically accepted infection control practices are in place and practised as per the CDHO *Dental Hygiene Standards of Practice*, the CDHO *Infection Prevention and Control (IPAC) Guidelines*, and the CDHO Guidance relating to COVID 19.

8. In particular, it is alleged that the Registrant failed to maintain the standards of practice of the profession relating to infection prevention and control, including but not limited to the following areas:

- a. Reprocessing practices;
- b. Presence of food and appliances (in particular, fridge and/or kettle) in room with panoramic radiography equipment;
- c. Presence of small appliances (in particular, toaster and/or microwave) in the reprocessing/lab area; and/or
- d. Lack of sufficient supply of personal protective equipment for staff in or around December 2021.

9. It is alleged that the Registrant failed to meet the standards of practice of the profession by

not having appropriate written policies and protocols in place for infection prevention and control as per the CDHO *Dental Hygiene Standards of Practice* and the CDHO *Infection Prevention and Control (IPAC) Guidelines*.

Professional Misconduct Alleged

10. It is alleged that the above conduct constitutes professional misconduct pursuant to Clause 51(1)(c) of the Health Professions Procedural Code (the “Code”), being Schedule 2 to the *Regulated Health Professions Act, 1991*, and as defined in one or more of the following paragraphs of section 15 of Ontario Regulation 218/94 made under the *Dental Hygiene Act, 1991*:

- a. Paragraph 2 (contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession); and/or
- b. Paragraph 27 (failing to keep records in accordance with generally accepted standards of practice or as required by any applicable regulations); and/or
- c. Paragraph 52 (engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

Agreed Statement of Facts

5. The parties advised the Panel that the evidence would be provided by way of an ASF, which was filed as Exhibit #2. The ASF provides as follows:

The parties hereby agree that the following facts may be accepted as true by the Discipline Committee of the College:

The Registrant

1. At the material times, the "Registrant was a duly registered dental hygienist in Ontario, holding a certificate of registration in the General Class from the College.

2. At the material times, the Registrant practised dental hygiene at a clinic in Scarborough, Ontario, which she owned.

Care and Record Keeping

3. Based on a sample of charts collected in September 2021 and December 2021, it is agreed that the Registrant failed to document that she followed the dental hygiene process of care in her treatment of clients, including but not limited to the following:

a. The Registrant failed to document appropriate assessment of clients, including but not limited to: failing to document complete medical histories; failing to document follow up relating to client medical conditions; failing to document complete pharmacological histories; failing to document vital signs; failing to document subgingival calculus detection; and failing to document radiographic interpretations;

b. The Registrant failed to document appropriate treatment planning, including but not limited to: failing to document individualized treatment plans; and failing to document individualized oral self care; and

c. The Registrant failed to document appropriate evaluation of client goals, including but not limited to: failing to document measurable long and short term care goals and objectives; and failing to document follow up from previous appointments.

4. Based on a sample of charts collected in September 2021 and December 2021, it is agreed that the Registrant failed to document that she provided evidence based care in her treatment of clients, including but not limited to the following areas:

a. Blood pressure: The Registrant failed to record blood pressure, including with respect to one client with a history of high blood pressure;

b. Fluoride use: The Registrant failed to provide client specific care, including by applying fluoride to clients where there was no documentation or evidence of risk for caries or dental decay. In addition, the Registrant failed to meet the standards of practice of the profession by using foam fluoride and fluoride rinse. In particular, the Registrant recorded using fluoride rinse to decrease gingival sensitivity, which was not in accordance with the standards of practice of the profession;

- c. Polishing not client specific: The Registrant routinely performed polishing for clients, rather than based on client specific need. In addition, the Registrant's documentation relating to stains was standardized;
 - d. Periodontal assessment and clinical attachment levels: The Registrant failed to document clinical attachment levels, which was not in accordance with the standards of practice of the profession; and
 - e. Subgingival calculus: The Registrant did not routinely assess, document, or debride subgingival calculus.
5. Based on a sample of charts collected in September 2021 and December 2021, it is further agreed that the Registrant failed to identify the person who performed the treatment and the identity of the person who made the record.

Billing

6. Based on a sample of charts collected in September 2021 and December 2021, it is agreed that the Registrant failed to keep accurate billing records, including but not limited to billing for treatments for which there was insufficient documentation to support the amounts billed. In particular:
- a. The Registrant invoiced client #1 for dental hygiene care provided on July 6, 2021, but the Registrant failed to maintain any treatment notes for that date. The Registrant made treatment notes for care provided on August 16, 2021, but failed to maintain any invoice for that date.
 - b. The Registrant invoiced client #2 on April 21, 2021 for debridement, stain removal (polish), fluoride, desensitizing and interim stabilization device, when there is no record of the details of treatment provided.
 - c. The Registrant invoiced client #3 on November 17, 2021 for one unit of desensitizing, when there is no record of the details of the treatment provided.
 - d. The Registrant invoiced client #4 on May 1, 2021 for one unit of desensitizing, when there is no record that treatment was actually provided. The treatment notes indicate fluoride was applied.

- e. The Registrant invoiced client #5 on June 19, 2021 for one unit of polish, when there is no record of the details of the treatment provided.
- f. The Registrant invoiced client #6 for fluoride on September 17, 2021, when there is no record of the details of the treatment provided.
- g. The Registrant invoiced client #7 on June 19, 2021 for polishing of teeth, when there is no record of the details of the treatment provided.
- h. With respect to following clients, the Registrant failed to record the time spent on the procedures:
 - i. Client #8: desensitizing on October 26, 2021;
 - ii. Client #9: debridement on March 7, 2021;
 - iii. Client#4: polishing on May 1, 2021; and
 - iv. Client #10: desensitizing on October 22, 2021.

IPAC Standards and Policies

7. It is agreed that in or around December 2021 to August 2022 the Registrant failed to maintain the standards of practice of the profession by not ensuring that current scientifically accepted infection control practices are in place and practised as per the CDHO *Dental Hygiene Standards of Practice*, the CDHO *Infection Prevention and Control (IPAC) Guidelines*, and the CDHO Guidance relating to COVID 19.

8. In particular, it is agreed that the Registrant failed to maintain the standards of practice of the profession relating to infection prevention and control, including but not limited to the following areas:

- a. Reprocessing practices;
- b. Presence of food and appliances (in particular, fridge and kettle) in room with panoramic radiography equipment;

c. Presence of small appliances (in particular, toaster and microwave) in the reprocessing/lab area; and

d. Lack of sufficient supply of personal protective equipment for staff in or around December 2021.

9. It is agreed that the Registrant failed to meet the standards of practice of the profession by not having appropriate written policies and protocols in place for infection prevention and control as per the CDHO *Dental Hygiene Standards of Practice* and the CDHO *Infection Prevention and Control (IPAC) Guidelines*.

Expert Opinion and Standards of Practice of the Profession

10. The College retained an expert to review a sample of the Registrant's charts, as well as the Registrant's IPAC practices and policies. The charts reviewed by the expert included charts that had previously been reviewed by a College-appointed monitor in September 2021, as well as a sample of charts reviewed by a College-appointed investigator in December 2021.

11. The expert's opinion was that aspects of the Registrant's practice, as set out above, did not meet the standards of practice of the profession related to the dental hygiene process of care, evidence-based care, record keeping, and billing.

12. The expert's opinion was that the Registrant did not meet the standards of practice of the profession with respect to infection prevention and control.

Previous Remediation

13. The Registrant has completed previous remediation ordered by the College's Inquiries, Complaints and Reports Committee ("ICRC").

14. On March 19, 2018, a panel of the ICRC directed the Registrant to appear before it to receive a caution in regard to the utmost importance of proper infection control and the need to remain current in her knowledge. The delivery [of] the caution was held on June 22, 2018.

15. On November 22, 2018, a panel of the ICRC directed the Registrant to complete the following specified continuing education or remediation program(s) ("SCERP"): successful completion of (i) the Jurisprudence Education Module (JEM) course, to be completed by February

27, 2019; (ii) a Registrar-approved Process of Care course, to be completed by February 27, 2019; (iii) a Registrar-approved Record Keeping course, to be completed by February 27, 2019; (iv) a Registrar-approved individualized Ethics course, to be completed by February 27, 2019; and (v) following completion of the directed courses, the Registrant is to undergo an eighteen (18) weeks remediation period with a monitor. The Registrant completed the SCERP as of September 10, 2019.

16. On March 27, 2020, a panel of the Inquiries, Complaints and Reports Committee directed the Registrant to complete the following SCERP: successful completion of the Professional/Problem-Based Ethics (PROBE) course, to be completed by March 26, 2021, followed by a period of remediation with a monitor. The Registrant completed the SCERP as of October 19, 2021. The present hearing arises out of some of the issues identified by the monitor with the Registrant's charts reviewed in September 2021.

Admission of Professional Misconduct

17. It is agreed that the conduct set out at paragraphs 1-16 above (the "Agreed Facts") constitutes professional misconduct pursuant to clause 51(1)(c) of the Code and the following paragraphs of section 15 of Ontario Regulation 218/94 under the Dental Hygiene Act, 1991:

- a. Paragraph 2 (contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession);
- b. Paragraph 27 (failing to keep records in accordance with generally accepted standards of practice or as required by any applicable regulations); and
- c. Paragraph 52 (engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

Plea Inquiry

18. By this document, the Registrant states that:

- a. she understands fully the nature of the allegations against her;
- b. she has no questions with respect to the allegations against her;

- c. she understands that by signing this document she is consenting to the evidence as set out in the Agreed Facts being presented to the Discipline Committee;
- d. she understands that by admitting the allegations, she is waiving their right to require the College to prove the case against her and the right to have a hearing;
- e. she understands that the decision of the Committee and a summary of its reasons, including reference to her name, will be published in the College's annual report and any other publication or website of the College;
- f. she understands that any agreement between them and the College with respect to the penalty proposed does not bind the Discipline Committee;
- g. she understands and acknowledges that she is executing this document voluntarily, unequivocally, free of duress, and free of inducement or bribe; and
- h. she has received legal advice.

19. In light of the Agreed Facts and the admission of professional misconduct, the College and the Registrant submit that the Discipline Committee should find that the Registrant has committed professional misconduct as agreed.

Registrant's Plea

- 6. The Registrant admitted to the acts of professional misconduct as set out in the ASF.
- 7. The Panel received a written plea inquiry that was signed by the Registrant. The Panel also conducted an oral plea inquiry and was satisfied that the Registrant's admissions were voluntary, informed, and unequivocal.

Submissions of the Parties on Finding

- 8. Counsel for the College submitted that the facts and admissions contained in the ASF made out all of the acts of professional misconduct admitted to by the Registrant.

9. Counsel for the Registrant submitted that she concurred with College Counsel's submissions namely that the facts admitted in the ASF support a finding of professional misconduct as set out therein.

Decision on Finding

10. The Panel carefully considered the ASF and the Registrant's plea, and finds that the facts support a finding of professional misconduct as set out in the ASF. In particular, the Panel finds that the Registrant committed the following acts of professional misconduct pursuant to the following paragraphs of section 15 of Ontario Regulation 218/94 under the *Dental Hygiene Act, 1991*:
 - a. Paragraph 2 (contravening, by act or omission, a standard of practice of the profession or failing to maintain the standard of practice of the profession);
 - b. Paragraph 27 (failing to keep records in accordance with generally accepted standards of practice or as required by any applicable regulations); and
 - c. Paragraph 52 (engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances would reasonably be regarded by members as disgraceful, dishonourable or unprofessional).

Penalty

Joint Submission on Penalty and Costs

11. The parties submitted a Joint Submission on Penalty and Costs ("JSPC") with respect to the appropriate order in this case, which was filed as Exhibit #3 and provides as follows:

1. The Registrant is required to appear, by electronic means, before a panel of the Discipline Committee immediately following the hearing of this matter to be reprimanded, with the fact of the reprimand and the text of the reprimand to appear on the public register of the College;

2. The Registrar is directed to suspend the Registrant's certificate of registration for a period of three (3) months, commencing on the date of the Discipline Committee's order. For clarity, the Registrant may not practise dental hygiene, hold herself out as a dental hygienist, or benefit from the practice of dental hygiene during the period of suspension, but the Registrant may meet with the Clinical Supervisor described below for the purpose of preparing for the supervision period.

3. The Discipline Committee shall direct the Registrar to impose the following terms, conditions or limitations on the Registrant's certificate of registration:

a. Prior to resuming practice following the suspension of her certificate of registration described above, the Registrant shall retain, at her own expense, a Clinical Supervisor who is pre-approved by the Registrar. In order to be approved, the Clinical Supervisor must agree to enter into an undertaking acceptable to the Registrar.

b. Prior to resuming practice, the Registrant shall meet with the Clinical Supervisor for the purpose of reviewing the Registrant's record-keeping, billing, and infection prevention and control processes and policies. The Registrant shall provide a copy of the Discipline Committee's decision and reasons and the expert report obtained by the College in the course of the investigation to the Clinical Supervisor prior to this meeting.

c. For a period of six (6) months commencing on the date the Registrant resumes practice following the suspension of her certificate of registration described above, the Registrant shall only practise under the supervision of the Clinical Supervisor, and in accordance with the following terms:

i. The Clinical Supervisor will attend at the Registrant's practice at least once per month. At least three (3) of the Clinical Supervisor's attendances will be unannounced. The Registrant must cooperate with the

Clinical Supervisor during all attendances. During each attendance, the Registrant shall cooperate with the Clinical Supervisor directly observing at least three (3) of the Registrant's patient interactions, reviewing at least 10 of the Registrant's charts (including the related billing records), and observing the Registrant's infection prevention and control practices.

ii. The Registrant shall arrange for the Clinical Supervisor to provide a written report to the Registrar every two months during the supervision period, and at the completion of the supervision period.

d. Within six (6) months of completing the supervision period described above, the Registrant is required to complete a practice audit, subject to the following terms:

i. The auditor shall be pre-approved by the Registrar;

ii. The Registrant shall provide a copy of the Discipline Committee's decision and reasons and the expert report obtained by the College in the course of the investigation to the auditor prior to the scheduled practice audit;

iii. The practice audit must include a review of at least 20 charts;

iv. The practice audit must include a review of the Registrant's infection prevention and control practices and policies;

v. The practice audit shall be completed at the Registrant's expense; and

vi. Upon the completion of the audit, the Registrant shall arrange for the auditor to provide a written report to the Registrar stating that the audit has been successfully completed and reporting on the auditor's findings; and

4. The Registrant is required to pay the College's costs in the amount of \$5,000, within thirty (30) days of the date of the Discipline Committee's order.

Submissions on Penalty and Costs

12. The College made submissions to the Panel with respect to why the JSPC was appropriate and should be accepted under the circumstances.
13. Counsel for the College submitted that the proposed penalty will protect the public and serve as a deterrent for the Registrant and for other members of the College from engaging in similar conduct. Counsel for the College emphasized that the terms, limitations, and conditions in the JSPC were tailor-made for this particular Registrant, as she had already undergone considerable remediation and taken the PROBE ethics course.
14. Counsel for the College outlined some mitigating factors for the Panel to consider including that the Registrant admitted the misconduct and cooperated with the College early on. By doing so, the Registrant demonstrated insight and saved the College the time and cost of a contested hearing. Counsel for the College also referred to the fact that the Registrant had no prior discipline history with the College. Counsel for the College submitted that aggravating factors for the Panel to consider include the nature and extent of the conduct. In particular, the conduct spanned multiple areas of practice.
15. The College also provided the Panel with a Brief of Authorities ("BOA"), which contained the following cases, for the Panel's consideration:
 1. *Ontario (College of Dental Hygienists of Ontario) v Saraiya*, 2021 ONCDHO 1 (CanLII), <https://canlii.ca/t/jfcb5>
 2. *College of Physicians and Surgeons of Ontario v. Upadhye*, 2021 ONCPSD 14 (CanLII), <https://canlii.ca/t/jf6r2>
 3. *Ontario College of Teachers v Merolle*, 2023 ONSC 3453 (CanLII), <https://canlii.ca/t/jxltd>

16. Counsel for the College acknowledged that *Saraiya* is distinguishable insofar as there is no element of dishonesty in the present case. However, she submitted that the standards issues were common in both cases and *Saraiya* included a reprimand, suspension, and terms, limitations and conditions, as part of the penalty. Counsel for the College submitted that *Saraiya* is a helpful case to illustrate the range of reasonable orders for similar conduct.
17. Counsel for the College further submitted that while there were factual differences in the *Upadhye* decision from the present case, Dr. Upadhye also had a history of concerning behaviour and remediation efforts with that College's ICRC and the penalty in that case included a reprimand, four-month suspension, terms, conditions, and limitations on Dr. Upadhye's certificate of registration, clinical supervision, reassessment, and monitoring.
18. Counsel for the Registrant, submitted that she concurred with Counsel for the College's submissions on the JSPC.
19. The Panel received and accepted the advice of Independent Legal Counsel that it is under a legal obligation to accept a jointly proposed penalty order unless it is contrary to the public interest and/or would bring the administration of justice into disrepute.

Penalty Decision

20. The Panel considered the JSPC, the cases provided, and the oral submissions of the counsel for each of the parties.
21. The Panel also considered the terms of the proposed order and concluded that the proposed order met the needs of this case and addressed the legal principles relevant to making an order.
22. Accordingly, the Panel accepted the joint submission and made the following order (the "Order"):

1. The Registrant is required to appear, by electronic means, before a panel of the Discipline Committee immediately following the hearing of this matter to be reprimanded, with the fact of the reprimand and the text of the reprimand to appear on the public register of the College.
2. The Registrar is directed to suspend the Registrant's certificate of registration for a period of three (3) months, commencing on the date of this order. For clarity, the Registrant may not practise dental hygiene, hold herself out as a dental hygienist, or benefit from the practice of dental hygiene during the period of suspension, but the Registrant may meet with the Clinical Supervisor described below for the purpose of preparing for the supervision period;
3. The Registrar is directed to impose the following terms, conditions or limitations on the Registrant's certificate of registration:
 - a. Prior to resuming practice following the suspension of her certificate of registration described above, the Registrant shall retain, at her own expense, a Clinical Supervisor who is pre-approved by the Registrar. In order to be approved, the Clinical Supervisor must agree to enter into an undertaking acceptable to the Registrar.
 - b. Prior to resuming practice, the Registrant shall meet with the Clinical Supervisor for the purpose of reviewing the Registrant's record-keeping, billing, and infection prevention and control processes and policies. The Registrant shall provide a copy of the Discipline Committee's decision and reasons and the expert report obtained by the College in the course of the investigation to the Clinical Supervisor prior to this meeting.
 - c. For a period of six (6) months commencing on the date the Registrant resumes practice following the suspension of her certificate of registration described above, the Registrant shall only practise under the supervision of the Clinical Supervisor, and in accordance with the following terms:
 - i. The Clinical Supervisor will attend at the Registrant's practice at least once per month. At least three (3) of the Clinical Supervisor's attendances will be unannounced. The Registrant must cooperate with the Clinical

Supervisor during all attendances. During each attendance, the Registrant shall cooperate with the Clinical Supervisor directly observing at least three (3) of the Registrant's patient interactions, reviewing at least 10 of the Registrant's charts (including the related billing records), and observing the Registrant's infection prevention and control practices.

- ii. The Registrant shall arrange for the Clinical Supervisor to provide a written report to the Registrar every two months during the supervision period, and at the completion of the supervision period.
- d. Within six (6) months of completing the supervision period described above, the Registrant is required to complete a practice audit, subject to the following terms:
- i. The auditor shall be pre-approved by the Registrar;
 - ii. The Registrant shall provide a copy of the Discipline Committee's decision and reasons and the expert report obtained by the College in the course of the investigation to the auditor prior to the scheduled practice audit;
 - iii. The practice audit must include a review of at least 20 charts;
 - iv. The practice audit must include a review of the Registrant's infection prevention and control practices and policies;
 - v. The practice audit shall be completed at the Registrant's expense; and
 - vi. Upon the completion of the audit, the Registrant shall arrange for the auditor to provide a written report to the Registrar stating that the audit has been successfully completed and reporting on the auditor's findings; and
4. The Registrant is required to pay the College's costs in the amount of \$5,000, within thirty (30) days of the date of this order.

Reasons for Decision on Penalty

23. Although the Panel has discretion to accept or reject a joint submission on penalty, the law provides that we should not depart from a joint submission, unless the proposed penalty would bring the administration of justice into disrepute or is otherwise not in the public interest (*R. v. Anthony-Cook*, 2016 SCC 43). The Divisional Court in *Merolle* recently articulated that the stringent public interest test is required because when plea resolutions are properly conducted the parties, the witnesses, counsel, and the administration of justice all benefit (*Ontario College of Teachers v. Merolle*, 2023 ONSC 3453 at para 29).
24. In considering a joint submission on penalty and the test in *Anthony-Cook*, we must also have regard to the basic principles underlying penalty orders. These include public protection, maintaining the integrity of the profession and public confidence in the College's ability to regulate the profession in the public interest; specific deterrence; general deterrence; and where applicable or appropriate, rehabilitation. Other principles include denunciation of the misconduct and proportionality.
25. The Panel weighed these principles taking into account the specific facts and circumstances of this case when deciding whether to accept the joint submission. The Panel also took the important element of proportionality into its analysis.
26. The Panel finds that the JSPC is reasonable in the context of this case and the penalty imposed appropriately addresses the specific nature and extent of the misconduct admitted in the ASF.
27. The Panel considered the cases provided by College Counsel. Although prior Committee decisions are not binding as precedent, the Panel accepted that generally like cases should be treated alike and that prior cases may be of assistance and useful as a guide with respect to the range of penalties imposed for similar conduct. The Panel considered the differences in the cases, the impact of the conduct, and found that the JSPC in this case was proportional in the circumstances.

28. The Panel also considered aggravating and mitigating factors. An aggravating factor in this case was the fact that the conduct spanned multiple practice areas. Furthermore, while the Registrant has not appeared before the Discipline Committee until this hearing, she has come before the ICRC on multiple occasions, and the ICRC dispositions indicate that the Registrant's conduct resulted in a caution, remediation, and education.
29. The mitigating factors include the following:
 1. the Registrant admitted the allegations against her and cooperated early on, saving the College the time and money of a contested hearing; and
 2. the Registrant has not appeared before the Discipline Committee before.
30. The Panel was of the opinion that the penalty as a whole appropriately addresses the principles of public protection, maintenance of public confidence in the reputation and integrity of the profession and in the principle of effective self-governance; general deterrence and specific deterrence, and rehabilitation.
31. The principle of specific deterrence is served in this case by the JSPC. The following are intended to ensure that the Registrant's conduct will not be repeated, which, in turn, serves to protect the public and instil public confidence:
 1. Three (3) month suspension,
 2. Reprimand, and
 3. The terms, conditions or limitations on the Registrant's certificate of registration, which are tailor-made to this particular Registrant and include, but are not limited to:
 - a. the requirement that prior to resuming practice following the suspension of her certificate of registration, the Registrant shall retain, at her own expense, a Clinical Supervisor who is pre-approved by the Registrar and

who will for a period of six (6) months attend at the Registrant's practice at least once per month (and at least three of the clinical supervisor's attendances will be unannounced) to directly observe at least three of the Registrant's patient interactions, reviewing at least 10 of the Registrant's charts, and observing the Registrant's infection prevention and control practices, and

- b. the requirement that within six (6) months of completing the supervision period, the Registrant is required to complete a practice audit.

- 32. The principle of general deterrence is also achieved in this case by the JSPC. The significance of the Order, and specifically the three-month suspension, communicates to the Registrant and the profession that such misconduct will not be tolerated and that the Discipline Committee will seek to deter members from engaging in conduct that disregards the College's public protection mandate. The Panel also finds that because this decision will be published on the College's website, other registrants will be aware of the consequences of this type of professional misconduct, which also serves the principle of general deterrence.
- 33. The principle of rehabilitation will be realized by the Registrant successfully completing a practice audit within six (6) months of completing the supervision period, which audit shall be pre-approved by the Registrar and must include a review of at least 20 charts, as well as a review of the Registrant's infection prevention and control practices and policies. Rehabilitation is both appropriate and possible in this case and the penalty provides the Registrant with an opportunity for remediation via supervision.
- 34. At the conclusion of the hearing, the Registrant waived her right of appeal and the reprimand was administered orally by the Panel.

I, **Erin Betts**, sign this decision and reasons for the decision as Chair of this Discipline panel and on behalf of the members of the Discipline panel as listed below:



Erin Betts, Chair
Chair, Discipline Panel

August 14, 2023

Date

**Angelica Palantzas, a public member of Council,
Amanda Acker, a professional non-Council member,
Siobhan Brennen, a professional non-Council member, and
Paula Malcomson, a professional non-Council member.**

Oral Reprimand for Angelita Maramag

July 10, 2023

Ms. Maramag, as part of its penalty order, this Disciplinary panel will administer an oral reprimand today.

The fact that you have received this reprimand will be noted on the College's public register as will a summary of the reprimand. As such, part of your record with the College.

Although you will be given an opportunity to make a statement at the end of the reprimand this is **not** an opportunity for you to review the decision by the Discipline panel, **nor** a time for you to debate the merits of our decision.

The panel has found that you have engaged in professional misconduct in three different ways. They are as follows:

1. Contravened, by act or omission, a standard of practice of the profession or failed to maintain the standard of practice of the profession;
2. Failed to keep records in accordance with generally accepted standards of practice or as required by any applicable regulations;
3. Engaged in conduct or performed an act relevant to the practice of the profession that, having regard to all the circumstances would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

It is a matter of profound concern to this panel that you have engaged in these forms of professional misconduct. By doing so, you have brought discredit to the profession and to yourself. Public confidence in this profession has been put in jeopardy. Moreover, the result of your misconduct is that you have let down your clients, the public, the profession of dental hygiene and yourself.

We need to make it clear to you that your conduct is unacceptable.

Consequently, it is necessary for us to take steps to impress upon you the seriousness of the misconduct in which you have engaged including the nature, history and extent of the misconduct in this specific case.

We also want to make it clear to you that while the penalty this panel has imposed upon you is a fair penalty, a more significant penalty will be imposed by another Discipline panel in the event that you are ever found to have engaged in professional misconduct again.

As I have already stated, this is not an opportunity for you to review the decision or debate the correctness of the decision.

However, do you have any questions or do you wish to make any comments?

Thank you for attending today.