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# A review conducted for the College of Registered Nurses of British Columbia

April 2016

## About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.

We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)

## About the College of Registered Nurses of British Columbia

The College of Registered Nurses of British Columbia (the College) is the regulatory body for more than 38,000 registered nurses and nurse practitioners in the province. The College's mandate is to protect the public through the regulation of registered nurses and nurse practitioners. This includes registering nurses, setting standards of practice, supporting nurses to achieve those standards, implementing and supporting a quality assurance programme, assessing nursing education programmes in British Columbia, and addressing complaints about registrants.

In 2012, the College adopted a relational regulatory philosophy. The College believes it is possible to build genuine relationships with nurses and other stakeholders, while at the same time, regulate effectively in the public interest. Public protection and safety is the College's utmost concern, and the College believes that this is most effectively achieved through collaborative approaches with the public, nurses and the health care community.

More information about the College's work and regulatory philosophy is available at [www.crnbc.ca](http://www.crnbc.ca)

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# 1. Introduction

- 1.1 This report follows a request from the College of Registered Nurses of British Columbia (the College) for a review of their performance as a regulator of registered nurses and nurse practitioners in British Columbia against our Standards of Good Regulation.<sup>1</sup> The College wished to benchmark its performance against other regulators, to confirm where it was performing well and to identify any areas for improvement. The Standards of Good Regulation were adapted to reflect the particular context and statutory responsibilities of regulators in British Columbia. Our review examined the College's approach to and compliance with 33 standards of good regulation covering four regulatory functions (Guidance and Standards, Education, Registration, Complaints) and governance. The review was carried out between July 2015 and April 2016.
- 1.2 In section 2 of this report we set out the scope of our review and the way in which we approached it. In section 3 we set out some of the key features of the College's model of regulation and the legislation underpinning it. In sections 5-9 we set out the standards of good regulation, as amended for the College. We state the standard and describe the evidence we have considered in coming to our view about the College's performance against a standard. We also highlight areas of good practice which other regulators may wish to note, and any recommendations arising from our analysis and discussion of the evidence.
- 1.3 The Professional Standards Authority (the Authority) undertakes annual performance reviews of the nine health and social care professional regulatory bodies in the UK as part of our statutory responsibilities. We publish the outcome of those reviews annually to the UK Parliament and the devolved administrations in Scotland, Wales and Northern Ireland. We have also, following requests from the organisations concerned, conducted reviews for the Medical Council of New Zealand, the General Teaching Council for England, the General Social Care Council in England, the Nursing Council of New Zealand, the Nursing and Midwifery Board of Ireland, and the Royal College of Dental Surgeons of Ontario. All of these reports are available on our website.<sup>2</sup> We welcome the willingness of the College to submit itself to this review and the active co-operation we received.
- 1.4 Although the Authority has no statutory oversight of the College, we consider that there are mutual benefits in this review. There are benefits to the College in having an independent assessment which benchmarks its performance in relation to other regulators internationally. At the same time we have the opportunity to learn about different approaches to professional regulation and regulatory practice which, following publication of this report, will be shared with regulatory bodies in the UK, Canada and internationally. There is value to the international community of regulators learning from

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<sup>1</sup> See section 11

<sup>2</sup> [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)

each other and we are grateful to the College for its contribution to this by commissioning this report.

- 1.5 We thank the Board and staff of the College for their positive engagement and co-operation with this review, for their readiness to provide us with the background information, paperwork and case files we needed, and for the many hours they spent between them answering our questions and explaining their processes. This report has depended greatly on their openness and co-operation and regular contact between us over a period of ten months.
- 1.6 We have also benefited from the perspectives of other stakeholders who we met in British Columbia (see section 12).

## 2. The scope of the review and our methodology

- 2.1 The Authority has an established process for undertaking performance reviews. This is based on a set of standards, which we developed in liaison with the UK health professional regulators and other stakeholders including patients and the public. These are called the Standards of Good Regulation.
- 2.2 In early discussions with the College we discovered that both the scope of its activities and the terminology used to describe them varied in some significant ways from the UK regulators we oversee. We therefore worked with the College to adapt the Standards of Good Regulation to ensure they were relevant to the work of the College and the legislative framework in British Columbia. In this review we have therefore looked at the College's performance in relation to:
- The setting of standards and provision of guidance for registered nurses and nurse practitioners
  - The education of students and professionals
  - The registration and renewal of registered nurses and nurse practitioners
  - The investigation and resolution of complaints about registered nurses and nurse practitioners
  - Governance.
- 2.3 We have set out the standards we agreed with the College would form the focus of this report in section 11. The Standards are those which are required to be met by any effective regulator, and do not reflect the full range of the College's activities. At an early stage of the process the College sent us information about the full range of its activities. The report that follows is structured around, and focuses on, our assessment of the College's performance against each of the agreed standards.
- 2.4 We have also looked at the context in which regulation operates in British Columbia as set out in the Health Professions Act 1996<sup>3</sup>. We have taken account of the respective roles of the Health Professions Review Board,<sup>4</sup> the Association of Registered Nurses of British Columbia<sup>5</sup>, the British Columbia Nurse Practitioner Association<sup>6</sup> and the British Columbia Nurses Union.<sup>7</sup>
- 2.5 In brief, the procedure followed in this review involved a scoping meeting with the Registrar and Deputy Registrar in London on 22-23 July 2015, agreeing the standards and making a request for evidence in September

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<sup>3</sup> [http://www.bclaws.ca/EPLibraries/bclaws\\_new/document/ID/freeside/00\\_96183\\_01](http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01)

<sup>4</sup> [www.hprb.gov.bc.ca](http://www.hprb.gov.bc.ca)

<sup>5</sup> [www.arnbc.ca](http://www.arnbc.ca)

<sup>6</sup> <http://bcnpa.org>

<sup>7</sup> [www.bcnu.org](http://www.bcnu.org)

2015, and working at the College in Vancouver between 23 November to 4 December 2015. During this period we:

- Reviewed substantial documentary evidence provided by the College
- Examined a limited sample of complaints case files, which included records of investigation, outcomes and reasons for decisions taken
- Reviewed documentation relating to the development of guidance and standards
- Read a sample of minutes of the Board and other statutory committees
- Observed a meeting of the Board and meetings of the Inquiry Committee, Registration Committee, Education Program Review Committee and Nurse Practitioners Standards Committee
- Met with members of the Executive Committee, public members of the Board
- Met with the Registrar and individually with senior members of staff
- Met with external stakeholders of the College.

2.6 The names of the individuals we met and spoke with appear in section 12.

2.7 We consider that the information which we have been given, the examination of the College's work in practice and our discussions with its Board members, Registrar and staff have enabled us to come to a fair assessment of its performance against the Standards of Good Regulation.

2.8 We have set out our approach to effective regulation in our paper *Right-touch regulation Revised*.<sup>8</sup> Right-touch regulation means using only the regulatory force necessary to achieve the desired effect. It sees regulation as only one of many tools for ensuring safety and quality and therefore that it must be used judiciously. Professional regulation exists not to promote or protect the interests of professional groups but to enhance patient safety and protect the public. The general approach to regulation set out in that paper underlies our Standards of Good Regulation and our judgements about the performance of the College.

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<sup>8</sup> Professional Standards Authority, October 2015. *Right-touch regulation* revised. Available at: <http://www.professionalstandards.org.uk/library/document-detail?id=a3ea5638-fadf-400e-8635-47bf4b028a1f>

### 3. The role of the College of Registered Nurses of British Columbia and the regulatory context

- 3.1 The College of Registered Nurses of British Columbia is the regulator of registered nurses and nurse practitioners in the province. There are 41,324 registrants,<sup>9</sup> in a province with a population of 4,631,000.<sup>10</sup> There are two other professional regulators of the nursing profession in the province: the College of Licensed Practical Nurses of British Columbia,<sup>11</sup> and the College of Registered Psychiatric Nurses of British Columbia.<sup>12</sup>
- 3.2 First enacted in 1990, the Health Professions Act, R.S.B.C.1996, c.183<sup>13</sup> (Health Professions Act) establishes the legal framework for the regulation of all self-governing health professions in British Columbia, and the three nursing professional colleges were established between 1996 and 2005. The Health Professions Act sets out the duties and objects of a College in the province, which are set out below at Table 1. It provides the College with the power to create bylaws whereby it can establish procedures to elect board members, create Board committees, establish standards of academic achievement and qualifications for registration, establish standards, limits and conditions for registrants' practice, and establish and maintain continuing competence and quality assurance programmes.
- 3.3 The College is one of 22 health regulatory colleges in the province, regulating 25 professions. There are also colleges of chiropractors, dental hygienists, dental technicians, dental surgeons, denturists, dietitians, massage therapists, physicians and surgeons, midwives, naturopathic physicians, licensed practical nurses, registered psychiatric nurses, occupational therapists, opticians, optometrists, pharmacists, physical therapists, podiatric surgeons, psychologists, speech and hearing health professionals, and traditional Chinese medicine practitioners and acupuncturists. One health profession, emergency medical assistants, is regulated by a Government-appointed licensing board under a separate statute. Social workers are also regulated, by the British Columbia College of Social Workers under a separate statute.

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<sup>9</sup> Page 156, evidence submission

<sup>10</sup> Wikipedia

<sup>11</sup> [www.clpnbc.org](http://www.clpnbc.org)

<sup>12</sup> [www.crpnbc.ca](http://www.crpnbc.ca)

<sup>13</sup> See footnote 3



**Table 1: Duties and objects of a regulatory College in British Columbia (Health Professions Act)**

**Duties**

It is the duty of a college at all times:

- (a) To serve and protect the public
- (b) To exercise its powers and discharge its responsibilities under all enactments in the public interest

**Objects**

A college has the following objects:

- (a) To superintend the practice of the profession
- (b) To govern its registrants according to this Act, the regulations and the bylaws of the college
- (c) To establish the conditions or requirements for registration of a person as a member of the college
- (d) To establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants
- (e) To establish and maintain a continuing competency programme to promote high standards amongst registrants
- (f) To establish a patient relations programme to seek to prevent professional misconduct of a sexual nature
- (g) To establish, monitor and enforce standards of professional ethics amongst registrants
- (h) To require registrants to provide to an individual access to the individual's healthcare records in appropriate circumstances
- (i) To inform individuals of their rights under this Act and the Freedom of Information and Protection of Privacy Act
  - (i1) to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair
- (j) To administer the affairs of the college and perform its duties and exercise its powers under this Act or other enactments
- (k) In the course of performing its duties and powers under this Act or other enactments, to promote and enhance the following:
  - (i) Collaborative relations with other colleges established under this Act, regional health boards designated under the Health Authorities Act, and other entities in the Provincial health system, post-secondary education institutions and the government
  - (ii) Interprofessional collaborative practice between its registrants and persons practising another health profession
  - (iii) The ability of its registrants to respond and adapt to changes in practice environments, advances in technology, and other emerging issues.

3.4 The Health Professions Act also establishes the Health Professions Review Board,<sup>14</sup> which hears registration and complaints appeals across all of the colleges established under the Act. Members of the Review Board are appointed by the Lieutenant Governor in Council. The Board is an

<sup>14</sup> [www.hprb.gov.bc.ca](http://www.hprb.gov.bc.ca)

independent administrative tribunal, and has the following powers and duties:

- To review certain registration decisions of a college of a designated health profession
- To review the failure, by the inquiry committee of a college, to dispose of a complaint or an investigation within the time required
- To review certain dispositions of complaints made by the inquiry committee of a college
- To develop and publish guidelines and recommendations for the purpose of assisting colleges to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair.

3.5 The Board, having reviewed a registration decision made by the College's Registration Committee or the handling of a complaint by the College's Inquiry Committee, may make an order either:

- Confirming the registration decision or disposition of the Inquiry Committee
- Directing the Registration or Inquiry Committee to make a decision or disposition that could have been made by the Registration Committee or the Inquiry Committee in the matter
- Send the matter back to the Registration or Inquiry Committee for reconsideration with directions.

3.6 The Health Professions Act provides that each regulatory college will have a board, which must 'govern, control and administer the affairs of its college in accordance with this Act, the regulations and the bylaws'. A board must submit an annual report to the Minister of Health. The Health Professions Act also provides that a board must ensure that its college has an accessible website that is free of charge to the public. A board has a majority of professional members, elected by registrants, and a minority of public members appointed by the Minister. A board may appoint an executive committee.

3.7 In addition, the Act provides that a board may make bylaws including to 'establish a registration committee, a quality assurance committee, an inquiry committee, a discipline committee and other committees the board determines are necessary or advisable'.

3.8 The legislative framework provides for both protected titles and the services that registrants may provide (called 'scope of practice') including restricted activities that only registrants may perform while providing services. The Health Professions Act sets out that the Minister of Health can prescribe protected titles which only registrants may use. The Minister's College specific regulation<sup>15</sup> then sets out the protected titles that apply to College registrants: nurse, registered nurse, licensed graduate nurse, nurse practitioner and registered nurse practitioner. (The title 'nurse' is shared

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<sup>15</sup> Nurses (Registered) and Nurse Practitioners Regulation 2008.  
[http://www.bclaws.ca/civix/document/id/complete/statreg/284\\_2008](http://www.bclaws.ca/civix/document/id/complete/statreg/284_2008)

with the College of Licensed Practical Nurses of British Columbia and College of Registered Psychiatric Nurses of British Columbia). The Minister's regulations also set out the services that may be provided by College registrants and the restricted activities that may be performed without an order, restricted activities that may only be provided under an order, restricted activities for certified practice and restricted activities for nurse practitioners. The College publishes documents setting out the scope of practice both for registered nurses<sup>16</sup> and nurse practitioners.<sup>17</sup> By way of illustration, this table does not set out all the categories of restricted activity, but is intended to show how the scope of practice is defined. The restricted activities for both groups are summarised at Table 2.

<b>Table 2 Restricted activities</b>	
<b>Restricted activities for nurses</b>	<b>Restricted activities for nurse practitioners</b>
<p>A registrant may:</p> <ul style="list-style-type: none"> <li>(a) Perform a procedure on tissue below the dermis, below the surface of a mucous membrane or in or below the surface of the cornea</li> <li>(b) Cast a fracture of a bone</li> <li>(c) Administer a substance:               <ul style="list-style-type: none"> <li>(i) by injection</li> <li>(ii) by inhalation</li> <li>(iii) by mechanical ventilation</li> <li>(iv) by irrigation</li> <li>(v) by enteral instillation or parenteral instillation</li> <li>(vi) by using a hyperbaric chamber</li> </ul> </li> <li>(d) Put an instrument or a device, hand or finger:               <ul style="list-style-type: none"> <li>(i) into the external ear canal, up to the eardrum</li> <li>(ii) beyond the point in the nasal passages where they normally narrow</li> <li>(iii) beyond the pharynx</li> </ul> </li> </ul>	<p>A nurse practitioner may:</p> <ul style="list-style-type: none"> <li>(a) Perform any of the activities listed as restricted activities for nurses</li> <li>(b) Make a diagnosis identifying a disease, disorder or condition as the cause of the signs or symptoms of the individual</li> <li>(c) Set a closed simple fracture of a bone</li> <li>(d) Reduce a dislocation of a joint</li> <li>(e) Apply x-rays for diagnostic or imaging purposes, except x-rays for computerised axial tomography</li> <li>(f) Issue an instruction or authorisation for another person to apply to a named individual:               <ul style="list-style-type: none"> <li>(i) ultrasound for diagnostic or imaging purposes, including any</li> </ul> </li> </ul>

<sup>16</sup> Scope of Practice for Registered Nurses  
<https://www.crnbc.ca/Standards/RNScopePractice/Pages/Default.aspx>

<sup>17</sup> Scope of Practice for Nurse Practitioners  
<https://www.crnbc.ca/Standards/NPScopePractice/Pages/Default.aspx>

<ul style="list-style-type: none"> <li>(iv) beyond the opening of the urethra</li> <li>(v) beyond the labia majora</li> <li>(vi) beyond the anal verge, or</li> <li>(vii) into an artificial opening into the body</li>   <li>(e) Put into the external ear canal, up to the ear drum, a substance that is under pressure</li>   <li>(d1) Apply ultrasound for diagnostic or imaging purposes, including application of ultrasound to a foetus</li>   <li>(f) Apply electricity for the purposes of destroying tissue or affecting activity of the heart or nervous system</li>   <li>(e1) Apply laser for the purpose of destroying tissue</li>   <li>(g) In respect of a drug specified in Schedule I or IA of the Drug Schedules Regulation: <ul style="list-style-type: none"> <li>(i) compound the drug</li> <li>(ii) dispense the drug</li> <li>(iii) administer the drug by any method</li> </ul> </li>   <li>(h) Conduct challenge testing for allergies: <ul style="list-style-type: none"> <li>(i) that involves injection, scratch test or inhalation, if the individual being tested has not had a previous anaphylactic reaction or</li> <li>(ii) by any method, if the individual being tested has had a previous anaphylactic reaction</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>application of ultrasound to a foetus</li>   <li>(ii) electromagnetism for the purpose of magnetic resonance imaging</li>   <li>(iii) x-rays, for diagnostic or imaging purposes, including x-rays for the purpose of computerised axial tomography</li>   <li>(iv) laser for the purpose of destroying tissue</li>     <li>(g) Prescribe or give an order to compound, dispense or administer by any method a drug specified in Schedule I or II of the Drug Schedules Regulation</li>   <li>(h) If nutrition is administered by enteral instillation or parenteral instillation, select ingredients for a therapeutic diet.</li> </ul>
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<ul style="list-style-type: none"><li>(i) Conduct desensitising treatment for allergies:<ul style="list-style-type: none"><li>(i) that involves injection, scratch tests or inhalation, if the individual being treated has not had a previous anaphylactic reaction, or,</li><li>(ii) by any method, if the individual being treated has had a previous anaphylactic reaction</li></ul></li><li>(j) Prescribe certain Schedule I and Schedule II drugs</li><li>(k) Issue an instruction or authorisation for another person to apply to a named individual, diagnostic ultrasound and x-rays for the purposes of assessment.</li></ul>	
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## 4. Overview

4.1 Our review of the performance and governance of the College of Registered Nurses of British Columbia (the College) has shown that it is fulfilling its statutory responsibilities.

4.2 In our consideration of the strengths and weaknesses of the College's performance, as set out in sections 5-10 of this report, we have identified four areas for improvement. We consider that a focus by the College on these four areas across the regulatory functions of Guidance and Standards, Education, Registration, Complaints and Governance will enable the majority of issues identified under each standard to be addressed. We recommend that the College should prioritise:

- Improvements to transparency in keeping with a right-touch approach to regulation<sup>8</sup>
- Greater engagement with patients and the public to inform and comment on the College's regulatory approach
- An overarching quality control mechanism to enable the College to deliver a programme of continuous improvement
- Evaluation of the effectiveness of its activities and whether they are achieving the desired aims.

4.3 Paying attention to these matters across the College's work and in its governance will help foster the internal cultural changes and improvements the College seeks in our view.

4.4 We have set out our detailed findings about the College's performance against the Standards of Good Regulation in chapters 5-9 of this report. In summary we have concluded that:

- The College meets all four of the Standards of Good Regulation for Guidance and Standards although we have made recommendations for improvement in relation to two of these Standards
- The College meets four of the five Standards of Good Regulation for Education although we have made recommendations for improvement in relation to all of these Standards
- The College meets all five of the Standards of Good Regulation for Registration and we have made recommendations for improvements in relation to two of these Standards
- The College did not meet four of the ten Standards of Good Regulation for Complaints. It met the remaining six Standards although its performance was inconsistent against one of them. We have made recommendations for improvement in relation to eight of the ten Standards
- The College met three of the nine Standards of Good Regulation for Governance. Two Standards were not met and performance against the remaining four Standards was inconsistent.

- 4.5 We were pleased to identify several areas that we considered the College to be performing particularly well at. The College's approach to its continuing fitness to practise scheme (quality assurance) is an example of good practice in our view. The process the College has set up requires each registrant to undertake a variety of developmental activities (self-assessment, peer feedback, and continuing professional development for registered nurses, and continuing professional development plus a structured onsite review programme for nurse practitioners).
- 4.6 Our review of the evidence provided by the College, as well as our meetings with staff and the College's stakeholders, confirms that the Registrar of the College is pioneering a more collaborative and unified approach to regulation with other health professional regulators and the two other nursing regulators in British Columbia. The motivation for this collaboration is in the interests of pursuing a right-touch approach to regulation and in the interests of patients and the public. We also consider this to be an area of good practice.
- 4.7 In the process of assessing the College's performance, we have been impressed by the way it is seeking to innovate in its regulatory approach, and build on its published work on developing relational regulation. This is particularly impressive given that in some respects it is still in transition from having a combined regulatory and representative role, to being solely a regulatory body. Some of the observations that follow in our assessment of the College's performance may in part reflect an ongoing cultural legacy of having been, until relatively recently, a nursing representative body.

## 5. Guidance and standards

- 5.1 There are four Standards of Good Regulation for Guidance and Standards, against which we measured the College's performance. The Standards require the regulator to ensure that the guidance documents they have in place prioritise safety and help registrants to apply the regulator's standards to address the current issues and the diverse needs of the public. We checked that guidance and standards were publicly available and that the College takes account of the views of stakeholders when developing new guidance.
- 5.2 The College met all four of these Standards although we are recommending improvements against two Standards.
- 5.3 We considered there to be two areas for improvement. First, the need for greater engagement with patients, service users and the public and for the College to demonstrate that any feedback has been taken into account. Second, the need for the College to evaluate the effectiveness of its approach in this area so that it can assure itself that the guidance and standards that it has in place for registrants is achieving the aims of prioritising patient safety and patient-centred care.
- 5.4 We set out our detailed findings under each of the Standards below.

**Standards of practice and professional ethics reflect up-to-date practice and legislation. They prioritise patient safety and patient-centred care**

**Additional guidance helps registrants apply the regulator's standards to specialist or specific issues, including addressing diverse needs arising from patient-centred care**

- 5.5 Under the Health Professions Act, the College has the authority to establish standards, limits and conditions on registrants' practice. The Nurse Practitioner Standards Committee develops and recommends to the Board the standards, limits and conditions for the practice of nurse practitioners in accordance with the Nurses (Registered) and Nurse Practitioners Regulation 2008.<sup>15</sup> The Board approves standards, limits and conditions.
- 5.6 The College has four sets of professional standards for registrants, practice standards which set out guidance on areas of practice, and standards relating to the scope of practice for registered nurses and nurse practitioners. These are reviewed on a three to five year cycle. The College also takes adequate steps to support registrants with understanding the guidance and standards documents that are in place.
- 5.7 We concluded that the College had met these two Standards.



**In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in provincial, national and international regulation, and best practice and learning from other areas of its work**

- 5.8 We found there to be good engagement with clinicians and registrants in the development of guidance and standards. These groups are engaged by means of interviews, focus groups, surveys and expert panels.
- 5.9 The College works across functions to apply knowledge in the development of guidance and standards. The College has two committees which oversee this area and these include membership of staff from across departments to encourage the cross-fertilisation of knowledge into the development of guidance and standards.
- 5.10 We identified an example of this. In 2012, the federal government approved new legislation which gave nurse practitioners the authority to prescribe controlled drugs, which represented a significant expansion to their scope of practice. The College responded by amending the relevant practice standard which was approved by the Board in September 2014. To inform the development of this new standard the College participated in a national working group and engaged with nurse practitioners using a survey and focus groups. It developed an agreed statement of competencies which set out the knowledge, skills and judgements required to perform safely within an individual's nursing practice in a designated role or setting. The College used this to provide the broad framework to develop outcomes relevant to nursing practice, applied and refined the national curricula for education programmes for the provincial requirements in British Columbia, and determined the registration and examination requirements in practice assessment and its continuing fitness to practise (quality assurance) framework. We concluded that the College responded appropriately in engaging staff from all its regulatory functions in this work.
- 5.11 We also noted that the College was working collaboratively with the two other nursing colleges in British Columbia to develop single practice standards for all nurses in British Columbia. The aim of this collaborative work is to gain collective consensus amongst the three nursing regulators about the expectation of professional nursing practice and to deliver a consistent message to registrants and employers about the standards to be expected of nurses. We consider this to be an example of the three nursing colleges taking a right-touch approach in working together to simplify the message for registrants and employers about the standards they are expected to achieve.
- 5.12 We concluded that the College had met this Standard based on its engagement with clinicians and registrants and its responsiveness to external events. However, in our view its performance could be improved in relation to engagement with patients, service users and the public with this aspect of the College's work. We recognise that the College recently consulted with carers and relatives with experience of the emergency mental health system in British Columbia to support the development of standards, limits, conditions and competencies for nurse practitioners who admit patients to a facility under mental health legislation. We understand

that, in general, engaging patients and the public with the development and revision of guidance and standards is an aspect that the College has found challenging and that it does not currently have a strategy in place for engagement with patients and the public.

5.13 We therefore recommend that the College develops its approach to producing and revising guidance and standards by implementing a strategy for increased public and patient participation. We recommend that this strategy includes ways to engage both individual members of the public in consultation exercises and patient and public representative groups. Ways in which the College could consider increasing its engagement include:

- Working with the British Columbia Patient Safety and Quality Council<sup>18</sup> and established networks or databases of interested individuals and groups to increase the participation of members of the public with its work. Having established a group of suitable individuals, the College could send consultations on draft guidance and standards documents as they arise to these individuals as well as advertising to them the possibility of observing Board meetings at which guidance and standards documents will be reviewed and discussed
- Working with other regulators including non-health regulators to share knowledge and ideas for meeting current challenges in achieving effective stakeholder engagement
- Conducting research (including the use of surveys and/or literature reviews) into the expectations of patients and the public of nurses and nurse practitioners and using this information to inform the future revisions and development of guidance and standards
- Working with the other health regulators to take a collaborative and renewed approach to increasing the participation of members of the public with the work of the regulators. This should also enable a more diverse stakeholder list to be compiled.

5.14 A second area for improvement relates to the lack of a mechanism for the College to measure the effectiveness of its guidance and standards. We therefore also recommend that the College evaluates the effectiveness of its activities to gather and use information when developing and revising guidance and standards as well as evaluating the effectiveness of its guidance and standards documents themselves. This evaluation could include the following:

- The purpose and impacts of the guidance and standards and their intended audiences
- How guidance and standards relate to other areas of the College's work
- How changes in the healthcare environment may affect approaches to developing and promoting guidance (for example expanding on its work to produce joint guidance with other regulators)

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<sup>18</sup> <https://bcpsqc.ca/> 'The BC Patient Safety & Quality Council provides key infrastructure that brings together people and organizations from across the province in the common pursuit of health quality.'

- Mapping its own guidance and standards against the guidance and standards produced by other regulators and conducting a gap analysis.

**The guidance and standards are published in accessible formats. Registrants, potential registrants, employers, patients and members of the public are able to find the guidance and standards published by the regulator and can find out about the action that can be taken if the guidance and standards are not followed**

- 5.15 The College tailors a communication and dissemination plan to support the implementation of a new standard. The College also delivers learning events and develops educational materials that support registrants and employers to understand the nursing standards. Based on this we have concluded that this standard is met.
- 5.16 Given our findings about the absence of patient and public participation with the development and revision of the College's guidance and standards, there is a corresponding risk that patient and public commenters will not be aware, as a matter of routine, about documents that are placed on the website. We also noted that, while guidance and standards documents were published on the College's website, these were not available in different languages or in different formats to assist any readers with visual impairments (although we acknowledge that staff would endeavour to assist any such individuals who contacted the College with difficulties in accessing web documents).
- 5.17 We recommend that the College reviews the information that is publicly available on its website in relation to the guidance and standards for registered nurses and nurse practitioners as part of its commitment to transparency. We also encourage the College to enhance the accessibility of the guidance and standards documents its makes available on its website to demonstrably commit to making these documents accessible to patients and the public and to limit any barriers to the public's engagement and awareness of the College's work in this area.

## 6. Education

6.1 There are five Standards of Good Regulation for Education against which we measured the College's performance. These Standards require the regulator to ensure that its standards for education are linked to its standards for registrants. These Standards also require that there is a proportionate process for reviewing education programmes so that the public can be assured that education providers prepare students and professionals with the skills and knowledge to practise safely and effectively. Finally, these Standards require the regulator to have a system in place to assure themselves of the continuing fitness to practise of registrants.

6.2 We have concluded that four of the five Standards are met. We also identified that the College's good practice in relation to the Standard which requires the regulator to implement a continuing fitness to practise (quality assurance) scheme.

6.3 We considered there to be two areas for improvement in relation to the Standards of Good Regulation for Education. The first relates to transparency and we encourage the College to review the information and documents that it makes publicly available as part of its ongoing commitment to transparency and the principle of right-touch regulation. The second relates to the ways in which the College monitors its process for reviewing education programmes and courses to ensure consistent and proportionate outcomes are achieved that prepare students to meet the standards for registration.

6.4 We set out our detailed findings under each of the Standards below.

**Standards for nursing education are linked to competencies and standards of practice for registrants. They prioritise patient safety and patient-centred care. The process for reviewing or developing competencies and standards for nursing education should incorporate the views and experiences of key stakeholders, external events and the learning from the review process**

6.5 We are satisfied that this standard is met and we have noted that the education standards are directly linked to the standards for registrants and the competencies required for registration.

6.6 We consider that the College could develop its approach to engaging with patients and the public in its revisions of the standards of nursing education and our comments and recommendations at paragraph 5.13 are also relevant here.

6.7 We also noted a number of activities that were not being undertaken by the College that we would normally expect to see as evidence that this standard is met. We highlight these activities below and encourage the College to consider undertaking the following:

- Implementing a mechanism for feeding information and insights from the review process for education programmes and courses in the development and revision of the standards of nursing education on an

ongoing basis

- Publishing information on which stakeholders were approached during the development or revision of the standards of nursing education, how information was gathered and received from stakeholders, and how their views and experiences impacted on the standards of nursing education
- Publishing information about how external events have influenced the development of standards for nursing education
- Evaluating the effectiveness of the College's approach to gathering and using information when developing and revising guidance and standards for nursing education. See paragraph 5.14 for our comments about what this evaluation could include.

**Through the regulator's quality assurance programme, registrants maintain the standards required for continuing professional development and continuing competence**

- 6.8 Section 26 of the Health Professions Act provides for the College's Quality Assurance Committee to conduct an assessment of the professional performance of a registrant. This includes an inspection of the registrant's records, (taking into account the quality of their record keeping in patient notes). If the Committee concludes that there is a deficiency in the manner in which the registrant's practice is being conducted, it may recommend that the registrant undertake further education or training, undergo clinical or other examinations, or undertake other remedial activities that the committee considers will assist the registrant to remedy the deficiency.
- 6.9 We are satisfied that the College's quality assurance programme provides assurance about a registrant's continuing fitness to practise because it requires each registrant to undertake a variety of developmental activities (self-assessment, peer feedback, and continuing professional development for registered nurses, and continuing professional development and a structured onsite review programme for nurse practitioners). The College has plans to develop its quality assurance programme further through the introduction of multi-source feedback into the assessment and an e-portfolio for each registrant.
- 6.10 The purpose of seeking peer feedback for nurse registrants is to help nurses identify areas in their practice where they are doing well and other areas where they could improve. Onsite peer review for nurse practitioners involves a review of documentation by a peer assessor, as well as a post-review discussion with the assessor. The purpose of this review is to identify professional development opportunities for nurse practitioners and to provide support and direction for meeting the nurse practitioner standards.
- 6.11 We have found that this standard is met and that the College's performance is an example of good practice. The outcome of independent research conducted in the UK<sup>19</sup> shows that peer review is effective at combating

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<sup>19</sup> Commissioned by the General Optical Council – see Performance Review Report 2014/15 p85 <http://www.professionalstandards.org.uk/docs/default-source/scrutiny-quality/performance-review-report-2014-2015.pdf?sfvrsn=0>

professional isolation and that the majority of participants of peer review found that interacting with other practitioners increased their self-confidence about their level of clinical knowledge.

- 6.12 We recommend that the College considers how it could monitor the impact of its continuing fitness to practise scheme and measure its success. It will be important for the College to ensure that it can identify and adapt to any new risks that emerge over time.

**The process for reviewing education programmes and courses is proportionate and takes account of the views of patients and students. It is also focused on ensuring that students meet the requirements for initial registration, reinstatement of registration, or certified practice designation**

**Action is taken if the review process identifies concerns about education establishments**

- 6.13 The College reviews a number of different courses and programmes:
- Baccalaureate and master's nursing education programmes undertaken by registered nurses and nurse practitioners prior to their initial registration with the College
  - Programmes and courses undertaken by former nurses renewing registration and internationally educated nurses
  - Certified practice courses that enable registered nurses and nurse practitioners to independently undertake activities that would otherwise be restricted (such as dispensing prescribed medication and diagnosis).
- 6.14 These courses and programmes are reviewed by either the Education Programme Review Committee or the Certified Practice Approvals Committee. We observed a meeting of the Education Programme Review Committee and spoke with staff and committee members of the Certified Practice Approvals Committee as part of our review. We noted that these two committees scrutinise the effectiveness in ensuring that students demonstrate they can provide nursing care safely before they can practise on patients and consider how this can be tested in a number of ways. We noted that both committees were well supported by staff members and the information, advice and support provided by staff was of a high standard. We have therefore concluded that these two standards are met.
- 6.15 We had some concerns about the depth of inquiry and scrutiny made at the committee meeting we observed and we considered that there could be better and fuller reasoning provided for the decisions made. We noted that members of both committees said that their decision-making can be affected by the passage of time between meetings. We also noted that there was no formal process for identifying relevant information and insights that should be shared between committees to ensure (and demonstrate) that the College's decision-making arising across the education function was consistent and proportionate. We recommend that the College examines its approach to committee decision-making in the education function as part of its implementation of an overarching system of quality control.

**Information on reviewed programmes and the review process is publicly available**

- 6.16 While the College publishes information about which courses and programmes have been reviewed and its policies for review and guidance, it does not publish the outcome of its reviews. Its approach is on the basis that the length of recognition or the terms and conditions attached to review decisions could be easily misinterpreted and unnecessarily damaging to the programme. It is possible for patients, students and the public to contact the College with questions although this option is not advertised on the College's website.
- 6.17 We have concluded that this Standard is not met. In order to improve its performance against this Standard we recommend that the College reviews its current approach to the publication of the outcomes of reviews of education programmes and courses. In our view the failure to publish openly could give the appearance that the College is complicit with any inadequacies identified in the courses and programmes it has approved.

## 7. Registration

- 7.1 There are five Standards of Good Regulation for Registration against which we measured the College's performance. We think it is important for public protection and for maintaining confidence in the system of regulation for regulators to hold accurate information (including information about restrictions on the registrant's practice) on the register and to make that information publicly available. It is important that employers are aware of the need to check the registration status of registrants and that the regulators have processes in place to manage the registration process and prevent individuals from practising illegally.
- 7.2 We have identified that the College meets all five Standards of Good Regulation for Registration although we are recommending improvements against three of the Standards to enhance public protection and in the wider public interest.
- 7.3 We consider that improvement is needed to enhance the College's approach to transparency, to implement a quality control mechanism, and in relation to its approach to identifying and managing risks in cases where a registrant has worked illegally whilst failing to maintain up-to-date registration.
- 7.4 We set out our detailed findings under each of the Standards below.

### **Only those who meet the regulator's requirements for registration are registered**

- 7.5 Registration requirements for all classes of registration are detailed in the bylaws governing the College's work. Further details are set out in the Registration Committee's policies. We noted that these policies are not subject to regular review and that 12 of 30 policies had not been reviewed prior to 2014. We encourage the College to implement a rolling system of reviews for all its policies to ensure that it keeps them up to date and to ensure that they remain operationally relevant and accurate.
- 7.6 The College rejects only a small number of registration applications and it either strives to support those registrants who fail to meet the requirements for registration or it finds that individuals not wishing to meet the College's requirements do not pursue their registration applications.
- 7.7 In the case of individuals with international qualifications the bylaws governing the College's work require them to satisfy the Registration Committee that their knowledge, skills and abilities are substantially equivalent to a graduate of an education programme in British Columbia. The College has interpreted this requirement as a competency based assessment which takes into account their competencies gained through qualification, work experience and any continuing education. The College receives a competency report which sets out any competency gaps and recommendations for remediation if needed. Those individuals that perform poorly at the competency assessment are directed to complete an education programme specified in the College's governing legislation.



7.8 We found the College to have an effective approach to setting out the requirements for registration and checking that they were met. We have no concerns that there are individuals on the register that do not meet the requirements for registration and we have concluded that this Standard is met.

**The registration process, including the management of appeals, is consistent with the Health Professions Act and bylaws. The registration process is also fair, based on the regulator's entry level competencies and standards of practice for nurses, efficient, transparent, secure and continuously improving**

7.9 We have concluded that this Standard is met. The College has processes in place to maintain an efficient and effective process for registration and processes applications within appropriate timescales.

7.10 Under Section 50.53 of the Health Professions Act, the Health Professions Review Board<sup>14</sup> has the power to review registration decisions made by the College. Following its review, the Health Professions Review Board may confirm the registration decision or refer the matter back to the Registration Committee. We noted that one of the College's registration decisions was reviewed by the Health Professions Review Board in 2015 and is reported on the Health Professions Review Board's website. It concluded that the College's registration process was fair, transparent, impartial and led consistently to the conclusion.<sup>20</sup>

7.11 Our only comment is that the College has not conducted any review to provide it with independent assurance that the decisions that it has made are correct and consistent with the processes and policies it has in place. We are making a general recommendation to the College that it develops an overarching quality control framework for all its regulatory functions (including registration).

**Through the regulator's register, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions/conditions on their practice**

7.12 Registers contribute to public protection by:

- Assuring the public that professionals are regulated and are required to meet certain standards
- Helping the public and employers to identify registered professionals from those practising illegally
- Informing the public of any limits imposed on the way a registered professional is allowed to practise
- Providing information about special areas of practice that a professional may be qualified to work in.

7.13 Section 21 of the Health Professions Act requires the College to maintain a register setting out a number of details for each registrant including: the registrant's name, whether they are a registrant or former registrant, their

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<sup>20</sup> [http://www.hprb.gov.bc.ca/decisions/final\\_decisions\\_registration.stm](http://www.hprb.gov.bc.ca/decisions/final_decisions_registration.stm)

business address and telephone number, the class of registrants in which the individual was registered, and any limits or conditions on their registration as well as whether the registrant was suspended or erased.

- 7.14 While the Health Professions Act requires the College to enable the register to be inspected during business hours there is no legislative requirement to make the register publicly available. While the College's register is not available for members of the public to search, the College makes a nurse verification search facility available on its website. The nurse verification facility enables a member of the public to check whether a named registrant is a registered nurse or a nurse practitioner and whether their registration is active.
- 7.15 In our view the nurse verification service mostly fulfils the requirements of this Standard and adequately protects the public in enabling a member of the public to identify the level of qualification and registration status of a named individual. The nurse verification service will also indicate when conditions or limits have been applied to a registrant's registration following a complaint investigation and whether they have been suspended. However, no details will be provided about the conditions or the reasons for suspension.
- 7.16 We have therefore concluded that this Standard is met although we have also concluded that improvement is needed against this Standard.
- 7.17 We understand that the College has reviewed its approach to publishing information on the register and aligned its approach with that of all 23 healthcare professional regulators in British Columbia following a legal review of the requirements of the Health Professions Act and input from the Minister of Health. We accept that the purpose of a complaints investigation is not to punish the registrant. However, on balance, our view is that the information that is available should be made publicly accessible in order for a regulator to act in accordance with the principle of transparency. We think that there is value to revisiting the approach taken in this area. We are recommending that the College works with the Minister to review whether any changes to its governing legislation may support it with enhancing the transparency of the information provided on its register/nurse verification facility.
- 7.18 Additionally we are concerned that the nurse verification facility on the website is accompanied by a disclaimer which states that, '*CRNBC makes every effort to ensure that all of the information on this website is accurate and complete. However, CRNBC does not represent, warrant or guarantee that it is, and CRNBC accepts no liability or obligation relating thereto.*' The College has explained that this is because: first, the College may not have checked the accuracy of information on the nurse verification facility where that information is self-declared by the registrant; and second, that a query could be made of the system which generates different results as it may take a short period (up to one day) for updates to appear on the system. We were concerned to note this disclaimer attached to the nurse verification facility, as we considered that it could cast doubt on the integrity and credibility of the information being held by the College. We note that the

College is considering removing this disclaimer as a result of our comments.

7.19 As part of this review, we carried out a random check of a sample of the College's register to ensure that it accurately reflected the registration status of each registrant. Incorrect and outdated entries have obvious implications for public protection and can cast doubt on the integrity of the register. We are pleased to note that when we checked both the register and the nurse verification facility we identified no incorrect entries.

7.20 We recommend that the College reviews its approach and processes for ensuring the accuracy of the information about registrants made publicly available on its register/nurse verification facility. We recommend that the College aim to provide patients and the public with the greatest level of assurance possible about the accuracy and veracity of the information it holds about registrants.

**Employers are aware of the importance of checking a nurse's registration. Patients and members of the public can find and check a nurse's registration**

7.21 We have concluded that this Standard is met. Employers are able to check the registration status of registered nurses and nurse practitioners and the College carries out communication activities to alert employers that they must check the status of their employees to ensure individuals have renewed their registration, are in good standing and are able to practise.

**Risk of harm to the public, and of damage to public confidence in the profession, related to non-registrants using a reserved title or undertaking a restricted activity, is managed in a proportionate and risk-based manner**

7.22 Section 51 of the Health Professions Act sets out the offences related to reserved title and unauthorised practice. Section 52 allows any person to apply for a permanent or temporary injunction to restrain a person from contravening the Health Professions Act.

7.23 The College has never sought an injunction. We understand from staff that the College has assessed the risks in this area as minimal as registered nurses and nurse practitioners are rarely sole practitioners, and because the situation is usually rectified immediately when the College notifies the individual and the employer.

7.24 Where an individual practises whilst unregistered for a period of less than 90 days (usually because they have failed to renew their registration within the specified time period) they are not required to provide any explanation as to the reason for failing to maintain their registration and they are only required to pay a fee. Where an individual practises whilst unregistered for a period of over 90 days, they are asked to provide an explanation for failing to maintain their registration and their application for reinstatement of their registration may be assessed by the College's Registration Committee. Where an individual practises whilst unregistered for a period of over 12 months, the reinstatement of their registration must be assessed by the Registration Committee.

- 7.25 The College has recently amended its approach to managing concerns that a registrant has knowingly worked without valid registration. The College sends correspondence asking the registrant to cease and desist from practising as a registered nurse/nurse practitioner, clarifies that it is illegal to practise as a registered nurse/nurse practitioner without valid registration and reminds them of their obligations to maintain registration.
- 7.26 We have concluded that this Standard is met; however we consider that the College could review its approach. In our view it is part of a nurse's professional responsibility to maintain their registration and it is equally part of the regulator's responsibility to take action to maintain confidence in its system of regulation.
- 7.27 In addition, whilst we acknowledge the comments made by the College about its assessment of the risks in this area, registered nurses and nurse practitioners are sometimes – albeit rarely – lone workers and we identified no evidence that the College would adapt its approach for such individuals. There is also no evidence that the College would adapt its handling of such cases that involved newly qualified registrants who may require a different approach based on how closely supervised they had been and whether or not they had been responsible for incidents in the workplace that posed risks to patient safety.
- 7.28 We recommend that the College's decision-making in relation to registrants who have been practising illegally should include consideration of whether the registrant's failure to maintain their registration has brought into disrepute the College's regulatory system for registration and has compromised the confidence that the public can have in the College's register. We recommend that the College considers more carefully the risks to patient safety associated with a registrant practising without valid registration. We recommend that the College maintains records of detailed reasons for decisions taken to grant registration or reinstatement of registration in cases where the registrant has practised illegally.

## 8. Complaints

- 8.1 There are ten Standards of Good Regulation for Complaints against which we assessed the College's performance. These Standards cover performance throughout the complaints function. We checked that the College manages the function in a way that is transparent, fair, proportionate and focused on public protection. We also checked that the College had effective internal monitoring systems to facilitate continuous improvement, as well as internal systems to monitor compliance with procedures.
- 8.2 Our overall conclusion is that the College did not meet four of the ten Standards of Good Regulation for Complaints. It has met the remaining six Standards although it performed inconsistently against one of the Standards.
- 8.3 We identified that improvement was needed and made recommendations against eight of the ten Standards. Our recommendations in this section relate to the need for a more robust and systematic approach to quality control, the need to evaluate the effectiveness of activities, engagement with patients and the public, and improvements to transparency.
- 8.4 The College's approach to managing concerns about registrants falls under two processes:
- Cases where registrants self-report concerns about their health are managed under the Early Intervention Program: Health (EIPH). Under this process, an individual must agree to voluntarily convert their registration to non-practising and they do not recommence practising as a registered nurse or nurse practitioner until they have been assessed as able to practise safely by a medical practitioner
  - Section 32-33 of the Health Professions Act requires the College to complete an investigation in a number of circumstances. These circumstances include when it has received a written complaint, when another registrant has exercised their duty to report that a registrant poses a public protection risk, has committed an act of sexual misconduct or has been hospitalised for a mental health or addiction problem, and when the Inquiry Committee itself has determined that an investigation should take place. This process is called the Professional Conduct Review (PCR) process.
- 8.5 We conducted an audit of a sample of 30 cases. This included 29 cases that had been investigated by the College and closed during the period 1 January 2015 – 27 November 2015 and one earlier case that had been closed in March 2014. Eight of the 30 cases were managed as part of EIPH<sup>21</sup> and the remaining 22 cases were closed under the PCR process. We selected cases closed at each closure point within the CRNBC's FTP process.

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<sup>21</sup> Where the final Inquiry Committee decision was taken during this period although the registrant's health continued to be monitored as part of their participation in the programme.

- 8.6 Our overriding aim in conducting this audit was to check that the College was protecting patients, service users and the public and maintaining confidence in the system of regulation in the cases that we reviewed. We are pleased that we did not identify any cases which risked patient safety or public protection by the College's handling of these cases. We also considered whether any weaknesses in the handling of these cases might also suggest that the public might not be protected, or confidence not maintained in the system of regulation operated by the College, if the approach was adopted in future cases.
- 8.7 There is no doubt that the College is committed to patient safety and we hope our comments and reflections about its complaints work are useful in the College's ongoing effort to improve this aspect of its work. We set out our detailed findings, including our conclusions from the audit, under each of the Standards below.

### **Anybody can raise a concern, including the regulator, about a registrant**

- 8.8 The College will accept written complaints regarding a registrant's conduct, competence or health from any source. Regulated health professionals in British Columbia have a duty to report concerns to the relevant college where they believe a registrant's continued practice may pose a danger to the public. The College undertakes a number of activities to ensure that patients, the public and employers are aware of their ability to raise concerns about a registrant to the College.
- 8.9 The College also has the ability to take forward a concern about a registrant that it has itself identified by means of the Inquiry Committee authorising an 'own motion' investigation. The Inquiry Committee may decline to do so and close the case without any further action being taken.
- 8.10 We are therefore satisfied that this standard is met. This view was also corroborated by our review of the 30 cases we audited which included a sample of cases that were opened as a result of self-referrals from registrants, complaints from employers and the public, and own motion investigations.
- 8.11 While the legislative requirements require complaints to be received in writing we understand from speaking to staff at the College that staff will go further to gather the information needed to establish the facts and details of a complaint about a registrant. The support needed for any vulnerable complainants and witnesses is assessed on a case by case basis and staff have recently worked on documenting a written process to ensure that there is consensus between the College and the complainant about the details of a complaint at an early stage.

### **Information about complaints is shared with other organisations within the relevant legal frameworks**

- 8.12 Information about registrants who partake in EIPH is always kept confidential from the public because matters concern the registrant's health. The programme itself is highlighted to employers. However, the College

does not gather or monitor data in relation to the systematic sharing of information as part of this programme.

- 8.13 Information about complaint cases (such as an analysis of the nature of allegations, the demographic of the registrant being complained about and an analysis of the outcome) is not routinely shared with stakeholders other than in presentations delivered by the team. The College would only share information on an individual case in exceptional circumstances where there is a need for such disclosure in the public interest. This is done with the registrant's consent and Board approval. However, information about individual complaint cases that are upheld are shared with the registrant's employer.
- 8.14 Our review of the evidence provided by the College, as well as our meetings with staff and the College's stakeholders, confirms that the Registrar of the College is pioneering a more collaborative and unified approach to regulation with other health professional regulators and the two other nursing regulators in British Columbia. The motivation for this collaboration is in the interests of pursuing a right-touch approach to regulation and in the interests of patients and the public. We consider this to be an area of good practice.
- 8.15 We have concluded that this Standard is met: however, we noted two activities that were not being undertaken by the College that we would normally expect to see as evidence that this standard is met:
- Sharing the analysis of complaints cases (such as trends and themes of cases over defined periods and case studies) with bodies with similar interests
  - Exchanging information with other bodies with a relevant interest (such as the police, employers, other regulators) where complaints cases indicate information that may be of interest to them in relation to public protection or the wider public interest.
- 8.16 We recommend that the College consider whether the production of this information to share with other organisations and bodies would be of value and interest.

**The regulator will investigate a complaint, determine if there is a case to answer and take appropriate action including the imposition of sanctions. Where necessary the regulator will direct the person to another relevant organisation**

#### ***Cases managed under EIPH***

- 8.17 Cases that are managed under EIPH are not investigated and information is only shared in relation to the management of any health concerns. We have set out our comments and concerns about this approach at paragraphs 8.44 and 8.70-8.72.

#### ***Cases managed under the PCR process***

- 8.18 Once a complaint has been received, staff assess whether there is sufficient information to progress the complaint, and seek additional

information and clarification. The College will seek further information to assess the seriousness and the risks to patient safety, determine who knows about the alleged misconduct or concerns about competence or health, and to assess whether there are already measures in place to mitigate the risks to patient safety. If insufficient information is provided, the College will inform the complainant/enquirer that the complaint will not be investigated because the College has insufficient information on which to proceed with an investigation.

8.19 If the complaint is considered to be serious (i.e. staff have concluded that, if the allegation were true, it would result in a restriction on the registrant's practice) and once sufficient information has been obtained, the complaint is referred to the Inquiry Committee for an investigation to be authorised.

8.20 Once the case has been referred to the Inquiry Committee it may direct specific investigatory steps to be taken. The Committee's role is to authorise, direct and oversee the investigation. Authorisation is sought from the Committee for an investigation to commence in order to demonstrate that the College has the legal authority to investigate and seek further evidence. The Inquiry Committee is responsible for setting out the scope of the investigation and providing the initial direction of the investigation. Staff will carry out the investigation which will include obtaining a response from the registrant to the allegations about them, obtaining patient records, interviewing witnesses and obtaining information and evidence from the employer.

8.21 Once staff have judged that the investigation has been completed, the case is referred back to the Inquiry Committee for a decision about whether the investigation is 'adequate'. Where the Inquiry Committee is not satisfied that the investigation is 'adequate' the investigation will be referred back to staff for further action. Where the investigation is considered 'adequate', the Committee will review a summary of the facts and the evidence gathered to support the allegation. It will evaluate whether the allegations appear to be supported by the evidence and following this evaluation it may take the following decisions:

- Take no further action if it considers the complaint is trivial, frivolous, vexatious or made in bad faith
- Take no further action if it considers that the conduct or competence of the registrant is satisfactory
- Take any action it considers appropriate to resolve the matter between the registrant and complainant
- Seek consent from the registrant to accept a reprimand and/or undertake any action specified by the Inquiry Committee. This action is not limited and so may include consent to conditions on practice, suspension, or cancellation of registration
- Direct the Registrar to issue a citation for a hearing by the Discipline Committee.

8.22 If the allegations appear to be supported by the evidence then the Inquiry Committee will usually direct staff to negotiate a consensual resolution of



the complaint. In the majority of complaints where the allegations are supported by the evidence, the Committee will direct staff to negotiate a consensual resolution (Section 36 of the Health Professions Act). The registrant must make sufficient admissions to the allegations prior to a consensual resolution being embarked on, and the registrant signs a binding agreement to satisfy the College that the remedial actions will be carried out.

- 8.23 The Inquiry Committee may, at any time during the complaints process, impose conditions on a registrant or suspend registration if it is considered necessary to protect the public. The registrant may appeal such an order to the Supreme Court of British Columbia.<sup>22</sup>
- 8.24 Citations are issued rarely and in circumstances where the registrant has denied the allegations and will not consent to remediate the concerns about their practice or will not agree to the remedial actions requested by the Inquiry Committee. Where a case is referred to the Discipline Committee, a hearing will take place at which the Committee will determine the facts of the allegation, the grounds (misconduct, lack of competence or health) and impose a sanction on the registrant. The sanctions are those that are available to the Inquiry Committee/Registrar except that the registrant's consent is not required. In addition, the Discipline Committee may impose a fine on the registrant. The College has not taken a case to a Disciplinary Committee since 2010. The issue of a citation does not preclude a Consent Order being reached with a registrant prior to the Discipline Committee hearing.
- 8.25 In the cases that we audited we saw some variation in the depth and scale of investigations. It was difficult to understand the rationale for the differences in approach in each case in the absence of recorded reasons for the decisions taken in the investigation and/or guidance and process documents. We also saw some variation in the test applied by the Inquiry Committee in relation to its decision-making and we set out our comments about this below – see paragraph 8.42.
- 8.26 The College's view is that legislative guidance would assist them with achieving greater consistency in this area of its work and encourage staff to document the decisions taken during an investigation. In the College's view the Health Professions Act could clarify that, once the Inquiry Committee has directed the investigation, staff have the discretion to work within the scope of that investigation and to direct the investigation appropriately.
- 8.27 In light of the extensive work that the College has undertaken to improve its processes and its approach to investigations we have concluded that this Standard is met but that the College has performed inconsistently. Our conclusion is that the focus for the College should now be on embedding and consolidating its approach to achieve consistency. It must also strengthen its system for quality control to improve the consistency of the decisions it makes. We have set out a detailed assessment and conclusions at paragraphs 8.57-8.78. Our recommendations include the following, which

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<sup>22</sup> [http://www.courts.gov.bc.ca/supreme\\_court/](http://www.courts.gov.bc.ca/supreme_court/)

we anticipate will address our comments in relation to the test applied by the Inquiry Committee:

- Guidance and further training for the committee on the test to be applied at each stage and how it should arrive at its decisions
- Monitoring of the use and effectiveness of the processes for investigation with focused training and guidance for staff to support them with consistency in decision-making
- A system of quality control that enables the College to identify inconsistency in the decisions that are taken or the investigation steps that are followed and details of how learning from this is used to improve the investigation process.

### **All complaints are reviewed on receipt and serious cases are prioritised**

- 8.28 We have analysed the College's performance against this standard by considering its approach to cases managed under EIPH and the PCR process. We highlight below some cases which, in our view, may have benefited from early risk assessment to flag and identify serious issues in the case which may have required early regulatory oversight or action.
- 8.29 We audited the College's handling of eight cases that were managed under EIPH up to the point that the Inquiry Committee had made a final decision about the outcome of the case.
- 8.30 All cases managed under EIPH are considered 'serious' cases and consent for registrants to convert their registration status being to non-practising is sought as a pre-requisite for entering the programme. Patients and the public are therefore protected from being treated by registrants who are not safe to practise due to concerns about their health.
- 8.31 In four of the eight EIPH cases that we audited we noted that, as well as suffering from an addiction related health issue, the registrant had been dishonest in the course of their nursing practice. In each of these four cases the College did not carry out an assessment of the seriousness of the dishonesty to determine whether the misconduct was so serious that it should be investigated. It therefore did not consider whether or not the dishonesty was linked to the addictive behaviour and whether investigation was required in the interests of maintaining public confidence in the system of regulation.
- 8.32 We were particularly concerned about two cases in which registrants reported to the College that they had an addiction and were referred to EIPH. There were also allegations that the registrants had been dishonest and stolen medications from their workplace, however these were not investigated prior to referring this case to EIPH. The medical assessments sought by the College concluded that there was no evidence of addiction. In both cases there was a delay in starting the investigation and obtaining evidence caused by the immediate diversion of the case to EIPH. We considered that an assessment of the seriousness of the issues including whether the theft had had any negative impact on patients and the registrant's insight into the seriousness of the theft should have been taken

into account before taking the decision to refer this case to EIPH without an investigation into the theft.

- 8.33 We discuss the College's handling of cases which involved dishonesty below – see paragraphs 8.63-8.72.

### Cases managed under the PCR process

- 8.34 Since May 2015, on receipt of a new written complaint or a duty to report, a triage process takes place to assess whether there is sufficient information to progress the complaint and the level of seriousness. Additional information and clarification may be sought at this stage. However, there is no documented policy or process in place that requires an assessment of seriousness in every case which then leads to the case being prioritised for completion on a consistent basis. Conducting a robust and documented risk assessment on receipt of new information at any point in an investigation, with documented reasons for the decisions taken, is an important part of public protection with a risk-based regulatory approach. This must be done consistently in every case. In our view, unless the regulator has conducted a proper initial evaluation of risk on receipt of new information and in all cases, it is difficult to demonstrate that sound judgements have been made about whether regulatory action is necessary and, in particular, to decide whether immediate action should be taken to restrict the registrant's ability to practise while the complaint is being investigated.
- 8.35 Section 35 of the Health Professions Act provides the ability to take '*extraordinary action to protect the public*' to impose conditions, limits or a suspension on the registrant's practice that will ensure public safety. This action is taken when the College has reasonable and probable grounds to believe that the continuing practise of a registrant might constitute danger to the public and that interim measures restricting the registrant's practice are necessary to protect the public during the course of the investigation. This usually only occurs in circumstances where the registrant will not agree to voluntarily enter into an undertaking necessary to protect the public or does not respond to or is dishonest during the College's attempts to evaluate whether the current employment environment has the necessary measures in place to protect the public during the course of an investigation.
- 8.36 The complaint in one case that we audited was that the registrant had inappropriately touched two female patients. At the conclusion of the employer's investigation, the registrant's employment was terminated and they were referred to the College. The registrant consented to their registration being converted to non-practising and this information was made publicly available. The registrant subsequently began a nursing role that required registration with the College, failed to notify their new employer that they had signed a non-practising agreement and began working without valid registration. When the College was alerted to the registrant's failure to comply with the non-practising agreement they commenced an investigation. Before the investigation was concluded the Investigating Committee removed the registrant with their consent from the register in relation to a separate investigation about them. We noted that the College did not restrict the registrant's practice under Section 35 as soon as possible after learning of the breach of the non-practising agreement in light

of their dishonesty and the seriousness of the allegations made against them because the Health Professions Act does not clearly enable the College to take this approach. The failure to take immediate action to restrict the registrant's practice may have exposed patients and the public to unnecessary risk in our view.

8.37 In response to our comments about this case, the College has advised us that it has modified its approach to handling this type of issue and this would therefore not be the approach adopted more recently. We recognise that the College has adapted its ways of working to achieve the outcome that registrants that pose risks to patient safety are prevented from practising whilst an investigation is underway. We also noted that one of the challenges for the College is the high legal threshold for evidence required before the College can take action to restrict a registrant's practice under section 35 in order to protect the public. The College has therefore sought alternative means to restrict the registrant's practice where there are concerns about risks to public protection. We agree with the College that the legislation does not support them with taking prompt action to protect the public (particularly when compared with the approach taken in other jurisdictions). In our view, a review of the meaning and purpose of this aspect of the legislation would facilitate greater clarity and consistency amongst regulators about the circumstances in which it is intended that this provision will be applied. We think this will also be beneficial for patients, the public and registrants.

8.38 We were unable to see any evidence of a formal risk assessment process in any of the cases that were managed under the PCR process and we also did not identify any process in place to support staff with identifying which cases should be prioritised due to the seriousness of the allegations. The absence of a consistent process applied in every case that links the seriousness of the case to it being prioritised for a review, with documented reasons for the decisions taken, leads to our conclusion that this Standard is not met. We understand that the College is introducing a process for legal counsel to formally review files to assist staff with identifying and risk assessing issues early on in the life of the case. We are pleased that the College has identified this step for itself and the following recommendation is made in light of this and to support the staff already working on developing the College's approach to this area.

8.39 We recommend that the College:

- Reviews our comments and concerns in relation to the prioritisation and risk assessment of the cases that we have audited which is taken into account in developing the College's existing approach to the identification of risks in cases
- Introduces further guidance for staff with tools for consistently: identifying agreed areas of risk; making reasoned decisions about prioritisation of cases; and recording the reasons for decisions about the progression of cases and for taking/not taking action
- Introduces a system, including timeframes and guidance, for the ongoing risk assessment of cases as new information arises and at

relevant and appropriate stages of the case to demonstrate that appropriate action has been taken once risks have been identified.

- 8.40 We acknowledge that the team responsible for managing complaints has undergone a great deal of change and work is underway to embed and achieve consistency following an extensive review of its ways of working. We recognise that this can be common following a period of extensive change, although achieving consistent outcomes remains integral to the implementation of effective and efficient processes for risk assessing and prioritising cases. Our recommendation therefore includes a review of the effectiveness of the new systems and processes we have recommended above at paragraph 8.39 to identify and rectify any areas of inconsistency. We additionally recommend that a system is put in place for quality control which enables the College to identify inconsistencies in the decisions around risk and prioritisation and to use the learning from this to improve this aspect of the complaints process.

**The complaints process is transparent, fair, proportionate and focused on public protection**

- 8.41 The College undertook an extensive review of its ways of working for managing cases under the PCR process between 2012 and 2014. One of the purposes of this review was for the Senior Executive Team to satisfy itself that the College was effectively meeting its obligations under the Health Professions Act. Training was provided to the Inquiry Committee in October 2014 about the new ways of working.
- 8.42 Our first concern relates to the test applied by the Inquiry Committee in taking its decision on the evidence presented to it at the conclusion of an investigation. The test to be applied by the Inquiry Committee is set out in Section 33(a) Health Professions Act. The test is that the Committee may not take action where it is of the view that the matter is 'trivial, frivolous, vexatious or made in bad faith or that the conduct or competence to which the matter relates is satisfactory'. We noted that there were six cases where this test was not applied and instead the Inquiry Committee determined the case based on its view as to whether the registrant had '*breached professional standards*'. We understand that staff have been working with the Committee to ensure that the test that is applied is whether the conduct or competence is '*satisfactory*'. Staff advised us that there was a degree of inconsistency in the Committee's approach and further work has been carried out to improve consistency with its decision-making. We noted that the incorrect test had been applied in a decision taken as recently as October 2015. We are concerned about the Inquiry Committee framing its decision in relation to whether the registrant has breached professional standards because an assessment of breaching standards may require the Committee to formulate views as to the facts of the case and it is not apparent that the legislation governing the Committee's decision-making authorises it to make this kind of judgment. In addition, inconsistencies in the tests being applied in complaint cases leads to inconsistent outcomes which are unfair to registrants and could damage public confidence in the complaints process operated by the College.

- 8.43 The College's view is that legislative reform that permits the Inquiry Committee to make a final determination and impose outcomes would be beneficial. The recommendations we have made below in relation to decision-making are also relevant to resolving this issue in our view (see paragraphs 8.77-8.78).
- 8.44 Our second concern relates to the College's handling of cases about the registrant's health. We noted that cases related to the registrant's health were handled under both EIPH and the PCR process. The reason for the difference in approach only relates to the way that the College is notified about the case, such that cases where the registrant has self-referred to the College are managed under EIPH, whereas cases that are notified by employers or the public are managed under the PCR process. We understand that the British Columbian Nurses Union advises its members to self-refer when it emerges that an individual has a health problem that might affect their ability to practise. We have highlighted above our comments in relation to inconsistency in the College's approach where the initial information about health concerns of the registrant are accompanied by allegations that the registrant has committed serious misconduct (such as theft from a patient) and those comments are relevant to our findings in this section. (See paragraphs 8.28-8.32 above and paragraphs 8.65-8.68 below). We consider that the College's complaints process is vulnerable in that registrants wishing to avoid redress in relation to their misconduct may self-refer to the College and evade any investigation into any allegations of misconduct. This also leads to the College handling cases differently and inconsistent outcomes in cases with similar facts. We therefore consider that the College's approach in this area is not in keeping with a risk-based approach to regulation as the regulatory risks related to the misconduct, including the risks of taking no action, have not been quantified and assessed. The recommendations we have made below in relation to decision-making are also relevant here (see paragraphs 8.72 and 8.77-8.78).
- 8.45 Our third concern relates to the publication of outcomes in complaints cases. We identified an inconsistent approach in this area and our comments are set out below in paragraphs 8.79-8.81. Our findings in that area have contributed to our assessment of the College's performance against this Standard. We are making a general overarching recommendation to the College to review its approach to transparency.
- 8.46 Our final concern relates to the absence of a comprehensive quality control mechanism for the complaints function which enables the Senior Executive Team and the Board to identify issues, trends and themes at the earliest possible opportunity and to demonstrate that they have been acted on so that the insights identified lead to measurable improvements.
- 8.47 Based on these four concerns we have concluded that this Standard is not met.

- 8.48 We recommend that the College implements a system of quality control for the complaints function and as part of this system the College could consider whether it may be helpful to introduce or develop its approach to the following:
- Conducting audits of compliance with written processes and action plans to address areas of non-compliance
  - Introducing processes and policies to support decision-makers that cover all aspects of the complaints process that are subject to regular review and accurately reflect day to day operations
  - Identifying and publishing the details of how data is collected on cases to demonstrate that the complaints process is fair and free from bias or discrimination
  - Publishing leaflets and developing standard letter text for those involved in the process to explain the process and manage expectations
  - Identifying and publishing an explanation of how the College excludes allegations that do not impact upon a registrant's ability to practise from the complaints process
  - Identifying and publishing a breakdown (or examples) of how the process is focused on public protection, for example within guidance for panellists and staff.

**Complaints are dealt with as quickly as possible, taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients**

- 8.49 Section 50.55 of the Health Professions Act sets out that investigations should be concluded within 255 days from the receipt of the written complaint or authorisation of the own motion investigation. If this timescale is not met the investigation must be suspended for 30 days to allow the parties time to apply to the Health Professions Review Board<sup>14</sup> for a review of the delay. The College's view is that it is counterintuitive to require an investigation to be suspended in order for a delay to be investigated. We agree with this view and find the legislation inadequate in its inclusion of this provision. The Health Professions Review Board operates a process whereby the College can continue to investigate in circumstances where the parties consent to the investigation continuing.
- 8.50 The Health Professions Review Board does not collate data on trends and themes. However, they were able to advise us that it gets few concerns escalated to them about delays with a complaint investigation conducted by the College and that the College is proactive in identifying cases where parties are happy to consent to the investigation proceeding.
- 8.51 In the cases we audited we were satisfied that there were no cases where delays resulted in harm or potential harm to the public. However, we noted that the College does not have a system in place to monitor the progress of cases and to demonstrate that cases are progressing without undue delay. We were also unable to identify a system in place for the College to

demonstrate that it is working to identify and remedy the causes of delay in its casework. We have therefore concluded that this Standard is not met.

8.52 We recognise that staff working to investigate complaints are expediting matters as efficiently as possible. However, this will not effectively achieve the results required without additional resource and more robust governance that includes a system of oversight and service standards that are monitored to ensure that the College is progressing cases as quickly as possible across the entirety of its caseload.

8.53 We recommend that the College urgently improves its performance against the Standard which requires that complaints are dealt with as quickly as possible, taking into account the complexity and type of case and the conduct of both sides and that delays do not result in harm or potential harm to patients. Timely progression of cases is an essential element of a good complaints process that will maintain public confidence in the process. We consider that this could include the following steps and measures:

- Conducting a review of the resources in the department with a view to determining what additional resources may be required to expedite the handling of cases and to eliminate the backlog of cases that has been accrued without any consequential negative impact on the newer cases that are being received
- Introducing regular (e.g. monthly) reporting mechanisms to the Senior Executive Team that includes an analysis of the length of time taken to progress cases through each stage of its complaints process to ensure cases are progressed as quickly as possible and that improvements are maintained. This could be expanded to include less frequent (e.g. quarterly) reporting mechanisms to the Board to enable it to scrutinise performance and hold the executive to account
- Undertaking work to map the pathway of a complaint from receipt to closure. The College could consider engaging with a range of staff across the team with expertise in different areas of the process to help identify where improvement is needed, identifying any bottlenecks in the process and to remove unnecessary delays.

#### **All parties to a complaint are kept updated on the progress of their case and supported to participate effectively in the process**

8.54 Section 50.55 of the Health Professions Act requires the College to provide updates to the parties of a complaint at specified intervals. Our review of the cases closed as part of the PCR process identified that most complaints were generated by employers who were generally well supported to participate effectively in the process.

8.55 We saw two cases closed under the PCR process where we considered the College could have improved its approach to keeping the complainant updated. In the first case, we could not identify any updates having been sent to the complainant in one year. The complainant decided not to continue to pursue their complaint during this time, partly due to the length of time it had taken to investigate the concerns (the delay was reasonable as the College was awaiting the outcome of a third party investigation).



There was not a significant impact in the circumstances of this case, however, if this approach were adopted more widely loss of engagement with complainants could have an impact on the College's ability to complete investigations. In a second case, the Inquiry Committee decided to close the case without taking further action and in doing so it stated that the complainant's withdrawal of their complaint provided an indication that the complainant's perception was that the level of public risk was low. Whilst we agreed with the Inquiry Committee's decision not to authorise an investigation in this case, the Committee's assessment in relation to the complainant was wrong as the complainant had withdrawn their complaint due to their dissatisfaction with the length of time it had taken to investigate the complaint.

- 8.56 We have concluded that this Standard is met based on our audit of cases although we consider that the College could strengthen its performance. The College does not have processes and policies in place to support complainants that are not employers, although we are satisfied from speaking to staff that they handle this on a case by case matter. We recommend that the College consider whether it needs to put in place processes to support those who come forward wishing to make a complaint, particularly patients and the public.

**All decisions at every stage of the process are well reasoned, consistent, protect the public and maintain confidence in the profession**

- 8.57 Our review of the College's performance against this standard included the audit of 30 cases closed under EIPH and the PCR process, a review of the written evidence provided by the College, our observation of a meeting of the Inquiry Committee and our conversations with staff. Our overall conclusion is that the College has not met this Standard. Whilst we were able to identify a number of examples of proper decision-making by the Registrar and by the Inquiry Committee and we recognise the efforts of staff in putting in place systems and processes to prevent poor decisions, we consider that the Senior Executive Team should conduct further work to raise performance in this area.
- 8.58 The various decision-making points in the complaints process are set out above at paragraphs 8.17-8.24. We have set out our conclusions and recommendations under each subheading below and we also summarise them at paragraph 10.23-10.25.

***PCR cases – closed by the Registrar***

- 8.59 In cases that follow the PCR process, where a complaint or report is not considered to be of a serious nature (that is, if the allegation were true it would not result in a restriction on the registrant's practice) it will be referred to the Registrar, who assesses it and can conclude the complaint by dismissing it or resolving it by obtaining the registrant's consent to a reprimand and/or to undertake any specified action. Our audit included two such cases. We did not have concerns about one of the cases and our concern about the second case is in relation to a general comment about

the consistency of the College's approach to dishonesty. See para 8.63-8.69 and 10.25.

### *PCR cases – closed by the Inquiry Committee*

8.60 Of the cases we audited that followed the PCR process we saw evidence in older cases that staff had pre-drafted decisions for the Inquiry Committee. We consider this to be poor practice. We note that staff have informed us that they have moved away from this practice and this was consistent with what we found in the cases that we audited that were closed more recently where there was no evidence of pre-drafting of decisions.

8.61 Our audit included 20 cases that had been closed by the Inquiry Committee. We identified no concerns in nine cases. Our comments in relation to ten of the remaining 12 cases are as follows:

- There were five cases where we considered that the Inquiry Committee's decision should have been supported by fuller reasons to explain the conclusions that had been reached by the Committee and/or explain its assessment of the evidence in reaching its decision. In one case we had several concerns about the decision reached by the Committee. First, the decision did not set out what the Committee had concluded in relation to each of the allegations and it appeared that the Committee had provided no comment on some of the allegations whatsoever. Second, one of the allegations was that the registrant had failed to complete patient records and we noted that the Committee's decision did not take into account that the registrant had not demonstrated insight into the importance of good record-keeping or the impact of poor record keeping on patient safety. Instead, the registrant had commented that the reason for their failure was that they were too busy and that other staff had suggested to them that it was not important. Third, it was not apparent whether the Committee had identified that witnesses had presented two different versions of events and it appeared that the Committee had preferred one version of events to the other. Staff informed us that, although the Inquiry Committee is not empowered by the legislative framework governing its decision-making to resolve conflicts of evidence, case law recognises that the Committee's assessment could include an evaluation of conflicting evidence, including issues of credibility. In our view where the Inquiry Committee has undertaken this type of evaluation it would be better practice for it to support its conclusions with documented reasons detailing the weight attached to the evidence that it has seen. We think that this enhances transparency and is particularly important for making decisions clearer. Our overall conclusion in this case was that improvement was needed in the drafting of the decision to explain clearly the decisions that had been reached by the Inquiry Committee and the reasons for each of the decisions in order to enable a third party to read and understand the decision
- There were six cases where the Inquiry Committee had reached its decision by applying a test that is not set out in the legislation governing the Committee's decision-making. Our comments and conclusions about this are set out above at paragraph 8.42.

8.62 Our review involved observing the Inquiry Committee at one of its meetings. Our observation of this meeting confirmed our finding from the audit that improvement was needed in the reasons provided for the Committee's decisions. We recommend that the College considers whether it would be beneficial for the Inquiry Committee to routinely set out the following as part of the record of its decision:

- A summary of its view and conclusions in relation to each of the allegations
- An application of the appropriate test to the information and evidence
- Sufficient and adequate reasons for each of the decisions taken, including decisions not to take action, that enable a third party (such as a patient or a member of the public) reading the decision to understand each of the decisions taken and how the sanction imposed protects the public
- An explanation of any important background facts which led the panel to reach its conclusion including the weight that the Inquiry Committee has applied to facts, information and evidence in reaching its conclusions. This is in order that the committee's statements about the case are supported by evidence
- An explanation of why the sanction was or was not imposed. We recommend that the record of the Inquiry Committee's decision should note its consideration of the sanctions starting with the lowest possible sanction and moving upwards. The record of the decision should note that the panel has considered the sanction below and immediately above the sanction imposed and the reasons for not imposing those sanctions. The record of the decision should have regard to the principle of proportionality, weighing the interests of the public with those of the registrant. Reasons should be given in sufficient detail so that interested parties can understand why a sanction has been imposed which include why other sanctions would not be suitable, references to any published guidance on decision-making, and the reasons for any departure from the published guidance.

### ***Cases involving dishonest misconduct***

8.63 Our review of cases investigated by the College identified a different approach to handling cases involving a registrant's alleged dishonesty, than we observe in the UK. This was particularly the case where the dishonesty related to the registrant's private, rather than professional, life. We recognise that there are different jurisdictional approaches to dishonesty and this may also be a reflection of differences in a society's attitudes to dishonesty. We believe there is value to the international community of regulators from learning about the different approaches taken in relation to dishonest misconduct. We set out below our comments and conclusions about the cases we reviewed involving dishonesty and our own reflections on handling this type of misconduct.

### *Cases managed under the PCR process*

- 8.64 We reviewed six cases where the complaint involved the registrant acting dishonestly in the course of their employment. We wish to comment particularly on four of the six cases we audited.
- 8.65 In two cases, there was some indication that the registrant's misconduct may have been dishonest and we noted that there was little investigation into the registrant's motivation for their misconduct. In one of these cases the complaint was that the registrant had failed to disclose details of their previous criminal charges and convictions on their initial application for registration. We noted that there was no investigation into whether the registrant's omission was dishonest although they may have had an interest in withholding the information. Further, no information or evidence (such as character references or evidence about the registrant's insight or reflection), was sought to assess the registrant's character or credibility. We considered that investigating this matter and seeking the Inquiry Committee's decision on it would have demonstrated that the College takes seriously matters involving the (potentially dishonest) withholding of information from the regulator. The Committee's decision was to ask the registrant to sign an undertaking not to repeat their misconduct. In our view, maintaining registration is part of a professional's responsibility and there is little justification for failing to fulfil this obligation.
- 8.66 An additional concern in one of these cases was that the Inquiry Committee determined that the registrant should collaborate with staff at the College to design a document to ensure that future registrants and applicants understand their obligations with regard to disclosing past and current criminal charges and outcomes. We did not consider that this was an appropriate outcome for the Inquiry Committee to impose following a complaint investigation into the registrant's alleged dishonest behaviour.
- 8.67 In the third case, the registrant was dishonest to their employer and the outcome was that the Registrar disposed of the case, without referral to the Inquiry Committee, by asking the registrant to agree an undertaking that they would not repeat their dishonesty. There was no evidence in this case that the registrant had insight in relation to their dishonesty (in appreciating the seriousness of dishonest behaviour) or they had displayed remorse. We considered that the decision would have been more credible if the reasons for the Registrar's decision had set out what weight they had placed on any insight or remorse expressed by the registrant and whether this could be considered relevant to the risk of the registrant repeating their misconduct.
- 8.68 In the fourth case, the registrant admitted to the allegations made about them that they had knowingly falsified patient records. The Inquiry Committee decided that the College should investigate to determine whether there were concerns about the registrant's conduct related to the professional standards of nurses. The Committee determined that the registrant should be asked to consent to their registration being cancelled. The registrant responded by asking the Committee to reconsider its decision in light of the fact that they were a nurse of long standing, had carried out some remediation into the concerns about their practice, and had insight into their misconduct such that they would not act in that manner.

again. The Committee therefore reconsidered its decision and instead asked the registrant to consent to a reprimand and agree to undertakings. These undertakings included that they should not apply for reinstatement to the register until they had carried out a number of further remedial activities, and once reinstated to the register to practise under supervision and not to return to work in a specific environment. We had several comments about the decision-making in this case:

- The Committee first decided that the seriousness of the registrant's misconduct warranted the most severe regulatory outcome – for them to apply to cancel their registration such that they could no longer practise as a registered nurse/nurse practitioner – and the record of that decision was published. Once the registrant appealed, the Committee amended its decision to a less severe outcome for the registrant. While we are satisfied that this decision was within a range of reasonable responses for the Committee to take, it was not apparent why it had changed its decision when all that had happened in the intervening period between the two decisions is that the registrant had reiterated that they had insight into their misconduct
- Our second comment is that the registrant provided evidence of insight into their dishonesty recognising that what they had done was serious, they expressed remorse, had already undertaken activities to remediate, they had reflected on their dishonesty and were able to describe how they would act differently in the future. These factors could be regarded as indicators that the risk that the registrant would repeat their dishonesty was low. It was not apparent what weight, if any, the Inquiry Committee placed on this factor in the decision and it would have been helpful, for a third party reading the decision, if this had been explained by reference to what weight the Committee had placed on various factors
- Our third comment is that the employer's investigation concluded that the registrant's conduct posed risks to patient safety. The registrant disputed this fact. It is clear from the Inquiry Committee's decision that it agreed that the registrant's conduct did pose risks to patient safety. In these circumstances, we considered that the Committee should have clarified what weight it placed on this element in its decision.

8.69 Staff informed us that case law does not set out that the regulator has any presumed jurisdiction in relation to a registrant's conduct whilst they are 'off-duty' unless that conduct is considered 'egregious'. Therefore, dishonesty is considered less serious in cases where the registrant's dishonesty is not linked to the registrant's nursing practice. We considered that it may be beneficial for the College to clarify its approach to dishonesty to explain the range of different outcomes that we saw in cases that involved dishonesty that were handled under the PCR process.

#### *Cases managed under EIPH*

8.70 Four of the eight cases that were managed under EIPH involved the registrant acting dishonestly. The College did not investigate the dishonesty in those four cases due to the registrants' self-referral of the concerns about

their health condition. Our comments on two of these four cases (which also involved allegations that the registrant had acted dishonestly) are as follows:

- In the first case, the registrant self-referred to the College that they were taking anti-depressants and were not fit to practise. We noted that, prior to this, the registrant had received a driving ban for drink-driving and had withheld this information from both the College and their employer. We acknowledge that there is no legislative requirement for registrants to report these driving offences to the regulator. In our view the College could have investigated this matter prior to referring the case to EIPH and recorded its decision as to why the misconduct was not so serious that the case should be considered as part of the PCR process
- In the second case, the registrant's employer raised concerns about the registrant's practice which included their practice relating to drug administration. The employer reported several instances of the registrant failing to administer pain relief medication to patients. The Inquiry Committee referred this case to EIPH and this meant that there was no investigation into whether the registrant was dishonest even though their actions in failing to administer drugs had been committed on multiple occasions and compromised the care provided. There was an assumption that a relapse of the registrant's addiction disorder had led to them falsifying records and stealing drugs from patients. In our view the link between the registrant's misconduct and their behaviour had not been established and warranted some investigation prior to deciding whether the case was suitable for EIPH (meaning that the misconduct would consequently not be investigated).

8.71 In our view, dishonest actions can legitimately lead a regulator to be concerned about the character of a registrant because the conduct of registrants ought to justify at all times the trust that patients place in them and the public's trust in the profession itself. Dishonest behaviour can undermine the trust and confidence that the public can have in the profession, even if that behaviour is not directly linked to the registrant's practice, because dishonesty breaches a fundamental tenet of the profession and acting with honesty and integrity is at the heart of professionalism. For these reasons, dishonesty may also be considered behaviour that is inherently difficult to remediate. We do not wish to suggest that it is *impossible* to remediate dishonest behaviour but that it may be prudent for a regulator to require additional information to enable it to take a well-reasoned decision about whether regulatory action is required and, if so, the level of action required.

8.72 We recommend that the College's decision-making be strengthened by requiring decision-makers to consider certain factors and explain the weight attached to evidence in reaching its conclusions in cases involving allegations of dishonesty. The factors that may be considered should be finalised following consultation with staff and legal advice. We consider that it may include the following:

- The risk that the registrant will be dishonest again following consideration of the registrant's insight into their behaviour, their remorse and remediation
- The registrant's intentions and whether the registrant's actions were intended to be deliberately misleading or whether they personally benefited or financially gained from the dishonesty
- Whether the dishonesty was a one-off incident or maintained and repeated over a period of time
- Whether the dishonesty compromised patient safety and any evidence of the impact on patients and the public.

### **Regulatory Practice Consultations**

8.73 Regulatory Practice Consultations are intended to support registrants to interpret, apply and meet the College's standards of practice, bylaws and relevant legislation within their unique practice situation. They are also intended to support registrants to interpret, understand and apply their accountability and responsibilities related to the standards of practice and the regulatory requirements. The Inquiry Committee may direct that a registrant take part in educational or reflective interactions as part of a Regulatory Practice Consultation following the investigation of the complaint made about them.

8.74 Our audit included four cases concluded as part of the PCR process where the outcome was to recommend that the registrant take part in a Regulatory Practice Consultation. Our comment in three of these cases is as follows:

- In the first case, a number of allegations were made in relation to the registrant's practice. There was a pattern of behaviour of the registrant making errors and failing to following processes in relation to their care of patients followed by taking a period of sick leave. There was some disagreement between the registrant's employer and the registrant's medical assessor as to whether they were fit and able to work. A Regulatory Practice Consultation was recommended to support the registrant with the development of a learning plan. There was no evidence that the registrant had any insight into the concerns about their practice or the impact of their failings on patients and the public. We considered that the requirement of a learning plan would have been more likely to have influenced the registrant's behaviour had it been developed in response to the registrant's insight into the reasons for the deficiencies in their practice
- In the second case, the complaint about the registrant was that they had had repeated periods of absence from work and that the registrant had failed to seek appropriate medical help to prevent their health problems

affecting their ability to practise, which in turn led to concerns about their competence. The Inquiry Committee directed that the registrant undergo three Regulatory Practice Consultations: the first related to the development of a learning plan to address any concerns about their competence; the second related to absenteeism; and the third was to support the registrant's health and wellbeing. We were not satisfied that this was the appropriate outcome given that the registrant had displayed limited attempts to remediate concerns about their practice and had demonstrated limited insight into the effects of their absenteeism on their ability to practise safely

- In the third case, the complaint was that the registrant had failed to disclose details of their previous criminal charges and convictions on their application for registration. One of the outcomes was for the registrant to undergo a Regulatory Practice Consultation to discuss the need for transparency with the regulator. Following the consultation, the registrant continued to display a lack of insight into their dishonesty and blamed the College for not making its application form sufficiently clear. We concluded that it was not apparent that the Regulatory Practice Consultation had any impact on the registrant's behaviour in this case and was an inadequate tool in resolving the complaint in a manner which maintained confidence in the College's system of regulation.

8.75 Regulatory Practice Consultations are undocumented interactions with the registrant, the register is not annotated to demonstrate that the registrant has taken part, and there is no indication that the registrant has applied the learning that has been offered, developed any greater insight into the failings in their practice or committed not to act in that manner again. We therefore do not consider that they are an appropriate tool to resolve complaints unless the misconduct is minor and the registrant has taken steps to remediate, expressed remorse, has undertaken not to repeat their misconduct and demonstrated considerable insight. This insight ought to include reflections on how their misconduct has affected patients and the public and the reputation of the nursing profession, as well as, an understanding of the triggers for the misconduct.

8.76 We understand that the College is currently reviewing its approach to Regulatory Practice Consultations and we recommend that the College reviews the effectiveness of consultations as a tool for resolving complaints in light of our comments and its own experience.

8.77 We recommend that the College considers formulating written guidance for the Inquiry Committee and for staff that supports them to take consistent decisions and consistently identify issues. This guidance should include guidelines about imposing sanctions on a registrant's registration, including why the Inquiry Committee should impose sanctions and what factors it should consider when seeking to take action when a registrant's ability to practise is called into question. While this guidance is not intended to substitute the need for the Inquiry Committee to utilise its own judgement, published guidance could be used to provide advice to the Committee about the factors it should take into account in reaching its decision. It also could assure the parties to the complaint that sanctions will be imposed on the



basis of public protection and the need to maintain confidence in the College's system of regulation.

8.78 We recommend that the College evaluates the effectiveness of its approach to decision-making in the complaints function to include:

- The formulation of a decision review group that reviews a sample of decisions made at all stages of the complaint process, identifies examples of good and poor practice, and uses the insights to feedback learning to Inquiry Committee panelists and staff and to stimulate a cycle of improvement
- An evaluation of the effectiveness of the existing system of feedback, appraisal and training for Inquiry Committee decision-makers and the formulation of an action plan to promote improvements in decision-making in relation to the consistency and proportionality of decisions and the reasons provided for the decisions taken.

**All final decisions, apart from matters relating to the health of a nurse, are published in accordance with the legislation and communicated to relevant stakeholders**

8.79 The Health Professions Act requires publication on the College's website of conditions or limits imposed on a registrant's registration, suspension or cancellation of registration (whether reached by consent or imposed by the Disciplinary Committee or the Inquiry Committee as an interim measure). The Health Professions Act states that consent agreements reached at the Inquiry Committee stage shall be published if they relate to a 'serious' matter. 'Serious' is defined in the College's publication policy as a matter 'which would ordinarily result in an intervention more significant than a fine or a reprimand' and this is based on the College's governing legislation.

8.80 The College publishes outcomes on the 'Professional conduct notices' section of its website. Consent agreements reached through EIPH are not published. Where the registrant is non-practising or subject to conditions or limits, this information is available on their 'nurse verification' entry but without reference to the reason for the restrictions on their practice. Inquiry Committee outcomes are published in the 'notices' section where conditions/limits, suspension or cancellation of registration has taken place. The Health Professions Act allows for non-publication in circumstances where it is necessary to protect the interests of a party other than the registrant, and in health cases the identity of the registrant should not be published unless a sanction was imposed by the Discipline Committee and the public interest outweighs the registrant's right to privacy. We have therefore concluded that this Standard is met.

8.81 The College has advised us that it recognises that one of its most significant regulatory tools is information-sharing and disclosure. It is developing principles of disclosure in complaints cases that support different levels of disclosure based on the seriousness of the allegations and based on the perceived ability of the registrant to self-regulate. The College's view is that legislative guidance would be beneficial in relation to the timeframes for publication. We recommend that the College consider putting in place a policy which clearly sets out its approach to publication and disclosure of

information arising from complaints cases. We recommend that this policy includes the College's positions on:

- What sanctions will and will not be published
- What information will and will not be anonymised
- The timescales for publication.

#### **Information about complaints is securely retained**

8.82 The College has policies in place for information security and processes in place to ensure compliance with them. There is also a comprehensive system in place to identify data breaches and take action to identify and address the deficiencies that led to the breaches occurring. We have concluded that this Standard is met.

## 9. Governance

- 9.1 We agreed a set of nine Standards in relation to governance for the purposes of this review. These include Standards on risk management, financial controls, engagement with the public, Board effectiveness and the Board's role in determining the strategy of the organisation.
- 9.2 We have concluded that the college meets: three out of these nine Standards; four Standards have been inconsistently met; and two Standards have not been met. We have made some specific comments and recommendations in relation to the effectiveness of the Board's oversight of the Registrar and Senior Executive Team, which we think should be a specific area for development and improvement. We have also made some recommendations for improvement against other Standards, despite having concluded that the Standard is met or inconsistently met.

### **The regulator has an effective process for identifying, assessing, escalating and managing risk, and this is communicated and reviewed on a regular basis by the Executive and Board**

- 9.3 The corporate risk register is received and reviewed at every meeting of the Board, and contains what the College understands to be the most significant corporate, operational, legal, financial and reputational risks. It is also presented at each meeting of the Finance and Audit Committee. The Board may access the register at any time. The register describes the risks, states when it was added to the register, states the leadership team member (i.e. Registrar or Director) who owns the risk, and identifies a cause and effect of the risk. It scores every identified risk at 1-5 against the financial, legal, operational and reputational impact. It then also scores the likelihood of the risk materialising, again from 1-5, multiplying the highest impact score by the likelihood score to result in an exposure score. The register then sets out a mitigation strategy ('reduce', 'accept' or 'avoid') and mitigation steps for each risk.
- 9.4 A further set of scores is also provided on the risk register, to demonstrate the intended effect of the mitigation strategy and steps. This is described as 'Tomorrow', as opposed to 'Today' being the first sets of impact, likelihood and exposure scores as described above.
- 9.5 At the end of the register, definitions of the impact scores and likelihood rating are provided, as is an explanation of the consequences of different exposure scores. So for example, for legal risks, scores from 1-5 would have the following meanings:

1	Legal issues are managed by staff without assistance from legal counsel
2	Legal advice is sought, but is not required
3	Legal advice required and received. Board advised of issue and outcome
4	Legal action against College is launched. Legal advice is mandatory but within budget. Board advised of issue and outcome

5	Legal suit filed against the College and legal costs to deal with such are outside of current budget. Board advised of issue and outcome
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9.6 Likelihood is defined as follows:

1 Rare 1-20%	Probability that this event will occur in the next three years is rare. Highly unlikely, but it may occur in exceptional circumstances. It could happen, but probably never will
2 Unlikely 21-40%	Probability that this event will occur in the next three years is unlikely. Not expected, but there's a slight possibility it may occur at some time
3 Possible 41-60%	Probability that this event will occur in the next three years is possible. The event might occur at some time as there is a history of casual occurrence at the College and/or similar institutions
4 Likely 61-80%	There is a strong possibility the event will occur as there is a history of frequent occurrence at the College and/or similar institutions
5 Almost certain 81-100%	Probability that this event will occur in the next three years is almost certain. Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence at the College and/or similar institutions

9.7 The exposure scores that results from the impact and likelihood ratings are categorised as follows, together with the general approach to ongoing review and assessment.

Low <10	Updated quarterly. Monitor and review at department level
Moderate 10-14	Updated quarterly. Monitor and review at leadership team level
High >15	Updated quarterly. Monitor and review at board and leadership team level

9.8 The risk register is presented at each Board meeting. The register as it was presented to the Board on 4 December 2015 contained 35 risks analysed in the way described above. The register appears to offer a comprehensive analysis of a wide range of risks. It would be more accessible if the risks were grouped in some way. At present, the risks are simply listed in decreasing order of exposure score, so for example a risk of the number of registrants with age-related mental health issues or cognitive challenges is followed by a risk of significant drop in investment balance, which is then followed by a risk of delay in the production of standards. The register would be more easily understood and reviewed if the risks were grouped or categorised in some way (for example by public protection risks; financial risks; delivery risks; strategic risks; and reputational risks). Understanding the category of the risk will also help the Board to assess the appropriateness and likely effectiveness of the mitigation proposed. We recommend that the presentation of the risk register is reviewed.

- 9.9 All Board items that require a decision require that risks are identified. For example, an item at the 4 December 2015 meeting on a revised definition of 'additional education' for registered nurses identified that there was negligible risk identified with the proposed change, but also identified how any issues would be dealt with if they did arise. We recommend that the Board takes more explicit account of risks in its decision-making, demonstrating that they understand the risk register and the relevant risks in all decision-making.
- 9.10 With regard to the identification of new risks, the Board is presented with a 'environmental scan' on a quarterly basis. This is attached as an appendix to the Registrar's report. The document states that the scan is intended to inform the College's planning processes through the early identification of trends that may have future implications for the College. Website of relevant organisations are reviewed for content relating to:
- Board governance
  - Social policy
  - Health regulatory policy
  - Nursing policy and
  - Health system policy.
- 9.11 The College identifies areas where there may be impact for the College from material identified through the scan. The edition of the scan that was shared with us contained the following headings, although we note that a flexible approach is taken according to the material in each particular scan:
- Governance and quality assurance
  - Entry-to-practice examination
  - Well-being and fitness to practise
  - Regulatory affairs.
- 9.12 The scan that was reported to the Board on 4 December 2015 contained a wide range of items from across Canada and beyond. These included reference to a study in the journal *Health Policy* comparing the governance and patient safety implications of shifting tasks from physicians to advanced practice nurses and nurse practitioners in Australia, Canada, Europe, New Zealand and the United States; a report that the British Columbia Nurses Union had launched a pilot project offering assistance to nurses who had been assaulted on the job; a report that Law Societies across Canada were considering changes to the model used to regulate the legal profession; and a report that the Canadian Practical Nurse Registration Examination would move from being paper and pencil based to computer based in 2016. Although we would have welcomed more items relating directly to the interests of patients and the public, nevertheless we were impressed by the range of items covered and the international span of this report.
- 9.13 The Board did not ask any questions or make any observations about the risk register or the environmental scan, meaning that we were unable to assess its understanding of the register or the scan's quality or whether it had any impact on the Board's decisions.

- 9.14 The College set out to us a range of other provisions related to the identification, assessment and management of organisational risks. This included that project staff and sponsors are required to conduct a risk assessment at the beginning of and throughout every project, with a requirement for mitigation strategies to be developed in discussion with the relevant Corporate Risk Register risk owner. Furthermore we understand that since April 2015 a project has been underway to develop a corporate ‘issues management’ approach for managing risk identified through the media or through staff contact with external stakeholders, working across departments and led by the Communications team.
- 9.15 While we have concluded that the College meets this Standard we recommend that the Board engage in greater discussion of internal and external risks, with a focus on the interests of patients and the public.

**The regulator has clear governance policies that provide a framework within which a decision can be made transparently and in the interests of patients and the public**

- 9.16 The College has set out to us that policies relating specifically to governance are in the bylaws Part one; College Board and Panels, Part two; College Administration and Part three; College Records. Policies relating specifically to governance include the following:

B03	Code of conduct	Sets out the code of conduct provisions governing Board and Committee members
B10	External committees	Governs the appointment of CRNBC representatives to external committees
B11	Appointment of statutory committees	Governs the appointment of registrants to the CRNBC statutory and special committees
B34	Appointment of statutory committee chairs	Governs the appointment of statutory and special committee chairs and vice-chairs
B35	Selection of board chair	Governs the selection criteria/competencies for the CRNBC board chair and vice-chair
B36	Board chair nomination	Governs the nomination and election of the Board chair and vice-chair to a one-year renewable term of office
B37	Removal of Board chair or board vice-chair	Governs provision for removal of the board chair or vice-chair by a vote of the Board

- 9.17 The College’s governance policies are reviewed every three years. At the time of producing this report, the governance policies are under review by an internal working group comprising Board members, the Registrar, an information management consultant and legal counsel. We note that in particular the review is seeking to make a clear distinction between the responsibilities of the Board and those of the Registrar.
- 9.18 In considering this Standard, and in particular whether decisions are being taken in the interests of the public, we reviewed the membership of the Board and statutory and other committees. The Board comprises nine

members who are elected by registrants and five members who are appointed by the Minister of Health. In addition to the Board, there are two types of committee: statutory committees and special committees of the Board. The College informed us that at the time of the review the membership of the statutory committees included more than 64 registrants and 30 members of the public and representatives of external bodies. At the time of this report there were 11 statutory committees and four special committees of the Board. These are set out below:

### **Statutory committees**

	<b>Total membership</b>	<b>Membership of public or appointed Board members</b>
Certified Practices Approval Committee	At least 9	0
Discipline Committee	At least 9	At least 1/3, at least one of whom is an appointed Board member
Education Program Review Committee	Up to 12	0
Finance and Audit Committee	At least 6	At least 1 appointed Board member; at least 2 elected or appointed board member
Inquiry Committee	At least 9	At least 1/3 of whom at least 1 is an appointed Board member
Early intervention program (health) sub committee of Inquiry Committee	Meets in panels of 3	1
Nominations Committee	4	1 member of the public or appointed Board member
Nurse Practitioner Examination Committee	10	1 member of the public or appointed Board member
Nurse Practitioner Standards Committee	12	1 member of the public or appointed Board member
Quality Assurance Committee	10	2 members of the public or appointed Board members
Registration Committee	At least 9	At least 1/3 of whom at least 1 is an appointed Board member

### *Special committees of the Board*

Appointments Committee	3-5	May be public or registrant Board members
Board Development Committee	3-4	May be public or registrant Board members
Board Review Panel	Panels of 3	1
Compensation Committee	3 (Chair, Vice-Chair, Board member)	Board member may be public or registrant

- 9.19 The expectations, competencies and accountabilities of Board and statutory committee members are available to the public on the College's website. The Board members are listed, together with the route by which they came to the Board, short biographies and photographs. The 'Board, Committees, and Governance' section of the website includes the Board members' code of conduct and references the seven principles of public life.
- 9.20 We are assured that the College has an appropriate set of governance policies in place which reflect its legislation, and therefore that this Standard is met. We do, however, recommend that the College reviews its statutory and special committee structure, with a focus on how decisions are made; the value that is added by each committee; and whether there are more cost-effective and efficient ways of achieving the intended outcomes within the current legislation. 'Statutory Committees' do not, except in the matter of audit and risk committees, comply with modern practice in governance. We recommend that the College addresses this in discussion with stakeholders including the other BC regulatory Colleges and Government in any future review of their legislation. We comment on the issue of appointment to the Board and committees at paragraphs 9.48-9.50.
- 9.21 The regulator has effective controls relating to its financial performance, so that it can assure itself that it has the resources it needs to perform its statutory functions effectively, as well as a financial plan that takes into account future risks and developments.
- 9.22 The Board receives a report at every meeting from the Finance and Audit Committee summarising the College's current financial status. Additionally, financial risks are included in the Corporate Risk Register, which is also received at every meeting. Financial information is presented in such a way as to support review of strategy, priorities, and decisions on risk management.
- 9.23 The College's annual budget setting process involves an initial proposal being drawn up by the Leadership Team which is then submitted for review feedback and approval by the Finance and Audit Committee. This budget is then proposed to the December meeting of the Board by the Finance and Audit Committee. Specific provision is made in the budgeting process for future risks and developments.



- 9.24 The College's financial controls and financial report are audited twice yearly. Audited financial statements are reported in the public domain in June.
- 9.25 We understand that the College's Accounting Practices and Standards policy is compliant with the Canadian Generally Accepted Accounting Principles.
- 9.26 During our visit to the College, we observed a pre-meeting discussion by the Board about its strategy on future investment of reserves; its discussion of financial statements in a report by the Director of Corporate Support; and its discussion of the Finance and Audit Committee's report at its December meeting, including discussion of financial projections and strategy to 2021 based on a detailed report from the Finance and Audit Committee. We recognise that the focus of the Board's agenda is on financial risks rather than detailed financial operations, and that the Finance and Audit Committee discusses financial issues in more depth at its regular meetings. Nevertheless, we feel that there is a place for a fuller engagement by the Board with these matters. We recommend that the Board should engage in a more detailed discussion of items related to the organisation's finances, proportionate to its fiduciary duties. We make further recommendations relating to Board members' development in this regard at paragraph 9.45.
- 9.27 We conclude that this Standard is met.

### **The Board sets strategic objectives for the organisation**

#### **The regulator's performance and outcomes for patients and the public are used by the Board when reviewing the strategic plan**

- 9.28 The College's strategic objectives are set out in its Strategic Plan, the most recent version of which is for 2013/2015. The Board is ultimately responsible for the plan. The College informed us that the most recent version was developed in consultation and collaboration with the Registrar and Directors. As necessary, through the Directors, the Board sought detailed input from other staff of the College and external stakeholders. The process to develop the plan was facilitated by an external consultant.
- 9.29 All College projects align to the strategic objectives. The College informed us that the leadership team and managers regularly assess progress against the strategic objectives.
- 9.30 The College informed us that a new plan will be developed early in 2016, and will reflect the outcomes both of this performance review process and an earlier assessment by Excellence Canada as well as other survey data from stakeholders about how the College is perceived and experienced as a relational regulator.
- 9.31 The College has set out to us a wide range of evidence that will be taken into account during the forthcoming review of its strategic plan, which it states will help the Board to ensure that the outcome is a plan which is focused on the public interest. These include: performance data against indicators which prioritise the impact of regulatory activity on patients and the public; the outcome of an external review of business practices by Excellence Canada; a survey of registrants and staff regarding the

College's relational regulatory approach; reports on activity by statutory committees; and performance data relating to the main regulatory functions of the College and other data such as outcome of appeals to the Health Professions Review Board. The College told us that it is committed to using all available survey and other external review data to improve its business and other regulatory practices to determine strategic objectives for 2016 to 2018.

- 9.32 We conclude that these Standards are inconsistently met. We recommend that the Board is proactive in exercising its strategic oversight role in the development of the new plan, ensuring that it is focused on the interests of patients and the public, and that outcomes for patients and the public are its first priority. In particular we recommend that the Board ensures that there is distinct input into the plan from patients and the public, in addition to that provided by other external stakeholders.

### **The regulator demonstrates commitment to transparency in the way it conducts and reports on its business**

- 9.33 The College has provided information about a range of ways in which it seeks to ensure transparency in its operations, and we note that openness, as one of the seven principles of public life, is referenced in the 'Board, committees and governance' section of its website.
- 9.34 The measures taken include that Board, AGM and other meeting dates are published on the College's website and stakeholders and members of the public are encouraged to attend. The College produces an annual report which is available to the public. A wide variety of materials is available on its website regarding the College's governance, regulatory functions, and regulatory approach. The Registrar blogs on a wide range of subjects relating to the College's work.
- 9.35 However, we have identified a number of areas in the detailed scrutiny of performance in the course of the review where transparency is an area of weakness in the College's performance. These include the lack of availability of the outcome of reviews of education programmes (paragraphs 6.16), the fact that details of conditions imposed on registrants' practice through the complaints process and the reasons for decisions to impose conditions or suspension are not publicly available (paragraph 7.15) and that information about complaint cases is not routinely shared with stakeholders other than in presentations delivered by members of the team (paragraph 8.15).
- 9.36 While we do not dispute that the importance of transparency is well understood, there is room for improvement in embedding transparency into some of the College's operations, decision-making and reporting.
- 9.37 Therefore, we have concluded that this Standard is inconsistently met.

### **The regulator engages effectively with patients and the public**

- 9.38 The College has provided information about a range of ways in which it engages with the public. One element of this is the public membership of the Board and committees which we have detailed at paragraphs 9.16 and 9.18, and public member participation in a joint task group to align aspects

of governance, programmes and operations across the three regulators of nurses in British Columbia.

- 9.39 The College is active in using social media to communicate key messages, including Twitter and Facebook. It produces an e-newsletter ten times a year. It has been involved as an exhibitor for four years at the annual BC Patient Safety and Quality Council forum and through that meeting has a link to the Patient Voices Network and Impact BC. We understand that the College frequently uses the Patient Voices Network to consult with on policy matters. It is also seeking to reach out to new Canadians.
- 9.40 We note that the Registrar of the College chairs the Health Professional Regulators of BC group, which has been implementing a public information campaign 'Our purpose, your safety', including communication with the public through print advertisements and TV advertisements, a pamphlet and a video. However, we have observed a number of areas in the course of the detailed scrutiny of performance of regulatory functions in this review, where we feel that the College's level of engagement with the patients and the public is a weakness, for example the need for greater engagement with the public in the development of standards which we set out at paragraph 5.12. It is also a weakness that the College does not currently have a specific strategy for engagement with patients and the public.
- 9.41 We conclude that this Standard is inconsistently met. While we recognise the work that has been done by the College in transition to an exclusively regulatory role, we feel that a significant change is required in the level of engagement with patients and the public across its functions.
- 9.42 We recommend therefore that the College develops a strategy for engagement with patients and the public. The strategy should include a commitment to develop ways to measure the impact of its work in this regard. We further recommend that one part of the strategy is to establish a group of members of the public who would be willing to be involved in the College's work, for example, to be consulted on developing guidance and standards. We made a similar proposal as part of our work with the Royal College of Dental Surgeons of Ontario in 2013, which we understand was successfully implemented.<sup>23</sup>

### **The Board has effective oversight of the work of the Executive**

#### **The Board works effectively, with an appropriate understanding of its role as a governing body and members' individual responsibility**

- 9.43 The comments that follow are based on our observations at a pre-meeting of the Board on its investment strategy on 3 December 2015, the meeting of the Board on 4 December 2015, and meetings of the Inquiry Committee, Education Committee and Nurse Practitioner Standards Committee which we observed. Although the wording of these Standard focuses on the Board, we feel that it is important to draw out some concerns that applied across these meetings.

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<sup>23</sup> Professional Standards Authority. *A review conducted for the Royal College of Dental Surgeons of Ontario*. June 2013.

- 9.44 On the basis of observing these meetings, we recommend that the Board takes a stronger approach to occupying its responsibilities in relation to setting the strategic direction of the organisation, ensuring the effective performance of the Executive, and demonstrating the appropriate oversight of the organisation's finances.
- 9.45 In the discussions that we observed regarding the College's investment strategy, its financial position, and its financial strategy, few questions were asked, and most were from public members. We recommend that Board members bring forward more questions on these matters, and that they should seek to develop their financial skills. More generally, we recommend that the Board questions and constructively challenges the Executive regarding the information and recommendations put to it, rather than rely solely on the high quality of the Executive's work. We did not see sufficient evidence of the Board applying independent thinking, either individually or as a group, to the Executive's recommendations.
- 9.46 Our impressions of the committees that we observed were similar, in particular, an over-reliance on the staff and too great a focus on professional interests.
- 9.47 We commend the Board for its willingness to benchmark its performance against external standards and for its commitment to improvement. However, on the basis of the evidence we conclude that these Standards have not been met.
- 9.48 We recommend that the Board undergoes coaching and development to improve its performance in the areas we have identified. In the longer term, we feel that there would be merit in exploring the possibility for Board members to be appointed against a set of competencies, in order to ensure that the Board can fulfil its responsibilities in an efficient and effective manner. We recommend that the College takes this forward in consultation with external stakeholders including Government.
- 9.49 We recommend that the College continues to work with other Colleges and the Ministry of Health Board Resourcing and Development Office (BRDO) to clarify the role and responsibilities of a board member, including developing proposals for shared induction processes across the College boards in BC.
- 9.50 We also recommend that the College works with external stakeholders including Government to explore the potential within its legislation to increase the number of public representatives on the Board and statutory committees. We understand that under existing legislation the Board could comprise 50% appointed public members.
- 9.51 Additionally, we recommend that the College reviews the way in which discussion and decision-making is structured. At present, items for decision are moved and seconded, and then a vote is taken. We would encourage the Board to consider a more discursive style of discussion, which might enable more open and searching enquiry better suited to its role in protecting the public.

## 10. Conclusions and recommendations

### Transparency

- 10.1 We make a general recommendation to the College to examine whether it can increase the transparency of its regulatory approach across all its functions which is in keeping with a right-touch approach to regulation. We encourage the College to take a more transparent approach, whilst ensuring that it meets its legal obligations.
- 10.2 We recommend that the College reviews the information that is publicly available on its website in relation to the guidance and standards for registered nurses and nurse practitioners as part of its commitment to transparency. We also encourage the College to enhance the accessibility of the guidance and standards documents it makes available on its website to demonstrably commit to making these documents accessible to patients and the public and to limit any barriers to the public's engagement and awareness of the College's work in this area. (*Guidance and standards*)
- 10.3 We recommend that the College reviews its current approach to publication of the outcomes of reviews of education programmes and courses. In our view the failure to publish openly could give the appearance that the College is complicit with any inadequacies identified in the courses and programmes it has approved. (*Education*)
- 10.4 We are recommending that the College works with the Minister to review whether any changes to its governing legislation may support it with enhancing the transparency of the information provided on its register/nurse verification facility. (*Registration*)
- 10.5 We recommend that the College reviews its approach and processes for ensuring the accuracy of the information made publicly available on its register/nurse verification facility about registrants. We recommend that the College aims to provide patients and the public with the greatest level of assurance possible about the accuracy and veracity of the information it holds about registrants. (*Registration*)
- 10.6 We noted two activities that were not being undertaken by the College and we recommend that the College consider whether the production of this information to share with other organisations and bodies would be of value and interest:
- Sharing the analysis of complaints cases (such as trends and themes of cases over defined periods and case studies) with bodies with similar interests
  - Exchanging information with other bodies with a relevant interest (such as the police, employers, other regulators) where complaints cases indicate information that may be of interest to them in relation to public protection or the wider public interest. (*Complaints*)

- 10.7 We recommend that the College consider putting in place a policy which clearly sets out its approach to publication and disclosure of information arising from complaints cases. We recommend that this policy includes the College's positions on:
- What sanctions will and will not be published
  - What information will and will not be anonymised
  - The timescales for publication. (*Complaints*)
- 10.8 We recommend that the presentation of the risk register is reviewed. (*Governance*)

### **Engagement with patients and the public**

- 10.9 We make a general recommendation to the College to increase its engagement with patients and the public to inform and comment on the College's regulatory approach and to help the College demonstrate that it is focused on public protection and the wider public interest.
- 10.10 We therefore recommend that the College develops its approach to producing and revising guidance by implementing a strategy for increased public and patient participation. We recommend that this strategy includes ways to engage both individual members of the public interested in participating in consultation exercises and patient and public representative groups. Ways in which the College could consider increasing its engagement include:
- Working with the British Columbia Patient Safety and Quality Council<sup>18</sup> and established networks or databases of interested individuals and groups to increase the participation of members of the public with its work. Having established a group of suitable individuals, the College could send consultations on draft guidance and standards documents as they arise to these individuals as well as advertising to them the possibility of observing Board meetings at which guidance and standards documents will be reviewed and discussed
  - Working with other regulators including non-health regulators to share knowledge and ideas for meeting current challenges in achieving effective stakeholder engagement
  - Conducting research (including the use of surveys and/or literature reviews) into the expectations of patients and the public of nurses and nurse practitioners and using this information to inform the future revisions and development of guidance and standards
  - Working with the other health regulators to take a collaborative and renewed approach to increasing the participation of members of the public with the work of the regulators. This should also enable a more diverse stakeholder list to be compiled. (*Guidance and standards*)
- 10.11 We recommend that the College publishes information on what stakeholders were approached during the development or revision of the standards of nursing education, how information was gathered and received from stakeholders, and how their views and experiences impacted on the standards of nursing education. (*Education*)

- 10.12 We recommend that the College consider whether it needs to put in place processes to support those who come forward wishing to make a complaint, particularly patients and the public. *(Complaints)*
- 10.13 We recommend that the Board is proactive in exercising its strategic oversight role in the development of the new strategic plan, ensuring that it is focused on the interests of patients and the public, and that outcomes for patients and the public are its first priority. In particular we recommend that the Board ensures that there is distinct input into the plan from patients and the public, in addition to that provided by other external stakeholders. *(Governance)*
- 10.14 We recommend that the College develops a strategy for engagement with patients and the public. The strategy should include a commitment to develop ways to measure the impact of its work in this regard. We further recommend that one part of the strategy is to establish a group of members of the public who would be willing to be involved in the College's work, for example to be consulted on developing guidance and standards. *(Governance)*
- 10.15 We recommend that the College works with external stakeholders, including Government, to explore the potential within its legislation to increase the number of public representatives on the Board and statutory committees. *(Governance)*

### **Quality control**

- 10.16 We make a general recommendation to the College to implement an overarching system of quality control across its regulatory functions that enables the College to deliver, and demonstrate that it is delivering, a system of continuous improvement.
- 10.17 We recommend that the College examines its approach to committee decision-making in the education function as part of its implementation of an overarching system of quality control. *(Education)*
- 10.18 We recommend that the College implements a quality control framework for its registration function. *(Registration)*
- 10.19 We recommend that the College's decision-making in relation to registrants who have been practising illegally should include consideration of whether the registrant's failure to maintain their registration has brought into disrepute the College's regulatory system for registration and has compromised the confidence that the public can have in relation to the College's register. We recommend that the College considers more carefully the risks to patient safety associated with a registrant practising without valid registration. We recommend that the College maintains detailed reasons for decisions taken to grant registration or reinstatement of registration in cases where the registrant has practised illegally. *(Registration)*

- 10.20 We recommend that the College puts in place a system for quality control that enables the College to identify inconsistencies in the decisions around risk and prioritisation and to use the learning from this to improve this aspect of the complaints process. This should include:
- A review of our comments and concerns in relation to the prioritisation and risk assessment of the cases that we have audited which is taken into account in developing the College's existing approach to the identification of risks in cases
  - The introduction of further guidance for staff with tools for consistently identifying agreed areas of risk, making reasoned decisions about the prioritisation of cases, recording the reasons for decisions about the progression of cases and for taking/not taking action
  - The introduction of a system, including timeframes and guidance, for the ongoing risk assessment of cases as new information arises and at relevant and appropriate stages of the case to demonstrate that appropriate action has been taken once risks have been identified. *(Complaints)*
- 10.21 We recommend that the College urgently improves its performance against the Standard which requires that complaints are dealt with as quickly as possible, taking into account the complexity and type of case and the conduct of both sides and that delays do not result in harm or potential harm to patients. Timely progression of cases is an essential element of a good complaints process that will maintain public confidence in the process. We consider that this could include the following steps and measures:
- Conducting a review of the resources in the department with a view to determining what additional resources may be required to expedite the handling of cases and to eliminate the backlog of cases that has been accrued without any consequential negative impact on the newer cases that are being received
  - Introducing regular (e.g. monthly) reporting mechanisms to the Senior Executive Team that includes an analysis of the length of time taken to progress cases through each stage of its complaints process to ensure cases are progressed as quickly as possible and that improvements are maintained. This could be expanded to include less frequent (e.g. quarterly) reporting mechanisms to the Board to enable it to scrutinise performance and hold the executive to account
  - Undertaking work to map the pathway of a complaint from receipt to closure. The College could consider engaging with a range of staff across the team with expertise in different areas of the process to help identify where improvement is needed, identifying any bottlenecks in the process and to remove unnecessary delays. *(Complaints)*
- 10.22 We recommend that the College implements a system of quality control for the complaints function and as part of this system the College could consider whether it may be helpful to introduce or develop its approach to the following:
- Conducting audits of compliance with written processes and action plans to address areas of non-compliance



- Introducing processes and policies to support decision-makers that cover all aspects of the complaints process, that are subject to regular review and accurately reflect day-to-day operations
- Identifying and publishing the details of how data is collected on cases to demonstrate that the complaints process is fair and free from bias or discrimination
- Publishing leaflets and developing standard letter text for those involved in the process to explain the process and manage expectations
- Identifying and publishing an explanation of how the College excludes allegations that do not impact upon a registrant's ability to practise from the complaints process
- Identifying and publishing a breakdown (or examples) of how the process is focused on public protection, for example within guidance for panellists and staff. (*Complaints*)

10.23 We recommend that the College considers whether it would be beneficial for the Inquiry Committee to routinely set out the following as part of the record of its decision:

- A summary of its view and conclusions in relation to each of the allegations
- An application of the appropriate test to the information and evidence
- Sufficient and adequate reasons for each of the decisions taken, including decisions not to take action, that enable a third party (such as a patient or a member of the public) reading the decision to understand each of the decisions taken and how the sanction imposed protects the public
- An explanation of any important background facts which led the panel to reach its conclusion including the weight that the Inquiry Committee has applied to facts, information and evidence in reaching its conclusions. This is in order that the Inquiry Committee's statements about the case are supported by evidence
- An explanation of why the sanction was or was not imposed. We recommend that the record of the Inquiry Committee's decision should note their consideration of the sanctions starting with the lowest possible sanction and moving upwards. The record of the decision should note that the panel has considered the sanction below and immediately above the sanction imposed and the reasons for not imposing those sanctions. The record of the decision should have regard to the principle of proportionality, weighing the interests of the public with those of the registrant. Reasons should be given in sufficient detail so that interested parties can understand why a sanction has been imposed which includes why other sanctions would not be suitable, references to any published guidance on decision-making and the reasons for any departure from the published guidance. (*Complaints*)

10.24 We recommend that the College considers formulating written guidance for the Inquiry Committee and for staff that supports them to take consistent

decisions and consistently identify issues. This guidance should include guidelines about imposing sanctions on a registrant's registration, including why the Inquiry Committee should impose sanctions and what factors it should consider when seeking to take action when a registrant's ability to practise is called into question. While this guidance is not intended to substitute the need for the Inquiry Committee to utilise its own judgement, published guidance could be used to provide advice to the committee about the factors it should take into account in reaching its decision. It also could assure the parties to the complaint that sanctions will be imposed on the basis of public protection and the need to maintain confidence in the College's system of regulation. *(Complaints)*

10.25 We recommend that the College's decision-making be strengthened by requiring decision-makers to consider certain factors and explain the weight attached to evidence in reaching its conclusions in cases involving allegations of dishonesty. The factors that may be considered should be finalised following consultation with staff and legal advice. We consider that it may include the following:

- The risk that the registrant will be dishonest again following consideration of the registrant's insight into their behaviour, their remorse and remediation
- The registrant's intentions and whether the registrant's actions were intended to be deliberately misleading or whether they personally benefited or financially gained from the dishonesty
- Whether the dishonesty was a one-off incident or maintained and repeated over a period of time
- Whether the dishonesty compromised patient safety and any evidence of the impact on patients and the public. *(Complaints)*

### **Evaluating the effectiveness of activities**

10.26 We are making a general recommendation to the College that it should evaluate the effectiveness of its activities across its regulatory functions. This is in order that it can demonstrate that its activities are producing the desired results and in order that it can identify at an early stage where it needs to recalibrate because there is no evidence that its activities are achieving the desired effects.

10.27 We recommend that the College evaluates the effectiveness of its activities to gather and use information when developing and revising guidance and standards as well as evaluating the effectiveness of its guidance and standards documents themselves. This evaluation could include the following:

- The purpose and impacts of the guidance and standards and their intended audiences
- How guidance and standards relate to other areas of the College's work
- How changes in the healthcare environment may affect approaches to developing and promoting guidance (for example expanding on its work to produce joint guidance with other regulators)

- Mapping its own guidance and standards against the guidance and standards produced by other regulators and conducting a gap analysis. (*Guidance and standards*)
- 10.28 We recommend that the College conducts an evaluation of the effectiveness of the College's approach to gathering and using information when developing and revising guidance and standards for nursing education. See paragraph 10.21 for our comments about what this evaluation could include. (*Education*)
- 10.29 We recommend that the College considers how it could monitor the impact of its continuing fitness to practise scheme and measure its success. It will be important for the College to ensure that it can identify and adapt to any new risks that emerge over time. (*Education*)
- 10.30 We recommend that the College evaluates the effectiveness of the decisions that it has made in its registration process to provide it with assurance that the decisions are consistent and correct. (*Registration*)
- 10.31 We recommend a review of the effectiveness of the new systems and processes we have recommended for risk assessment and prioritisation in the complaints function (see paragraph 10.15) to identify and rectify any areas of inconsistency. (*Complaints*)
- 10.32 We recommend that the College reviews the effectiveness of Regulatory Practice Consultations as a tool for resolving complaints in light of our comments and its own experience. (*Complaints*)
- 10.33 We recommend that the College evaluates the effectiveness of its approach to decision-making in the complaints function to include:
  - The formulation of a decision review group that reviews a sample of decisions made at all stages of the complaint process, identifies examples of good and poor practice and uses the insights to feedback learning to Inquiry Committee panelists and staff and to stimulate a cycle of improvement
  - An evaluation of the effectiveness of the existing system of feedback, appraisal and training for Inquiry Committee decision-makers and the formulation of an action plan to promote improvements in decision-making in relation to the consistency and proportionality of decisions and the reasons provided for the decisions taken. (*Complaints*)
- 10.34 We recommend that the Board engages in greater discussion of internal and external risks, with a focus on the interests of patients and the public. (*Governance*)
- 10.35 We recommend that the College reviews its statutory and special committee structure, with a focus on how decisions are made; the value that is added by each committee; and whether there are more cost-effective and efficient ways of achieving the intended outcomes within existing legislation. We recommend that the College addresses this in discussion with stakeholders including the other BC regulatory Colleges and Government in any future review of their legislation. (*Governance*)

- 10.36 We recommend that the Board should engage in a more detailed discussion of items related to the organisation's finances, proportionate to its fiduciary duties. *(Governance)*
- 10.37 We recommend that the Board takes a stronger approach to occupying its responsibilities in relation to setting the strategic direction of the organisation, ensuring the effective performance of the Executive, and demonstrating the appropriate oversight of the organisation's finances. *(Governance)*
- 10.38 We recommend that Board members bring forward more questions on financial matters, and that they seek to develop their financial skills. *(Governance)*
- 10.39 We recommend that the Board questions and constructively challenges the Executive regarding the information and recommendations put to it, rather than rely solely on the high quality of the Executive's work. *(Governance)*
- 10.40 We recommend that the Board undergoes coaching and development to improve its performance in the areas we have identified. *(Governance)*
- 10.41 We recommend that there would be merit in exploring the possibility for Board members to be appointed against a set of competencies, in order to ensure that the Board can fulfil its responsibilities in an efficient and effective manner. We recommend that the College takes this forward in consultation with external stakeholders including Government. *(Governance)*
- 10.42 We recommend that the College continues to work with other Colleges and the Ministry of Health Board Resourcing and Development Office to clarify the role and responsibilities of a board member, including developing proposals for shared induction processes across the College board in British Columbia. *(Governance)*
- 10.43 We recommend that the College reviews the way in which discussion and decision-making is structured at Board meetings. We encourage the Board to consider a more discursive style of discussion. *(Governance)*

## 11. The Standards of Good Regulation (adapted)

<b>Guidance and standards</b>
Standards of practice and professional ethics reflect up-to-date practice and legislation. They prioritise patient safety and patient-centred care.
Additional guidance helps registrants apply the regulator's standards to specialist or specific issues, including addressing diverse needs arising from patient-centred care.
In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in provincial, national and international regulation, and best practice and learning from other areas of its work.
The guidance and standards are published in accessible formats. Registrants, potential registrants, employers, patients and members of the public are able to find the guidance and standards published by the regulator and can find out about the action that can be taken if the guidance and standards are not followed.

<b>Education</b>
Standards for nursing education are linked to competencies and Standards of Practice for registrants. They prioritise patient safety and patient-centred care. The process for reviewing or developing competencies and standards for nursing education should incorporate the views and experiences of key stakeholders, external events and the learning from the review process.
Through the regulator's quality assurance program, registrants maintain the standards required for continuing professional development and continuing competence.
The process for reviewing education programs and courses is proportionate and takes account of the views of patients and students. It is also focused on ensuring that students meet the requirements for initial registration, reinstatement of registration, or certified practice designation.
Action is taken if the review process identifies concerns about education establishments.

Information on reviewed programs and courses and the review process is publicly available.

## **Registration**

Only those who meet the regulator's requirements for registration are registered.

The registration process, including the management of appeals, is consistent with the Act and bylaws. The registration process is also fair, based on the regulator's entry level competencies and standards of practice for nurses, efficient, transparent, secure and continuously improving.

Through the regulator's register, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions/conditions on their practice.

Employers are aware of the importance of checking a nurse's registration. Patients and members of the public can find and check a nurse's registration.

Risk of harm to the public, and of damage to public confidence in the profession, related to non-registrants using a reserved title or undertaking a restricted activity, is managed in a proportionate and risk-based manner.

## **Complaints**

Anybody can raise a concern, including the regulator, about a registrant.

Information about complaints is shared with other organisations within the relevant legal frameworks.

The regulator will investigate a complaint, determine if there is a case to answer and take appropriate action including the imposition of sanctions. Where necessary the regulator will direct the person to another relevant organisation.

All complaints are reviewed on receipt and serious cases are prioritised.

The complaints process is transparent, fair, proportionate and focused on public protection.

Complaints are dealt with as quickly as possible, taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients.

All parties to a complaint are kept updated on the progress of their case and supported to participate effectively in the process.
All decisions at every stage of the process are well reasoned, consistent, protect the public and maintain confidence in the profession.
All final decisions, apart from matters relating to the health of a nurse, are published in accordance with the legislation and communicated to relevant stakeholders.
Information about complaints is securely retained.

<b>Governance</b>
The regulator has an effective process for identifying, assessing, escalating and managing risk, and this is communicated and reviewed on a regular basis by the Executive and Board.
The regulator has clear governance policies that provide a framework within which decisions can be made transparently and in the interests of patients and the public.
The regulator has effective controls relating to its financial performance, so that it can assure itself that it has the resources it needs to perform its statutory functions effectively, as well as a financial plan that takes into account future risks and developments.
The Board sets strategic objectives for the organisation.
The regulator's performance and outcomes for patients and the public are used by the Board when reviewing the strategic objectives of the organisation.
The regulator demonstrates commitment to transparency in the way it conducts and reports on its business.
The regulator engages effectively with patients and the public.
The Board has effective oversight of the work of the Executive.
The Board works effectively, with an appropriate understanding of its role as a governing body and members' individual responsibilities.

## 12. People we spoke to in the course of the review

- The Association of Registered Nurses of British Columbia (Joy Peacock)
- The British Columbia Nurse Practitioners' Association (Kathleen Fyvie)
- The British Columbia Patient Safety and Quality Council (Christina Krause)
- The British Columbia Nurses' Union (Deborah Charrois)
- The College of Physicians and Surgeons of British Columbia (Dr Heidi Oetter)
- The College of Chiropractors of British Columbia (Dr Douglas Wright)
- The College of Pharmacists of British Columbia (Bob Nakagawa)
- The College of Registered Psychiatric Nurses (Kyong-ae Kim)
- The College of Licensed Practical Nurses of British Columbia (Carina Herman)
- The Health Professions Review Board (Tom English, Michael Skinner)
- The Ministry of Health for British Columbia (Daryl Beckett, Lynn Stevenson, Mark MacKinnon)
- The Provincial Health Services Authority (Sherry Hamilton).