

# Implementing Relational Regulation as a Guiding Philosophy

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# Territorial acknowledgement





# BCCNM at a glance

- British Columbia's health profession regulators operate under umbrella legislation.
- Mandate to protect the public
- BCCNM is the largest health regulator in Western Canada
- We regulate 75,000 nurses and midwives
- Board of 10 (50/50), staff of 270



Unshakeable  
confidence in nursing  
and midwifery care

# Two amalgamations in two years





# What is relational regulation?

... regulatory practices that are **shaped by the relationships and interactions between the regulated professionals and their regulatory bodies**. This approach emphasizes the importance of trust, mutual understanding, and collaboration in achieving effective regulation.

- Interpersonal Relationships
- Mutual Understanding
- Collaboration
- Flexibility



# Where the story began

- The Registered Nurses Association of BC became the College of Registered Nurses of BC (CRNBC) in 2005
- Significant cultural, strategic, and operational shift
- CRNBC did not know how to be a regulator
- Registrants and system didn't know what the change signified





# Regulatory philosophy (2011-2012)

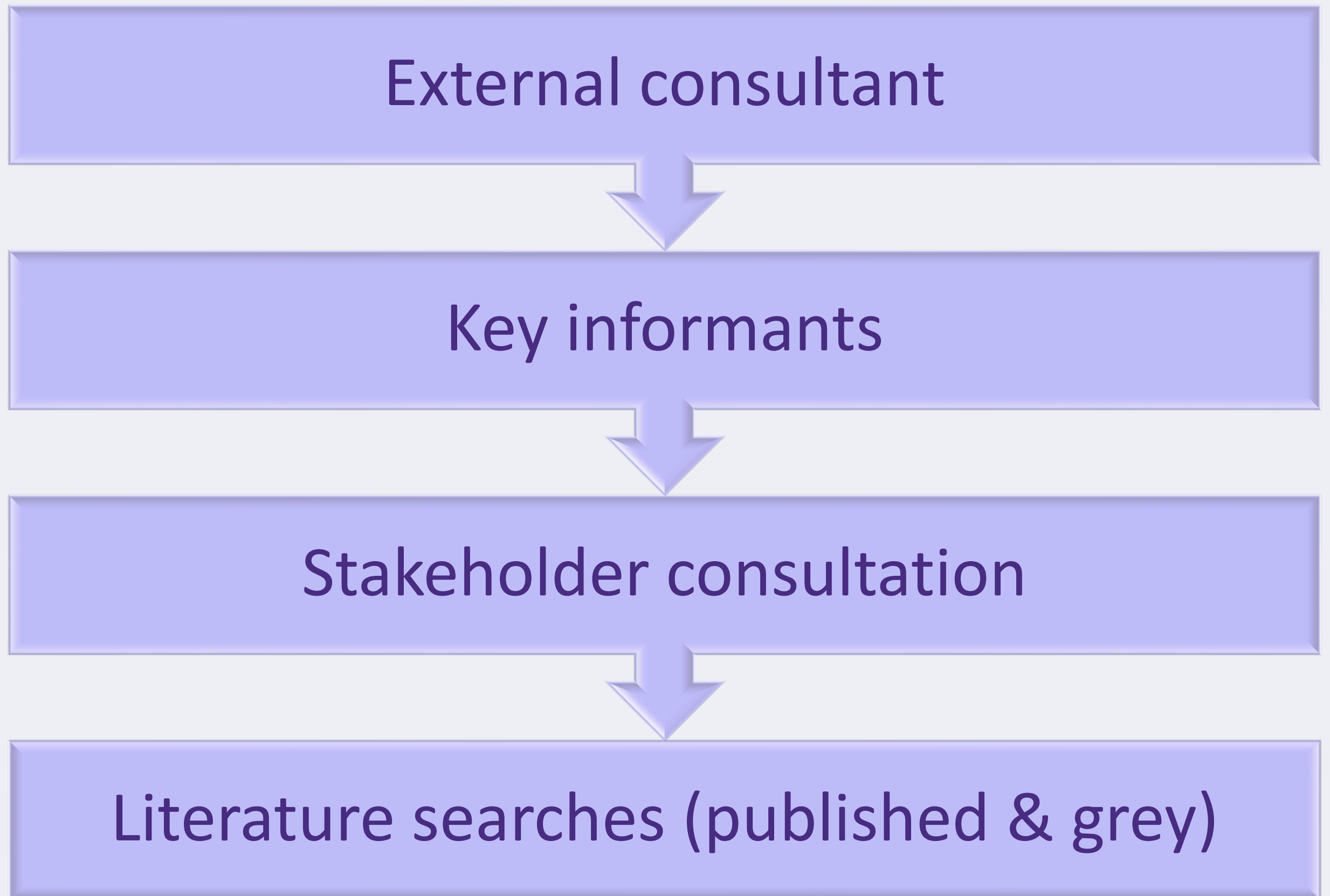
“Create a framework that maintains the justified confidence of patients in those who care for them as the bedrock of safe and effective clinical practice and the foundation for effective relationships between patients and health professionals”

Trust, Assurance and Safety – The Regulation of Health Professionals in the 21<sup>st</sup> Century  
UK Secretary of State for Health (2007)



How did  
CRNBC do it?

}





# What stood out during development?

## Perceptions of CRNBC

- Confusion about mandate
- Invisible
- Ivory tower
- Inaccessible

## Shifting societal expectations

- Self regulation vs. self-interest
- Inter-professional practice
- Patient-centred care
- Evidence-informed practice



# Genesis of relational regulation at CRNBC

...need to overcome an image of the regulatory body as *big brother* and a climate of trepidation and fear of reprisal... and, thus, unfulfilled potential for learning and improvement among nursing professionals and unfulfilled potential for significant contributions to system quality and safety.

-- Lillian Bayne

*CRNBC Underlying Philosophies and Trends Affecting Professional Regulation, February 2012*



# CRNBC's regulatory philosophy

- Just culture
- Right-touch regulation
- Collaborative self-regulation
- Principle-based approach
- Continuing professional development

The screenshot shows the CRNBC website header with the logo and navigation links: Library, Nurse verification, Contact us, Sign in, and a search bar. Below the header is a navigation bar with links: What nurses do, Registration & renewal, Nursing standards, Practice support & learning, Complaints & concerns, and About CRNBC. The main content area is titled "Regulatory philosophy" and includes a sidebar with links to various sections. The main text discusses the regulatory philosophy, mentioning interviews with stakeholders and the purpose of ensuring current and relevant regulation. It also mentions the professional self-regulation framework and the importance of public safety. The sidebar includes a "Related Resources" section with links to CRNBC Bylaws, Overview of CRNBC Bylaws, Regulation and HPA, and Underlying Philosophies and Trends Affecting Professional Regulation. The footer of the website indicates the date as March 2015.

**CRNBC** COLLEGE OF REGISTERED NURSES OF BRITISH COLUMBIA

Library Nurse verification Contact us Sign in Search...

What nurses do Registration & renewal Nursing standards Practice support & learning Complaints & concerns About CRNBC

## Regulatory philosophy

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- Regulatory philosophy
- Statistics
- Strategic plan
- Where your fees go

### Regulatory philosophy

#### Moving forward with relational regulation

We held a series of interviews with stakeholders to talk about nursing regulation. The purpose of these discussions was to ensure our work is current and relevant to nurses and the public. Read the full report [Underlying Philosophies and Trend Affecting Professional Regulation](#) (PDF).

Registered nursing is a self-regulated profession. It means the public — and the government that represents them — give RNs and NPs the authority to oversee the professional services provided by their peers. The professional self-regulation framework must justify patients' trust and make sure health professionals work effectively together and provide safe, appropriate and effective care.

At the core of our framework, we set standards, support nurses to meet standards, and act when standards are not met. No matter how we work as a regulator, these responsibilities do not change.

The College Board and staff agree that a focus on prevention and risk reduction is the best approach to public safety. We believe this proactive approach reflects the following concepts:

#### Related Resources

- [CRNBC Bylaws](#)  
[122 pages|1.11 MB]
- [Overview of CRNBC Bylaws, Regulation and HPA](#)  
[11 pages|132 KB]
- [Underlying Philosophies and Trends Affecting Professional Regulation](#)  
[30 pages|1.36 MB]
- [Nurses \(Registered\) and Nurse Practitioners Regulation](#)  
(opens in a new window)

CRNBC website | March 2015



# What made it relational?

- Transparent in our processes and outcomes
- Explain our role and function to registrants and the public
- Engage with registrants as well as other regulators, government and policy makers
- Evidence-informed
- Collaborative
- Helping to ensure that “good things happen”
- Accessible
- Work with our nursing community colleagues



Well received  
in broader  
community

## Developing a Relational Regulatory Philosophy on a Public Protection Mandate

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### Abstract

In 2005, under provincial legislation, the Registered Nurses Association of British Columbia, responsible for both nurse advancement and public protection, became the College of Registered Nurses of British Columbia with a single mandate of regulating nurses and nurse practitioners in the public interest. In the spring of 2011, recognizing that a legal strategy would not transform the organization, the board and leadership directed the development of a philosophical framework as part of strategic planning. The framework would help the organization set priorities, align programs and services with its regulatory mandate, and communicate changes to nurse registrants and stakeholders. This article describes the rationale for developing a regulatory philosophy, the methods employed, the concepts adopted, and the implementation status.



# Embedding the philosophy in CRNBC's strategy

**CRNBC is a relational nursing regulator:** As a result, we maintain our right to profession-led (self-regulation) for RNs & NPs, other regulators emulate us, and relational regulation is reflected in our programs & services.

**CRNBC puts the public interest first:** As a result, the college focuses on regulatory work, putting the public's needs ahead of the profession's needs.

**CRNBC delivers a positive stakeholder experience:** As a result, the college's stakeholders understand the college's role, staff deliver customer service that is timely and relevant, and stakeholders believe and trust that the college is genuine in its relationships.



## So, what happened? A lot of change!

- Organizational culture change
- Joint public awareness campaign
- Collaboration with other regulators, starting with nursing (foundation for eventual amalgamation)
- Seed funding for a new nursing association
- Program reviews, transitions and alignment to public protection mandate (starting and stopping work)
- Recognizing the value the regulator plays in influencing, supporting, and contributing to positive change in the system.



**BCCNM takes it further**





## BCCNM's Regulatory Philosophy

- Preventing harms
- Just and equitable culture
- Right-touch
- Evidence informed and results oriented
- Collaboration and engagement
- Leadership and innovation



# What makes it relational?

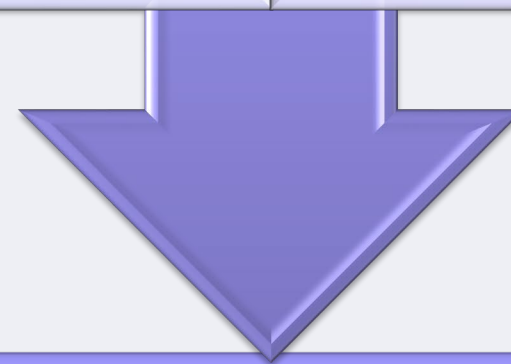
Our philosophy still reflects core concepts of relational regulation

Interpersonal  
relationships

Collaboration

Mutual understanding

Flexibility



While building on CRNBC's foundation

Just culture

Right-touch  
regulation

Collaborative self-  
regulation

Principle-based  
approach

Continuing  
professional  
development



# Our philosophy in action

We strive to work collaboratively with registrants:

- Learning program
- Quality Assurance
- Standards development & review
- Practice consultation

We strive to build positive relationships with partners:

- Governments
- Employers
- System agencies (Chief Coroner's office, and Office of the Provincial Health Officer)







# Our philosophy in action

## We strive to engage with the public:

- BC Public Advisory Network
- Indigenous engagement

## We strive to meet the changing expectations of the public:

- Redressing Harm to Indigenous Peoples in the Health-care System Action Plan
- Safe Spaces Project
- Restorative justice
- Health Professions & Occupations Act





## Conclusion

- What began as a solution to an identity crisis has had staying power

“the proof is in the pudding”



Thank you!

