

# Developing a Relational Regulatory Philosophy on a Public Protection Mandate

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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.

The College of Registered Nurses of British Columbia (CRNBC), Canada, was established as a regulatory college in 2005 under the Health Professions Act (HPA) of British Columbia. Before 2005, registered nurses (RNs) in British Columbia were regulated by the Registered Nurses Association of British Columbia (RNABC), which had both professional advocacy and regulatory functions.

The legal obligation of CRNBC under the HPA is to protect the public by regulating RNs and nurse practitioners (NPs) in British Columbia. The CRNBC meets this obligation by doing the following:

- Setting requirements for initial registration and establishing minimum standards by which RNs and NPs must practice
- Supporting RNs and NPs to meet these standards through a quality assurance program
- Acting if these standards are not met (Government of British Columbia, 1996).

## Why a Regulatory Philosophy?

The change from RNABC to CRNBC was significant for the profession. RNABC provided policy analysis and advocacy on health policy issues, such as breast-feeding and bike-helmet laws, and it spoke on behalf of BC nurses. RNABC also provided member services, such as life insurance and practice advice on many workplace issues. The HPA removed professional advocacy and provided a foundation for understanding practice more clearly and defining a scope of practice, which increased effectiveness of regulation.

Though the impact of the transition from RNABC to CRNBC was clear to the government and the organization's leadership, nurses were relatively unaware of the change and resulting

implications. As CRNBC transitioned, discontinuing apparent professional advocacy functions, nurses sensed the loss of their professional and political voice on policy matters. In surveys and consultations, nurses said that CRNBC had become invisible and questioned its value (Bayne, 2012).

Adopting a single mandate also affected long-standing relationships, such as the one between the RNABC and the Canadian Nurses Association (CNA). Despite the shift away from professional advocacy, CRNBC remained the jurisdictional representative for BC nurses at the CNA board (governance) table. This meant that CRNBC needed to represent nurses' voices on health policy when it no longer carried a health policy analysis function. In 2010, after an evaluative review that included a legal and policy analysis, CRNBC decided to withdraw as the jurisdictional member of CNA. It was no longer appropriate for CRNBC, a health profession regulator, to be the jurisdictional member of the national nursing association because it could no longer be the voice of nursing on health and public policy matters. This decision resulted in controversy and a further lack of clarity among nurses.

At the same time, the CRNBC board and staff were aware that regulatory systems worldwide were under increasing scrutiny, and CRNBC was interested in doing its work in accordance with international best practices to ensure it remained current and relevant to nurses and the public. CRNBC leadership recognized that its engagement with nurses is key to meeting its public protection mandate.

The board and staff agreed that a philosophical approach to public protection through regulation would help CRNBC be clearer about its purpose and value to the public and the profession. The regulatory philosophy clarifies how CRNBC carries out its regulatory mandate. Further, it assists in setting priorities,

provides the foundation for aligning programs with the mandate, and assists in engaging and communicating with nurse registrants and stakeholders.

## Methods

In the spring of 2011, as part of CRNBC's strategic plan, the board directed the development of a philosophical framework that would form a foundation for the delivery of CRNBC's regulatory mandate. An external consultant was engaged to carry out the research and stakeholder consultation.

A formal search of the published and grey literature was conducted and was supplemented by sources identified by key participants. A key participant list was developed by the CRNBC leadership team and was supplemented over the course of the consultation as other participants were identified. Based on an initial review of the literature, an interview guide was developed and used as a basis for one-on-one telephone interviews and face-to-face or telephone focus groups.

Over 100 people participated in one-on-one or focus-group interviews. Key participants included past and present CRNBC board and committee members; CRNBC staff members; representatives of other health and professional regulatory bodies in British Columbia, Canada, and North America; government policy makers; nurse leaders; nurse educators; academics; and patients.

Insights from the key participants along with literature trends were translated into a report with considerations for CRNBC's implementation. Further, the report was translated into a philosophical framework for CRNBC's board approval.

## Findings: Philosophical Concepts

Increasingly, the role of the regulatory body is seen as extending beyond the prevention of bad things to the responsibility for ensuring good things (Lahey as quoted in Bayne, 2012, p.11). With this as a starting point, CRNBC's board approved the following concepts as its approach to regulation:

- *Just culture* holds that organizations are accountable for the systems they design and for the ways in which people working within them behave; individuals are responsible for the quality of the decisions they make and for reporting errors or system vulnerabilities (Canadian Medical Protective Association, 2010; Griffith, 2011; Griffith, n.d.a,b).
- *Right-touch regulation* holds that the instruments applied to protect the public should be commensurate with the risks (Council for Healthcare Regulatory Excellence, 2010).
- *Collaborative self-regulation* requires teamwork between oversight and regulatory bodies to address overlapping scopes of practice and accountabilities, processes for the disposition of complaints against teams of providers, and means of ensuring team competence (Lahey & Currie, 2005; Lahey, Hutt, Hopkins,

& Hobson, 2009; Nova Scotia Regulated Health Professions Network, 2011).

- *A principle-based approach* in health care emphasizes the achievement of an outcome, not adherence to rules that cannot meet the needs of a rapidly changing health care system (Porter-O'Grady, 2010).
- *Continuing professional development* in the dynamic of continuous learning and improvement that defines modern learning organizations means that practice and education are inseparable and continuing professional development is essential (Cruess & Cruess, 1997; Dobson & Hess, 2010; Gilbert, 2005).

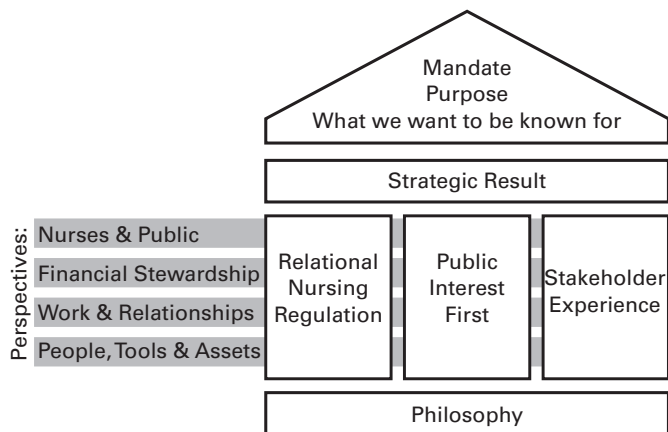
## Findings: Stakeholder Perspectives

The impact of social and economic trends and the rapid changes in health care suggest that to be effective and relevant, the contemporary regulatory body must be firmly situated within, aware of, and engaged with its environment. The top priority of the regulatory body remains ensuring the public is protected, but the execution of this priority is multidimensional. Key participants identified a number of roles and functions that are now considered central to the role of an effective regulatory body (Bayne, 2012):

- Be transparent in processes and outcomes to reassure the public of the regulatory body's priorities and demonstrate its competence in the exercise of its duties. Explain why and how regulatory instruments are developed and applied to develop a better understanding and appreciation of the role of the regulator, including its challenges and limitations.
- Educate the public and its licensees on the regulatory body's role and function to raise awareness of when and how they should call upon the regulatory body and inspire licensees to see it as critical to the quality and coherence of their profession and to value its role in protecting the RN brand.
- Learn about and engage with other regulatory, oversight, and policy-making bodies to ensure a complementary, consistent, comprehensive, efficient, and effective interdigitation of roles and functions. Ensure that the wealth of knowledge that resides with the regulatory body effectively informs the policy- and decision-making processes.
- Be evidence-informed in all actions. Be clear about the rationale for new regulatory instruments and mechanisms, carefully plan their deployment, evaluate their effectiveness in achieving desired ends, and be prepared to make modifications as needed based on the evidence.
- Be collaborative. Engage with a wide range of other professional groups, agencies, and organizations in needed dialogue about health care system aims and interprofessional and intersectoral action needed to improve quality and safety. Serve to improve the system of health care. Through engagement with other bodies, ensure the regulatory body remains current, and is able to anticipate new demands and challenges.

FIGURE 1

## CRNBC's Strategic Plan and Philosophy



Note. CRNBC = College of Registered Nurses of British Columbia.

- Be seen as accessible to nurse registrants. Overcome the image of the regulatory body as inaccessible and oppressive. Avoid a climate of trepidation and fear of reprisal that leads to suppression of information, failure to seek help when needed, and underreporting of near misses and adverse events.
- Educate other provincial nursing organizations, unions, and associations to clarify roles and functions among nursing bodies to help reinforce awareness of the respective roles of each body.

## CRNBC's Relational Regulatory Philosophy

Over the past year, CRNBC and staff integrated the regulatory philosophy into the strategic plan (College of Registered Nurses of British Columbia, 2013). (See Figure 1). CRNBC is now moving forward with implementing its relational regulatory philosophy.

At the core of the Philosophy, CRNBC sets standards, supports nurses to meet standards, and acts when standards are not met. No matter how CRNBC works as a regulatory body, these responsibilities do not change. CRNBC and staff agree that a focus on prevention and risk reduction is the best approach to public safety. CRNBC believes this proactive approach reflects the concepts of just culture, right-touch regulation, collaborative self-regulation, a principle-based approach, and continuing professional development.

### Just Culture

As an organization that subscribes to just culture, CRNBC accepts that mistakes will occur. But CRNBC will not wait for mistakes to happen before making needed changes. To maintain just culture, CRNBC must create opportunities for conversations and maintain an open, ongoing relationship with nurses, their employers, and their union, so CRNBC can remain aware of issues and changes within professional and work environments. As a regulatory body,

CRNBC will develop and deliver programs to help RNs make safe choices and learn when mistakes occur.

### Right-Touch Regulation

Right-touch regulation is the minimum regulatory force required to achieve a desired result. When regulation is appropriate, it should be simple, regularly reviewed for effectiveness and effect, and used only when necessary. As with just culture, right-touch regulation demands that the regulatory body be aware of the environment in which it is operating, anticipate changes before they occur, foresee risks, and take timely action to prevent and reduce them.

### Collaborative Self-Regulation

Just as CRNBC believes there is room for improvement to achieve greater collaborative approaches when delivering health care to clients, CRNBC also believes there can be greater oversight by regulatory bodies to reduce duplication, promote meaningful dialogue, plan, and act as partners across professional boundaries. Collaborative self-regulation does not diminish self-regulation; instead, it enhances the individual professions and develops an expectation for partnership and shared accountability while respecting, accommodating, and strengthening the contribution each profession makes to the interprofessional team.

### Principle-Based Approach

Health care is complex and changing rapidly. Detailed, rules-based systems can create a false sense of security. In a principle-based approach, professionals need to know how capable they are to manage the risks involved in their work. As a regulatory body, CRNBC needs to ask if the professional applied the right priority and judgment to the situation. If the professional thinks that harm could be an outcome, then he or she should make changes to his or her practice before waiting for rules and regulations to be put in place. A shift from rules-based processes to principle-based dynamics requires CRNBC to move from methods to evaluate performance to systems that demonstrate measurement and accountability for excellent practice. This shift supports excellence both at the point of practice and at the level of the individual nurse.

### Continuing Professional Development

Practice, continuous learning, and professional development are inseparable and essential. As a regulatory body, CRNBC must demonstrate responsibility for promoting the enhancement of professional practice to benefit both the public and the nurse. In addition to pursuing continuing professional development of broad knowledge, skills, and attitudes, nurses as professionals must understand their role and function as a part of a system as well as their relationship with clients.

## Summary

The development of a philosophy has helped CRNBC reflect on its history, understand stakeholders' perspectives, and determine how to move forward as a strong, effective, and valued regulatory body. The philosophy is now used as the foundation of CRNBC's strategic planning processes and as a lens through which governance and operational decisions are made. The philosophy has also helped shift the culture of CRNBC by aligning staff with a clear direction for developing and maintaining high-quality regulation. The internal cultural shifts are now supporting program reviews and program changes aimed at increased nurse registrant and public engagement for the purpose of public protection.

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