Nursing regulation: Enforcing safe and ethical practice

Sadie Deschenes, RN, MN, PhD student
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Thank You
How we will spend our time together:

• Brief overview of provincial nursing regulators in Canada and documents that guide regulation
• Discuss the complaint process in Alberta for registered nurses
• Discuss the findings of Alberta’s disciplinary decisions
• Discuss the ethical actions of the regulatory body as it pertains to disciplinary processes
Provincial Nursing Regulators

• Nursing regulatory bodies are given the power (from provincial and territorial governments) to self-regulate.

• This is done to ensure the profession remains accountable to the public and the government.

• The regulatory bodies ensure that nurses are safe, competent and ethical in their work through various regulatory activities as defined through the standards and code of ethics.
CODE OF Ethics
FOR REGISTERED NURSES

2008 CENTENNIAL EDITION

Practice Standards for Regulated Members
Approved: January 2013
Effective: April 2013
The Health Professions Act

The HPA is the provincial legislations that provides a regulatory framework for regulated health professionals.

Under the HPA regulatory colleges have the power to oversee the practice of its members.

The HPA provides specific guidance surrounding the complaint process.
In Alberta

• The College and Association of Registered Nurses of Alberta (CARN) is the regulatory body for registered nurses (RNs) and nurse practitioners (NPs)

• The goal of a college is to protect the public

• The goal of an association is to advocate for the profession
The Complaint Process

• When a complaint is made, an investigation is launched
• The Complaints Director (CD) determines the scope of the investigation and objectives
  • CD can:
    • Refer matters to a formal hearing
    • Resolve matter through a complaint resolution agreement
    • Dismiss the complaint
Incapacity

• If a regulatory body believes a member is incapacitated, it can direct the member to obtain a specified physical/mental examination

• This process is outlined in section 118 of the HPA

• This can be conducted with or without a formal complaint

• If there is no illness detected, the college may choose to start a formal investigation
The Study

• Retrospective study that examined publicly published discipline summaries reported by CARNA
• All summaries were published between 2007-2017
• The goal was to describe the prevalence, violations, licensure restrictions, sanctions, and license conditions
• In totally, 521 decisions were examined
Our Findings

• Overall a low percentage of nurses are being disciplined
  • Proportion of nurses who were disciplined annually ranged from 0.08%-0.18%

• High proportion of these nurses went through the process of formal hearing tribunals
Our Findings

• All 521 disciplinary decisions resulted from a formal, public disciplinary hearing tribunal
• No documentation to suggest other processes were sought out to resolve the complaint prior to the formal hearing
• Annual reports during the time of the study indicate that only 20 complaints were referred for CRA in 2016
• In 2017, 62 complaints were referred for CRA
Our Findings

• Impossible to determine the number of nurses assessed for incapacity

• Unclear if this process is effectively employed by CARNA
Professional nursing violations documented within 521 disciplinary decisions
Professional Nursing Licensure Restrictions Within 521 Disciplinary Decisions
Sanctions Against Professional Nurses Within 521 Disciplinary Decisions
License Conditions Placed on Professional Nurses Within 521 Disciplinary Decisions
Our Findings

- Conditions were ordered in 461 of the 521 disciplinary decisions (88.5%)
- Considerably higher than in other studies
- The condition of education was ordered in 68.3% of disciplinary hearings
Interesting Observations or Ethical Concerns

• Every investigation in our study proceeded to a disciplinary hearing
• We were unable to determine the number of nurses assessed for incapacity
• Since the study, has ended an independent review of the complaints process was conducted
Passionate about patient choice
The 'patients' tsar' has grand ambitions to empower NHS users. They should be seen as partners in their treatment, he tells Christine Doyle

Quick fixer
Harry Cayton's NHS patient choice white paper proposes far-reaching solutions. He tells John Carvel why the public must now be given power

British Columbia
Rip up current system and start over, recommends review of B.C.'s professional health colleges
Review comes after a year of issues in colleges for dental surgeons, chiropractors and naturopaths

College of Dental Surgeons of BC Begins Work Immediately on Response to Cayton Report
April 11, 2019
Report recommends sweeping changes to B.C.'s dental surgeon regulations after ‘ongoing dysfunction’
The Review

• CARNA met 6/10 standards
• Lack of transparency
• Complaint process needs to be easier
• Concerns that new bylaws are more concerned with the well-being of the nurse than of the patient
• 14 recommendations for action and improvement
Suggestions and Action Plan

• A complaint should be shared with the registrant to obtain their perspective before a decision to investigate is made

• Risk of harm should be assessed and conditions on practice appropriately chosen

• The reason to investigate a complaint must be recorded more clearly and indicate which practice standards may have been breached

• Commit to an open and transparent culture

• Being a nurses’ association adversely influences the independent of its regulatory functions and commitment to patient safety
Examples of Processes
College of Registered Nurses of B.C.

- In the 2016/2017 membership year, there were 41,549 registrants
- 152 matters were directed for investigation
- 78 went through resolution
- Only 5 were directed for a hearing
CPSA Complaint Process

• The College of Physicians and Surgeons of Alberta (CPSA) process includes
  • Direct resolve
  • Resolve with consent
  • Investigation
  • Resolve with consent after investigation
  • Dismissal

• Most complaints are resolved without formal discipline

• Only complaints that lead to a disciplinary hearing are made public
RESOLUTION PROCESS USED

"How they were managed..."

43.4% - Review/Dismiss
25.5% - Investigation/Resolution
19.0% - Investigation/Dismiss
6.1% - Resolve with consent
3.8% - Direct resolution
2.2% - Hearings

Nurses Health Program

• Voluntary program
• Designed so participants can continue to practice
• Program monitors nurses’ recovery
• Nurses can be self referred or referred by the college of Nurses of Ontario
• No public disclosure of nurses’ health disorders
My Questions for You
Questions?

sdeschen@ualberta.ca
Thank You!