

Quality Assurance Programs BC Health Regulators

DRAFT #7.0

This position statement is intended to guide the development of quality assurance programs and any future changes regulators might make to existing programs.

Legislative Framework

Quality Assurance Programs ensure Colleges are meeting their duties under the *Health Professions Act* to:

Section 16(2)(e)

...establish and maintain a continuing competency [quality assurance] program to promote high practice standards amongst registrants.

Section 26 of the *HPA* provides for the assessment of professional performance of registrants and where deficiencies in the manner in which the registrant's practice is being conducted are identified, the Quality Assurance Committee makes recommendations for the remediation of deficiencies to support practice improvement.

Background

Health care practitioners regulated by Colleges of the BC Health Regulators are entrusted by the public to provide safe, effective and ethical health care at all times throughout their careers. Quality assurance (QA) programming supports and promotes high practice standards amongst health practitioners and ensures that the public's trust is well placed.

Patients trust their health care practitioner because they believe their practitioner has special knowledge, skills and abilities to provide the services they need, safely, effectively and ethically. Health care practitioners meet entry-to-practice competencies when they are first registered, and continue to meet benchmarks of competence as they progress in their career.

Position Statement

Health care practitioners are individually responsible and accountable for their ongoing professional development as well as to provide satisfactory evidence of continued competence in their practice through participation in quality assurance programs. Quality assurance program design enables registrants to sustain and enhance competence within the context of their practice.

BC health regulators have approached quality assurance programming in various ways as established by the *Health Professions Act (HPA)* and their respective College bylaws. With 26 health professions regulated by 23 regulatory colleges, there are differences in the nature and scope of practice, as well as the settings where practice occurs. Therefore variability in approaches to Quality Assurance Programs is appropriate.

Across the health professions, there is broad diversity of knowledge, skill and attitudes required in order to practice competently *therefore*, some variability in approaches to quality assurance programs is to be expected. Colleges will adapt its Quality Assurance Program to suit the practice context and levels of care provided by its registrants.

Principles for Quality Assurance Programs

BC Health Regulators develop programs that:

1. Are consistent with the mandate to protect the public,
2. Promote high practice standards and maintain a safe, ethical and competent practice,
3. Are inclusive and fairly applied to all registrants,
4. Provide for assessments and methods appropriate for desired outcomes,
5. Provide feedback to support ongoing good practice or guide improvement in practice,
6. Are based on standards for safe, ethical and competent practice (may be described as core competencies, professional standards, standards of practice),
7. Are based on available evidence,
8. Are outcomes- driven with indicators of program effectiveness,
9. Contribute to knowledge evolving in the field,
10. **Are meaningful and manageable for registrants**, and
11. Are feasible and cost effective for the regulatory body and its registrants, and,
12. Protects registrant's confidentiality.

Appendix 1

Relevant Legislative Requirements and Authority under the HPA

Duties and Objects

16 (2)(d): *to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants;*

16(e): *to establish and maintain a continuing competency [quality assurance] program to promote high practice standards amongst registrants*

Quality Assurance Program

26.1 (1) *[Not in force.]*

(2) If the bylaws provide for assessment of the professional performance of a registrant, the quality assurance committee or an assessor appointed by that committee may

(a) assess the professional performance of a registrant, and

(b) inspect the records, including patient records, of the registrant that are related to professional performance.

(3) If the quality assurance committee concludes after assessing a registrant's professional performance that there is a deficiency in the manner in which the registrant's practice is being conducted, the quality assurance committee may recommend that the registrant

(a) undertake further education or training,

(b) undergo clinical or other examinations, or

(c) undertake other remedial activities

that the quality assurance committee considers will assist the registrant to remedy the deficiency.

(4) The quality assurance committee may appoint assessors for the purposes of a quality assurance program.

Confidential information

26.2 (1) Subject to subsections (2) to (6), a quality assurance committee, an assessor appointed by a quality assurance committee and a person acting on its behalf must not disclose or provide to another committee or person

(a) records or information that a registrant provides to the quality assurance committee or an assessor under the quality assurance program, or

(b) a self assessment prepared by a registrant for the purposes of a continuing competence program.

(2) Despite subsection (1), a quality assurance committee or an assessor appointed by it may disclose information described in that subsection to show that the registrant knowingly gave false information to the quality assurance committee or assessor.

(3) If a quality assurance committee has reasonable grounds to believe that a registrant

(a) has committed an act of professional misconduct,

(b) has demonstrated professional incompetence,

(c) has a condition described in section 33 (4) (e), or

(d) as a result of a failure to comply with a recommendation under section 26.1 (3), poses a threat to the public,

the quality assurance committee must, if it considers the action necessary to protect the public, notify the inquiry committee which must treat the matter as if it were a complaint under section 32.

(4) Records, information or a self assessment obtained through a breach of subsection (1) may not be used against a registrant except for the purposes of subsection (2).

(5) Subject to subsection (2), records, information or a self assessment prepared for the purposes of a quality assurance program or continuing competence program may not be received as evidence

(a) in a proceeding under this Act, or

(b) in a civil proceeding.

(6) Subsection (1) applies despite the [Freedom of Information and Protection of Privacy Act](#), other than section 44 (2) or (3) of that Act.