



2017 Statutory Boards Self-Assessment Report

Statutory Boards Self-Assessment Report

Contact us:

If you would like any further information about the Bermuda Health Council, or if you would like to bring a healthcare matter to our attention, we look forward to hearing from you.

Mailing Address:

PO Box HM 3381
Hamilton HM PX
Bermuda

Street Address:

Sterling House, 3rd Floor
16 Wesley Street
Hamilton HM11
Bermuda

Phone: 292-6420

Fax: 292-8067

Email: healthcouncil@bhec.bm

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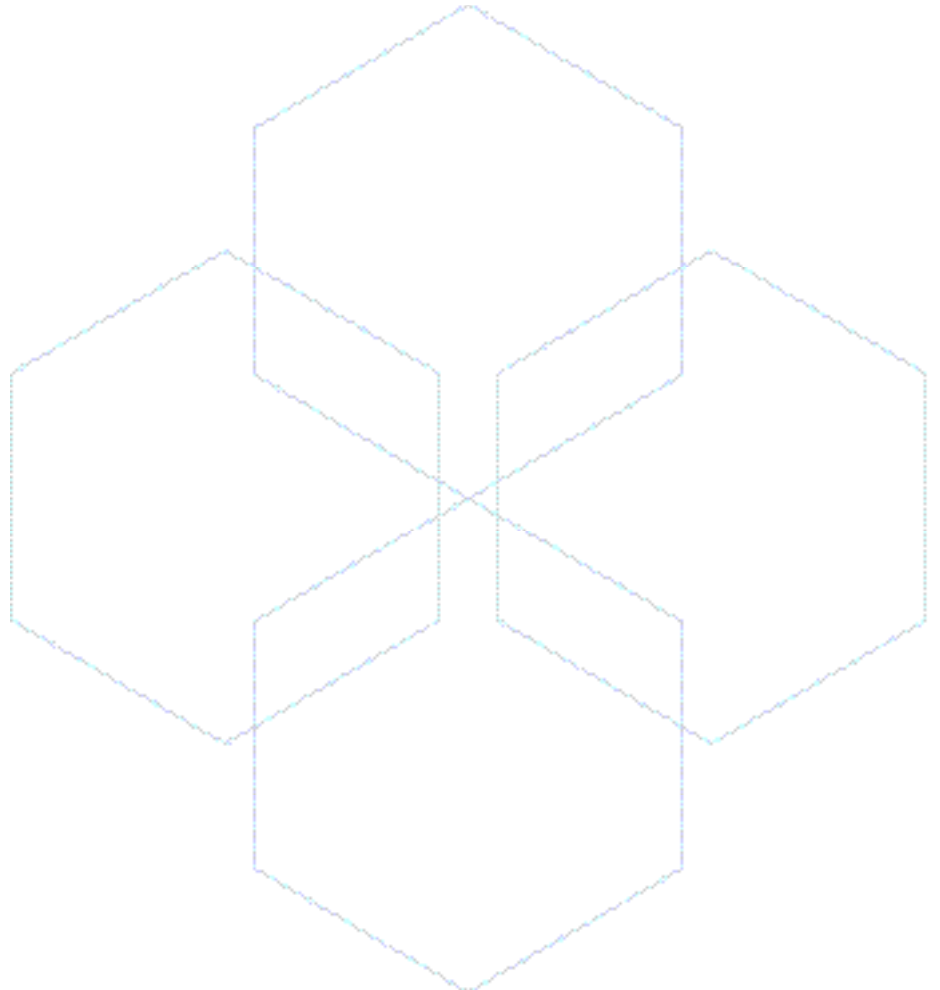
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Statutory Board Report 2017

AUTHORITY

Per Section 5 (d) of the Bermuda Health Council Act 2004, the Health Council assesses the extent to which Statutory Boards¹ for health professionals enforce registration requirements and monitor complaints, disciplinary processes and outcomes.

SUMMARY

- ❖ *The Health Council forwarded a self-assessment reporting form to all Statutory Boards in September 2017 requesting the above information for the period of 1st September 2016 to 31st August 2017.*
- ❖ *Self-assessment reporting forms were completed and submitted for all twenty-five eligible professions (seven Statutory Boards) (Appendix 1). As of this publication, all professional registers have been submitted to be gazetted.*
- ❖ *Statutory Boards met, on average, ten times during the reporting period; the highest number of meetings held was twenty three and the lowest number of meetings held was one.*
- ❖ *The average number of board members was eight, with Boards under the Council of Allied Health Professionals averaging four members each.*
- ❖ *Four professions required applicants to pass locally administered exams prior to registration, namely: addiction counsellors, dentists, pharmacists, and physicians.*
- ❖ *To be eligible for re-registration, all professions must accrue several Continuing Education Units (CEUs). Typically, professions require twenty-four CEUs per registration period. However, some professions may require as much as sixty or as little as twelve CEUs.*
- ❖ *Complaints were reported for twenty-seven professionals registered with four Statutory Boards.*
- ❖ *A total of four legal actions were reported for two professions.*

BACKGROUND

To assure public safety and enhance the delivery of health services, the Health Council asks that all Statutory Boards for regulated health professionals² report annually on: complaints, board composition, professional registration and continuing education. This process encourages transparency and the development of uniform standards. This report presents a summary of the information submitted by the Statutory Boards.

¹ Statutory Boards represent all the boards and councils appointed by the Minister of Health to represent the legally registered health professions.

² Regulated health professions are those who are required to verify their training and qualifications with a Statutory Board that is appointed by the Minister of Health; there are registration requirements and legislation to protect the profession.

METHODOLOGY

In 2013, the Health Council began requesting information from Statutory Boards per Section 5 (d) of the Bermuda Health Council Act 2004; information was submitted using a Self-Assessment Report Form. The Self-Assessment Report Form was updated in 2017 to reflect changes discussed between Statutory Boards and the Health Council.

The Boards were asked to complete the form; provide reflections on the request period, **1st September 2016 to 31st August 2017**; and then return these comments to the Health Council. Following the review of submissions, the Health Council contacted boards to request additional information where necessary. Data was recorded electronically and compared across professions.

RESULTS

1. Submissions

Completed forms were submitted by all seven Statutory Boards on behalf of twenty-five eligible professions (*Appendix 1*).

Up-to-date professional registers were requested for submission to the Health Council by December 2017. The Health Council and Ministry of Health list registers on their websites and during the calendar year they are updated to help ensure public safety. As of this publication, professional registers updated as at January 2018 have been submitted, gazetted, and are available online.

2. Board Administration

Statutory Boards have 4 - 12 members that oversee the operations of each profession. Members are appointed annually with some members being reappointed; the longest serving members were appointed to the Board of Medical Laboratory Technicians and the Board of Chiropractors in the 1990s.

Additionally, the Office of the Chief Medical Officer (OCMO) provides administrative support to all Statutory Boards except for the Nursing Council and the Psychologists Registration Council. The Nursing Council has one part-time staff member who handles its administration and reporting functions to the Ministry of Health. The Psychologists Registration Council's administrative functions are conducted by members of the Council on a voluntary basis. Of note, the Psychologist Registration Council has an appointed member with human resource expertise who is vital to managing request from immigration. Information collected by the Council is submitted to the Registrar General who has the legislated duty to maintain their register.

3. Professional Registration

3.1. Registration Requirements

There are registration requirements that are consistent for every Statutory Board including:

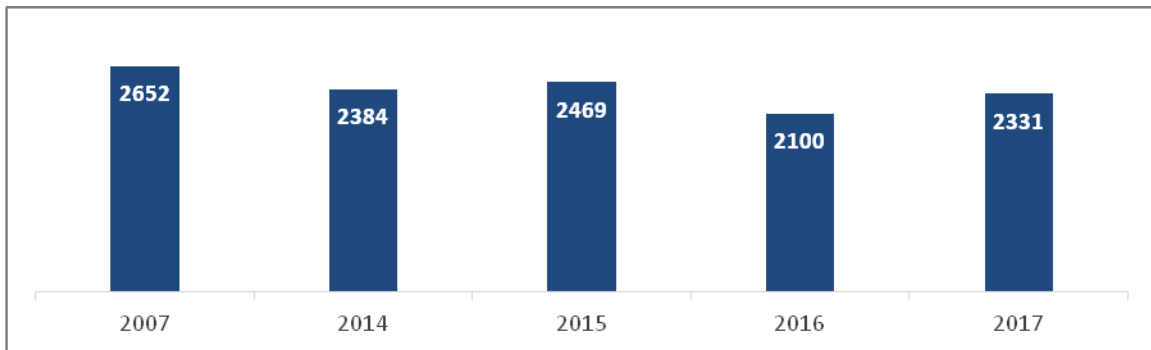
- A completed application form
- Evidence of professional qualifications
- Character and/or professional references
- Application fee³

Some Statutory Boards ask for additional documents including:

- Proof of registration in country of qualification/training
- Documents attesting to experience and character (usually curriculum vitae or resume)
- Letter from current employer
- Letter of good standing from previous licensing body
- Passport size photograph
- Birth certificate

Chart 1 illustrates the number of health professionals registered for the last four years while Chart 2 demonstrates the distribution of professionals by title. Data from 2007 is included as a comparison although this data was obtained manually from historical records.

Chart 1 – Total Number of Registered Health Professionals 2014 - 2017



*2016 does not include the register of all dental professionals

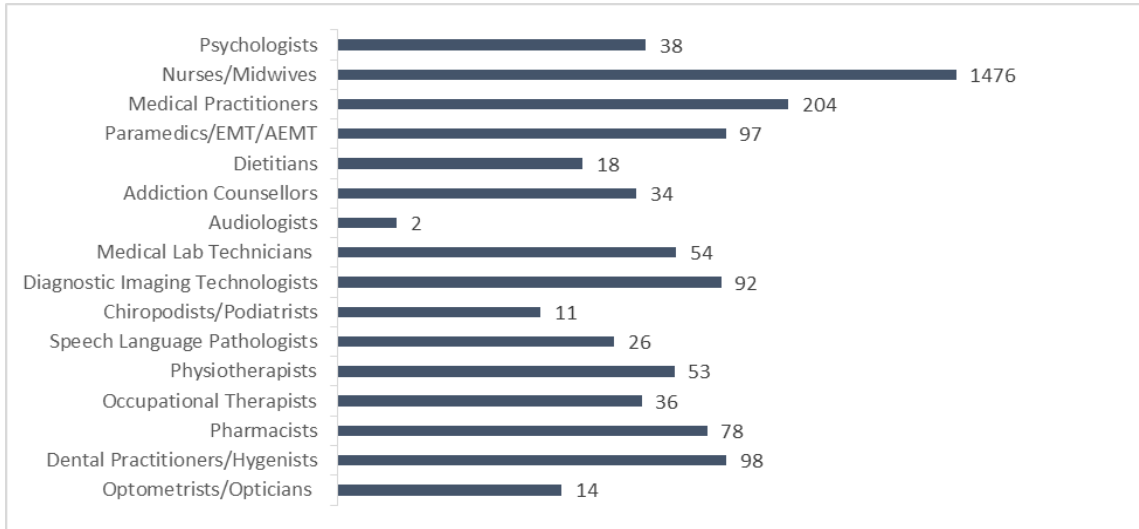
3.2. Professional registers

All professional registers include the registrant's name and professional identification number. Each register is gazetted annually and is available publicly via the Bermuda Health Council website, www.bhec.bm, and Bermuda Government portal, www.gov.bm.

A number of professional bodies collect information regarding criminal convictions and employment status. Most also note the date of entry for each registrant and the specialties and sub-specialties of the applicants. However, this information is not included on the gazetted register.

³ Application fees are legislated under the Government Fees Act 1965

Chart 2 – Distribution of Registered Health Professionals 2017



3.3. Registration Exams

Five professions require applicants to pass locally administered exams prior to registration, namely: dentists, pharmacists, addiction counsellors, physicians and midwives. The exam committees typically consist of three non-paid members selected by the professional bodies, with the exception of physicians who are paid. The conduct, scope, and nature of the registration exam follow written policies specific to each profession.

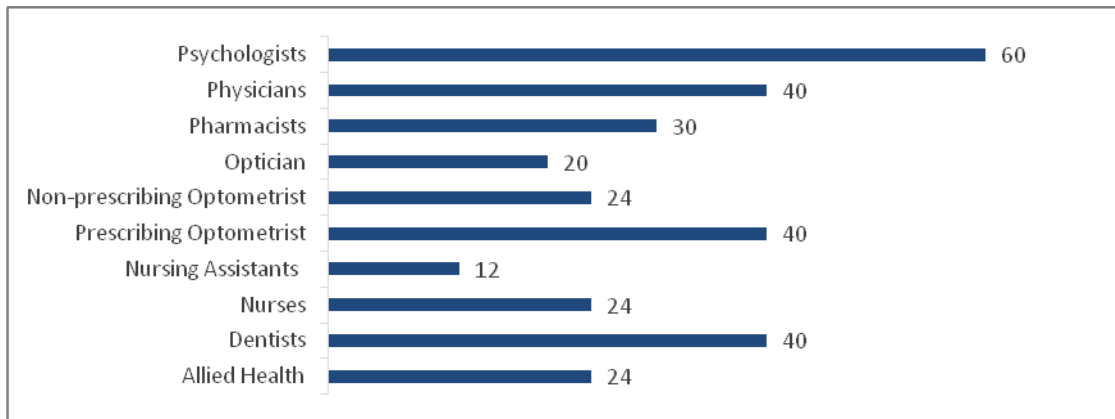
Pharmacists do not have written policies regarding registration exams. Their examination committee also ranges from four to five members, with only the exam committee’s chairperson appointed by the Council.

The nature of the registration exams was not explored extensively in this survey. It is anticipated that the format, development process, date of change, and nature of exam (practical versus theoretical) will be included in next year’s report.

3.4. Continuing Education

To be eligible for re-registration, all professions must accrue several Continuing Education Units (CEUs). This is a legal requirement that a) helps to ensure professionals keep skills and training current, b) enhances public confidence in health services, and c) promotes best practice. Chart 2 below illustrates the number of CEUs required by the various professions during a two year re-registration cycle.

Chart 3 – Required CEUs for Registered Health Professionals⁴



The CEUs submitted by registrants are audited by their governing professional boards. Each board assesses the appropriateness of the submissions, ensuring that the learning is relevant to professional competencies.

There are two Statutory Boards that do not assess every CEU submission; the Bermuda Dental Board and the Bermuda Medical Council.

- The Dental Board aims to conduct approximately ten to fifteen randomised audits per year which equates to roughly 30% of total applicants for re-registration. During this current reporting period fifteen audits were conducted on dental practitioners.
- The Bermuda Medical Council audits roughly 20% to 33% of re-registration files to verify CME⁵ credits. They are selected in advance randomly by computer and the selected physicians are notified at re-registration. As of this publication the exact number of audits conducted has not been provided.

There has been no indication of whether audits show that registrants are meeting their requirements or if they have to get extensions on their re-registration to make up for the missing CEUs. We anticipate exploring this in next year's report.

All Statutory Boards have expressed an interest in increasing the meaningfulness of their CEU requirements for re-registration. Continuing education systems are moving towards requirements that mandate learning in specific technical and clinical subject areas. The Statutory Boards would like the required learning to have direct impact on a practitioner's competence, performance, and a patient's clinical outcomes. The Bermuda Hospital Board has been identified as a possible partner in the conceptualization and implementation of such a system as it has experience evaluating specialized CEUs for the privileging of hospitalists and practice area specialists to work in the hospital setting.

⁴ One CEU unit = 1 contact hour. This does not include meals or breaks.

⁵ Continuing medical education; a specific form of continuing education related to physician practice

4. Complaints and Legal actions

Statutory Boards were asked to report on the number of complaints and legal actions involving professionals for the reporting period. Complaints were reported for twenty-seven professionals registered with four Statutory Boards (*Table 1*). A total of four legal actions were reported for two professions (*Table 2*). The Health Council referred three complaints to the Statutory Boards during the reporting period.

Table 1 – Number of complaints between September 2016 and August 2017

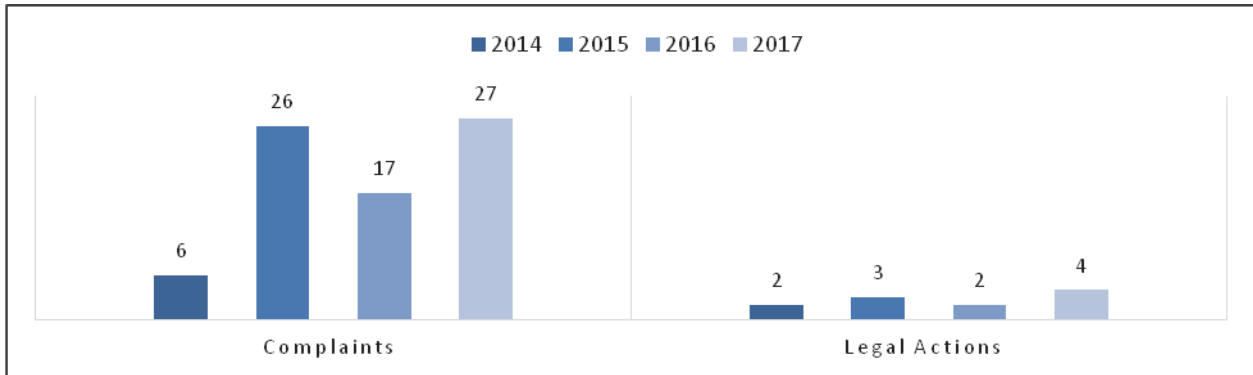
Statutory Board	Profession	# Registered	Number of Complaints					
			2017	2016	2015	2014	2013	2012 - 2009
Bermuda Medical Council	Physicians	204	14	9	10	3	19	10
Bermuda Medical Council	Midwives	7	1	0	0	0	0	0
Bermuda Nursing Council	Nurses	1,469	4	3	1	0	0	19
Bermuda Dental Board	Dentists	45	4	3	5	2	0	6
Council for Allied Health Professions	Addiction Counsellors	34	1	1	0	0	0	0
Council for Allied Health Professions	Speech-Language Pathologists	26	1	0	0	0	0	1
Council for Allied Health Professions	Emergency Medical Services Practitioners	97	2	0	0	0	0	0
Council for Allied Health Professions	Physiotherapists	53	0	0	0	0	0	2
Psychologists Registration Council	Psychologists	38	0	0	6	1	14	13
Pharmacy Council	Pharmacists	78	0	0	0	0	0	2

Table 2 – Number of legal actions between September 2016 and August 2017

Profession	Statutory Board	Legal actions	Type of conduct	Outcome
Psychologists	Bermuda Psychologists Registration Council	2	Concerns over ethical conduct and mandatory reporting of an incident regarding a minor	Hearing resulted in a warning. Outcome has been appealed and is pending review.
			Concerns regarding patient assessments and the implications	Council required to reimburse psychologist for pursuing a hearing without jurisdiction. Bermuda Government agreed to pay compensation to the defendant.
Dentist	Bermuda Dental Board	2	Patient and employee complaints about the quality of care and ethical conduct	The courts requested that the complaint be tried again with proper procedure that separates investigation from adjudication
			Patient complaint concerning the length of time needed to provide care	Ongoing - settlement in progress.

Chart 4 summarizes the year-over-year change for all complaints and legal actions reported by Statutory Boards between 2014 and 2017. Generally, there are only a few legal actions. In addition, with only four years of data, an increase in complaints is noted and may reflect an increase in public and stakeholder awareness about complaints handling.

Chart 4 – Year over year change in the number of complaints and legal action reported



5. Complaints Handling and Disciplinary Processes

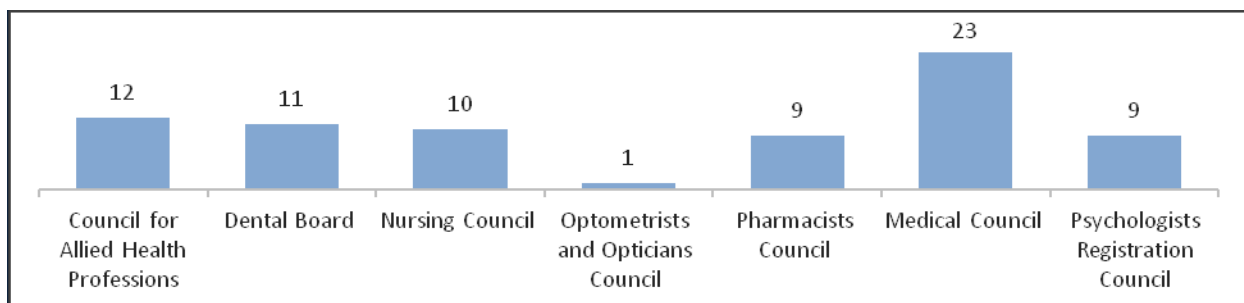
Twenty-three or 96% of eligible professions reported having a Professional Conduct Committee (PCC) and establishing guidelines for handling complaints.

During the reporting period three Statutory Boards requested to have professionals removed from the professional register; these boards include the Psychologists Registration Council, the Optometrists and Opticians Council, and the Medical Council. No professionals were removed from the register for professional misconduct. Individuals were removed due to death, failure to register, or relocation from Bermuda. Most professions have a five to ten year grace period for registration renewal, meaning professionals do not have to resubmit original documents.

6. Board Administration

Chart 4 details the number of meetings held during the reporting period as indicated by Statutory Boards. PCC meetings are not commented on or recorded in this report. Future reports may explore PCC conduct in more depth.

Chart 5 – Number of board meetings held between September 2016 and August 2017



Boards typically held monthly meetings, with some falling slightly above or below the average. The Medical Council and a Council for Allied Health Professions’ board, the Board of Occupational Therapists, held the most meetings during the reporting period. The number of meetings correlate loosely with the number of practicing professionals and the number of complaints received. The Council for Allied Health Professions differs from others as it is comprised of the Chairs of various allied health professions, with each having its own board.

All boards reported that minutes were taken during each meeting. These minutes are submitted to the office of the Chief Medical Officer annually, with the exception of the Psychologists Registration Council and the Nursing Council. The Council for Allied Health Professions is the only board that makes their minutes publicly available.

7. Miscellaneous

There has been recognition that the Statutory Boards need additional support when orienting new board members. Statutory Boards’ members are not typically trained to interpret legislation and institutional knowledge can be lost as board membership changes. The Ministry of Health is working with the boards to address these concerns and has focused on the activities involved in the disciplinary process. A feedback session was held in November of 2017 and it is expected that training will be implemented in 2018.

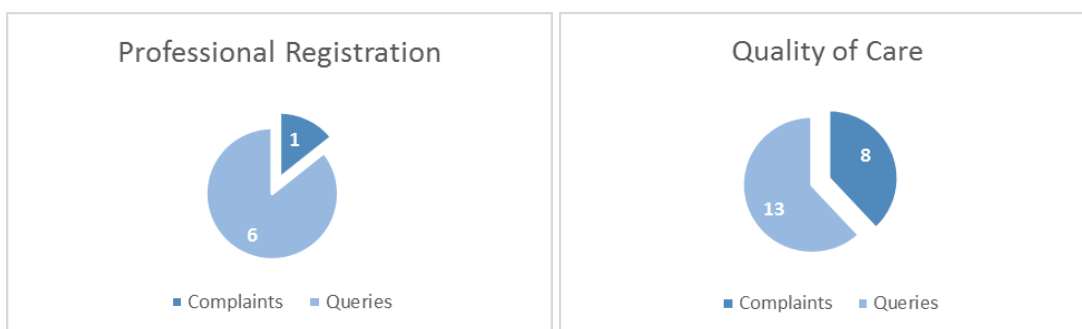
HEALTH COUNCIL OBSERVATIONS AND COMMENTS

All complaints received by the Health Council are referred to the relevant Statutory Board as they are normally the first point of contact for complainants, as per Table 3. Table 3 only includes the Statutory Board complaints which were received by the Health Council. Chart 5 outlines the distribution of complaints and queries as per the Health Council’s database.

Table 3 – Number of complaints and queries received by the Health Council and referred to Statutory Boards

Statutory Board	# of complaints received by the Health Council, referred to Statutory Boards	# of complaints reported by Statutory Boards (Table 1)
Council for Allied Health Professions	0	4
Dental Board	1	4
Medical Council	2	15
Nursing Council	0	4

Chart 6 – Number of complaints regarding professional Registration and Quality of Care between September 2016 and August 2017



8. Professional Registration Complaints

The Health Council recorded one incident of a non-registered health practitioner providing services that are protected under the Statutory Board’s legislation. The provider was contacted and all services protected under the legislation were removed from their treatment menu.

9. Quality of Care Complaints

The Health Council collected information on and intervened in eight incidents related to quality of care. These allegations dealt with the following topics:

- Concerns of ill treatment and lack of compassion
- Medical deterioration due to inadequate care
- Taking a patient’s money without performing the service
- Potential harm by a prescription drug dispensing error
- Lack of communication regarding a medical condition
- The operation of a radiation emitting device that exceeds the standards for radiation containment
- Allegations of verbal abuse, sexually harassment, and patient mistreatment
- Allegations of wrongful dismissal, conflict of interest, and fraud

10. Partnerships and Collaboration Opportunities

In light of the complaints and queries, Statutory Boards were asked to provide details of any initiatives or concerns that they wish the Health Council to assist with.

The Health Council received a number of requests regarding assistance with promotion and public education. Concerns have been expressed regarding the community’s understanding of the roles and responsibilities of the Statutory Boards versus the professional associations. Clarification and education will help to ensure that complaints and queries are routed to the appropriate agencies. More importantly, it will assist the public with receiving swift resolution to complaints that may adversely affect clinical care.

A request was made for the Health Council to aid various Statutory Boards in strengthening and maintaining professional standards of practice. Administrative and technical assistance has also been

requested in an effort to ensure complaints and disciplinary procedures are in alignment with the legal statutes.

The Health Council has been asked by one of the Statutory Boards to conduct a health system capacity review pertaining to their particular sector of the health system. The requesting Statutory Board has expressed concerns over immigration pressures and business ownership risks that they believe negatively affect the quality of care island-wide. If conducted, a sector wide evaluation will be an invaluable tool for workforce development and health system planning. There is an opportunity to coordinate the expertise found in the OCMO's office and the Pan-American Health Organization.

There is renewed concern over the monitoring and regulation of outpatient surgical procedures. The Health Council has been asked to consider the regulatory framework needed to address the safety concerns associated with complex or high-risk medical procedures in an outpatient setting.

Finally, a number of Statutory Boards have requested representation on the Health Council board. It is their belief that the Health Council Board does not adequately reflect the varied interest of the non-physician professionals operating in the health sector. It is their hope that inclusion will strengthen a multi-disciplinary approach to health system problems. The Health Council Board currently includes the following professions and skill sets; medical specialties, nursing, rehabilitation and allied health, aging and community, insurers, health informatics, mental health, hospital executives, public health, and policy.

CONCLUSION

Overall, the self-assessment reports indicate that the Statutory Boards are mostly compliant with existing legislation relating to registration and professional discipline. Each board receives and actively addresses complaints and has shown willingness to pursue legal actions where appropriate. There are some policies for acceptable levels of CEUs and most Statutory Boards with registration exams have written processes outlining the scope, conduct, and nature of the exams.

However, a number of bodies have expressed concern regarding the limitations and gaps in their legislation. The majority are lacking written procedures to address complaints, professional conduct, and registration examinations. Others report having trouble keeping their professional standards in line with international best practices.

Work is also needed to promote useful information to the registers themselves. Information concerning criminal activity, education, and employment status would be useful to both the general public and other health sector stakeholders. A transparent health system will promote informed and appropriate use of health services and increase the public's trust in those health professionals delivering care.

Finally, Statutory Boards have appealed for more administrative resources, as most board members are volunteers also managing businesses and/or careers. It is possible that an accommodation may be found to address this need in 2018/19, as the Ministry of Health is working to assist with this request.

Appendix 1 – Eligible Professions

Eligible professions are those with appointed regulatory boards and registration standards.

	ELIGIBLE PROFESSIONS	STATUTORY BOARDS	FORM SUBMISSION DATE
1.	Addiction Counsellors	Council for Allied Health Professions	24 th November 2017
2.	Audiologists	Council for Allied Health Professions	24 th November 2017
3.	Chiroprodists/Podiatrists	Council for Allied Health Professions	24 th November 2017
4.	Diagnostic Imaging Technicians ⁶	Council for Allied Health Professions	24 th November 2017
5.	Dietitians	Council for Allied Health Professions	24 th November 2017
6.	Emergency Medical Technicians	Council for Allied Health Professions	24 th November 2017
7.	Medical Lab Technologists	Council for Allied Health Professions	24 th November 2017
8.	Occupational Therapists	Council for Allied Health Professions	24 th November 2017
9.	Physiotherapists	Council for Allied Health Professions	24 th November 2017
10.	Speech-Language Pathologists	Council for Allied Health Professions	24 th November 2017
11.	Dentists	Dental Board	29 th October 2017
12.	Dental Assistants	Dental Board	29 th October 2017
13.	Dental Hygienists	Dental Board	29 th October 2017
14.	Dental Technicians	Dental Board	29 th October 2017
15.	Physicians	Medical Council	31 st October 2017
16.	Midwives	Medical Council	31 st October 2017
17.	Registered Nurses	Nursing Council	26 th October 2017
18.	Enrolled Nurses	Nursing Council	26 th October 2017
19.	Nurse Associates	Nursing Council	26 th October 2017
20.	Nurse Specialists	Nursing Council	26 th October 2017
21.	Advanced Practice Nurses	Nursing Council	26 th October 2017
22.	Optometrists	Optometrists & Opticians Council	21 st November 2017
23.	Opticians	Optometrists & Opticians Council	21 st November 2017
24.	Pharmacists	Pharmacy Council	24 th November 2017
25.	Psychologists	Psychologists Registration Council	31 st October 2017

⁶ There is an acknowledgement that the term technician needs to be changed to technologist. However, this will require an amendment to the legislation.

Appendix 2 – Blank Health Council Self-Assessment Report Form

Self-Assessment Report Form⁷

This self-assessment reports on the elements of regulation as identified by the legislation governing the profession and should be completed by the statutory body named below.

1. PROJECT NAME

Registration Requirements for Health Professionals

2. AUTHORITY CONTACT DETAILS

From:

Requesting Authority	Bermuda Health Council
Contact Person, Title	David Rogers, <i>Policy Analyst - Health Regulation</i>
Telephone	441-292-6420
Email Address	dhrogers@bhec.bm

To:

Board Name	<Board Name>
Contact Person, Title	<Contact Person>
Telephone	<Telephone Number>
Email Address	<Email address>

3. CONFIDENTIALITY REQUIREMENTS

To ensure the protection of requested information and to preserve any confidentiality necessary, it is agreed that:

- The information to be disclosed by the <board name> can be described as and includes:

Electronic and physical data files containing statutory body information deemed to be a key deliverable in reporting information to assess the level of compliance with professional registration pursuant to Section 5 (d) of the Bermuda Health Council Act 2004. The project will be managed by the Health Council whose staff will be the only other parties to view the information. A summary report will be released on the Health Council's website (www.bhec.bm).

- The Recipient (Bermuda Health Council) agrees not to disclose any identifying information in respect of individual practitioners obtained from the <board name>.

⁷ The Self-assessment Report Form was adapted from the OECD Request for Assistance Form. The OECD uses the form to assist nations in exchanging private information across borders and can be accessed at www.oecd.org/dataoecd/43/58/38772442.doc.

4. THE STATUTORY BODY

4.1. Professional Board

The following question is related to the appointment and composition of the <board name>.

Please enter each Board member's name, professional qualifications, position on the Board and the year they were appointed by the Minister.

Name of member	Qualifications	Position	Year Appointed

	Yes, Always	No or Sometim es
Number of meetings held between Sept 2016 and Aug 2017: _____	-	-
Was each meeting minuted?	<input type="checkbox"/>	<input type="checkbox"/>
Are those minutes available to the public?	<input type="checkbox"/>	<input type="checkbox"/>

5. PROFESSIONAL REGISTRATION

5.1. Registration Application

The following question is related to the application for registration completed by each <type of professional> and refer to documents that are submitted with each application form.

Please provide a copy of the registration application form given to each applicant.

Please list the documents submitted by the applicants with each registration application?

--	--

5.2. Professional Register

The following questions pertain to the administration of the <board name> Register.

	Yes, Always	No or Sometimes
Does the register include the applicant's name and qualifications?	<input type="checkbox"/>	<input type="checkbox"/>
Does the register include the applicant's employment address?	<input type="checkbox"/>	<input type="checkbox"/>
Does the register include the sub-speciality of each professional?	<input type="checkbox"/>	<input type="checkbox"/>
Does the register include the date of entry onto the register?	<input type="checkbox"/>	<input type="checkbox"/>
Are applicants aware of an obligation to disclose criminal convictions?	<input type="checkbox"/>	<input type="checkbox"/>
Is a certificate of registration given to each applicant?	<input type="checkbox"/>	<input type="checkbox"/>

Please include copies of the current Register with this form. If you are unable to provide a copy of the Register, please indicate a reason for this.

--

5.3. About Local Registration Examinations

The following questions refer to any local examinations that applicants are required to take as part of the board registration criteria. **(If board registration does not involve local examinations, please tick here and skip to section 5.4.)**

Please include copies of any policy guidelines related to the conduct of exams.

	Yes, Always	No or Sometimes
How many members sit on the Examination Committee? _____	-	-
Are members appointed by the Board?	<input type="checkbox"/>	<input type="checkbox"/>
Are there regulations for the conduct of the exam?	<input type="checkbox"/>	<input type="checkbox"/>
Are there regulations for the nature and scope of the exam?	<input type="checkbox"/>	<input type="checkbox"/>
Are Examination Committee members paid?	<input type="checkbox"/>	<input type="checkbox"/>

5.4. Continuing Education

The following questions refer to any and all professional development requirements needed to maintain registration.

	Yes, Always	No or Sometimes
Is continuing education (CE) required for professional registration?	<input type="checkbox"/>	<input type="checkbox"/>
How many CE hours are required: _____	-	-

Are the CE hours submitted reviewed or verified by the board?	<input type="checkbox"/>	<input type="checkbox"/>
If all submissions are not reviewed, are periodic audits conducted?	<input type="checkbox"/>	<input type="checkbox"/>
How many audits have been conducted during this period? _____	-	-

6. COMPLAINTS AND VIOLATIONS

This section relates to any legal actions involving the <board name> and includes those actions associated with any provision within <relevant act(s)/regulations>.

Does the <board name> have a published Standards of Practice document available to the public?
(Please tick to confirm). If so please submit the current version.

Please list the members of your complaints committee.

Name	Normal Profession	Committee Position

Please submit the most up to date version of the <board name> complaints handling policy and procedure. If unavailable, please list the steps taken to record, investigate and resolve complaints against professionals registered with <board name>. Please identify which complaints committee position is responsible for handling each step in the process.

Complaints Process Step	Committee Position Responsible

How many complaints about <professionals> practice have been filed with the <board name> between 1st September 2016 and 31st August 2017? _____ *(Please tick to confirm that the number provided has been verified with your Conduct Committee).*

Please list any legal actions involving <professionals> between 1st September 2016 to 31st August 2017.

Date	Explanation of legal action	Disposition/Outcome

Please list the number of <professionals> that have been removed from the Register between 1st September 2016 to 31st August 2017 and the reason for their removal.

Number of professionals removed	Reason for removal

7. OTHER RELEVANT INFORMATION

Please provide any additional information that may be helpful in assisting the Council in understanding the level of compliance with statutory requirements related to the registration and licensing of <professionals>.

8. HEALTH COUNCIL COLLABORATION

Please provide details of one initiative or concern that the <board name> would like the Health Council to assist with.

9. TIME AND MANNER OF RESPONSES

A response is requested by the **31st October 2017**. Responses can be emailed to **dhrogers@bhec.bm**

Submitted on behalf of the <board name> by: _____

Date: <date>