



# Statutory Boards Assessment Report:

February 2016

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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.

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## STATUTORY BOARDS ASSESSMENT REPORT: SEPTEMBER 2015

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

### SUMMARY

- ❖ *The Health Council forwarded a self-assessment reporting form to all statutory bodies (Appendix 1) in September 2015 requesting the above information for the period of 1<sup>st</sup> September 2014 to 31<sup>st</sup> August 2015.*
- ❖ *Self-assessment forms were completed for all 24 eligible professions (7 statutory boards) (Appendix 1)*
- ❖ *Of the 24 professions:*
  - *2 (8%) have been involved in legal action for professional misconduct*
  - *6 (25%) had received complaints about professional practice*
- ❖ *Most statutory boards are comprised of persons appointed within the last 5 years; however one board member was appointed in 1990.*

### BACKGROUND

To assure public safety and enhance the delivery of health services, the Health Council asks that all statutory boards report annually on their complaints and disciplinary procedures, board composition and professional registration processes. This process also encourages transparency and the development of uniform standards. This report presents a summary of the information submitted by each of the statutory bodies.

### METHODOLOGY

In 2013, the Health Council began requesting information from statutory bodies 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 2015 to reflect changes discussed between statutory bodies and the Health Council. Boards were asked to complete the form for the request period 1<sup>st</sup> September 2014 to 31<sup>st</sup> August 2015 and return to the Health Council. 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 7 statutory bodies on behalf of 23 eligible professions (Appendix 1).

Up-to-date registers were requested to be submitted by December 2015; 15 of 24 (63%) professional registers have been submitted at the time of publication of this report.

### *2. Board Administration*

Regulated professions are those with legislation, a statutory board appointed by the Minister of Health, and registration requirements. Statutory boards are appointed by the Minister and have 7-11 members that oversee the operations of each profession. Board members are appointed annually with some members being reappointed; the longest serving member was appointed 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 Psychologists Registration Council.

### *3. Professional Registration*

#### 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 fee

Some statutory boards ask for additional documents including:

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

#### Registration Exams

Three professions require applicants to pass locally administered exams prior to registration, namely: dentists, pharmacists and physicians. All boards have regulations or policies regarding the conduct of exams.

#### 4. Complaints and legal actions

Statutory boards were asked to report on the number of complaints and legal actions taken against professionals between 1<sup>st</sup> September 2014 and 31<sup>st</sup> August 2015. Complaints were reported for six (25%) professions (Table 1) and legal actions were reported for two (8%) professions (Table 2).

**Table 1 – Number of complaints between September 2014 and August 2015**

Statutory Body	Profession	Number of Complaints
Bermuda Medical Council	Physicians	10
Bermuda Nursing Council	Nurses	1
Council for Allied Health Professions	Council related	2
Council for Allied Health Professions	Occupational Therapists	1
Council for Allied Health Professions	Physiotherapists	1
Dental Board	Dentists	5
Psychologists Registration Council	Psychologists	6

**Table 2 – Number of legal actions between September 2014 and August 2015**

Profession	Statutory Board	# of Legal actions	Type of conduct	Outcome
Dentists	Dental Board	1	Professional misconduct	Pending
Physicians	Bermuda Medical Council	1	Judicial review	Overtured
Physicians	Bermuda Medical Council	1	Professional misconduct	Pending

#### 5. Complaints handling and disciplinary processes

Ninety-two percent (22 of 24) of eligible professions reported having a Professional Conduct Committee and 88% (21 of 24) have established guidelines for handling complaints.

Between September 2014 and August 2015, one statutory body requested to have a professional struck off of their professional register (Table 2); legal action was pursued and the outcome of the case is pending.

The Bermuda Nursing Council (BNC) noted that while no professionals were struck off the register for professional misconduct, not all registrants renewed their license to practice locally. The BNC allows a 10 year grace period for license renewals.

## *6. Health Council Collaboration*

Statutory bodies were asked to provide details of any initiatives or concerns that they wish the Health Council to assist with. Two statutory bodies asked for assistance with making legislative changes and regulating currently unregulated health care professions, particularly those who provide supportive services to the regulated professions. Two statutory bodies also asked for assistance with their complaints handling processes.

Social workers and counsellors are currently unregulated and numerous requests have been received to expedite regulations for these professions given risk to public safety. The Health Council has provided information to the Ministry in support of regulating these professions as soon as possible.

The Office of the Chief Medical Officer (OCMO) provides administrative support to all statutory bodies except the Nursing Council and the Psychologists Registration Council. While the OCMO appreciates its responsibility to provide this support and maintain professional registers, due to limited resources it is not always able to provide up-to-date information when requested; particularly, professional registers. While temporary solutions are in place to help the OCMO with updating the current information, more permanent processes are being established for long-term support: The OCMO is acquiring credentialing software to automate the registration and re-registration process for all healthcare professions. It is expected this would be operational in April 2016; training begins in March 2016. Automation will greatly improve the accuracy and timely publications of the registers.

## **HEALTH COUNCIL OBSERVATIONS AND COMMENTS**

### *7. Complaints and legal actions:*

- According to the Health Council's Complaints and Queries Database from 1<sup>st</sup> September 2014 to 31<sup>st</sup> August 2015, there were:
  - 2 complaints, 22 queries about professional registration,
  - 8 complaints, 24 queries about the quality of care delivered by regulated professionals
- The most egregious cases come to the attention of the Health Council with most statutory bodies being the first point of contact for complainants as per Table 3.
- All complaints received by the Health Council are monitored and the outcome tracked.
- To address complaints handling, the Medical Practitioners Act 1950 is being amended as it is viewed as inadequate to process complaints in the current healthcare setting. The

legislation should enhance the capacity of the Medical Council to resolve complaints against physicians in a more timely fashion.

**Table 3 – Number of complaints and queries received by the Health Council**

Complaints referred to statutory bodies		
Statutory Body	# of complaints received by BHeC, referred to Stat Bodies	# of complaints reported by Stat Bodies (Table 1)
Allied Health Professions	0	4
Dental Board	1	5
Medical Council	9	10
Nursing Council	0	1
Optometrists and Opticians*	0	0
Pharmacists*	0	0
Psychologists	1	6

\*statutory bodies who reported having no complaints committee/handling process

## 8. Board Administration

- Statutory boards are appointed by the Minister and operate according to their specific professional Act.
- As per table 3 and 4, there is some correlation between the number of meetings held and the number of complaints reported.

**Table 4 – Number of board meetings**

Statutory Body	Number of board meetings during request period
Allied Health Professions	12
Dental Board	12
Medical Council	12
Nursing Council	9
Optometrists and Opticians	5
Pharmacists	8
Psychologists	10

## 9. Miscellaneous

Based on written and verbal information received over the reporting period including the Health Council's attendance at several statutory board meetings, the primary complaint was

that registers are not being updated in a timely fashion. This concern was also shared by other health system stakeholders including insurers and other government departments. In an effort to address this, in 2014 the Health Council provided support to the Ministry to update professional registers. The OCMO anticipates implementing credentialing software which would automate the registration and re-registration process for all healthcare professions. This will improve accuracy and timely publication of registers.

The second primary complaint from some statutory bodies is the lack of regulation in place for unregulated professionals such as social workers and counsellors, and complementary and alternative medicine practitioners. The Ministry confirms that legislation has been delayed due to other priorities and changes are expected in 2016. With an ageing population, health system emphasis on long term care and case management for complex social and clinical care, the need for enhanced regulation of unregulated professionals will increase over time.

## **CONCLUSION**

Overall, the self-assessment reports indicate basic compliance with existing legislative requirements for registration and professional discipline by 5 statutory bodies, representing 21 of 24 professions.

Statutory boards receive many complaints and pursue legal action where appropriate. There are policies for conducting registration exams across all professions which require them. The maintenance and accuracy of some professional registers is being addressed by the Office of the Chief Medical Officer given the implications to patient safety and the quality of care.



## Appendix 1 – Eligible Professions

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

	ELIGIBLE PROFESSIONS	STATUTORY BODY	FORM SUBMISSION DATE
1.	Addiction Counsellors	Council for Allied Health Professions	8 <sup>th</sup> October 2015
2.	Audiologists	Council for Allied Health Professions	8 <sup>th</sup> October 2015
3.	Chiroprodists/Podiatrists	Council for Allied Health Professions	8 <sup>th</sup> October 2015
4.	Diagnostic Imaging Technologists	Council for Allied Health Professions	8 <sup>th</sup> October 2015
5.	Dietitians	Council for Allied Health Professions	8 <sup>th</sup> October 2015
	Emergency Medical Technicians (EMTs) <sup>1</sup>	Council for Allied Health Professions	-
6.	Medical Lab Technologists	Council for Allied Health Professions	8 <sup>th</sup> October 2015
7.	Occupational Therapists	Council for Allied Health Professions	8 <sup>th</sup> October 2015
8.	Physiotherapists	Council for Allied Health Professions	8 <sup>th</sup> October 2015
9.	Speech-Language Pathologists	Council for Allied Health Professions	8 <sup>th</sup> October 2015
10.	Dentists	Dental Board	14 <sup>th</sup> October 2015
11.	Dental Assistants	Dental Board	14 <sup>th</sup> October 2015
12.	Dental Hygienists	Dental Board	14 <sup>th</sup> October 2015
13.	Dental Technicians	Dental Board	14 <sup>th</sup> October 2015
14.	Physicians	Medical Council	5 <sup>th</sup> October 2015
15.	Midwives	Medical Council	5 <sup>th</sup> October 2015
16.	Advanced Practice Nurses	Nursing Council	12 <sup>th</sup> October 2015
17.	Enrolled Nurses	Nursing Council	12 <sup>th</sup> October 2015
18.	Nurse Associates	Nursing Council	12 <sup>th</sup> October 2015
19.	Nurse Specialists	Nursing Council	12 <sup>th</sup> October 2015
20.	Registered Nurses	Nursing Council	12 <sup>th</sup> October 2015
21.	Opticians	Optometrists & Opticians Council	29 <sup>th</sup> October 2015
22.	Optometrists	Optometrists & Opticians Council	29 <sup>th</sup> October 2015
23.	Pharmacists	Pharmacy Council	23 <sup>rd</sup> October 2015 <sup>2</sup>
24.	Psychologists	Psychologists Registration Council	28 <sup>th</sup> September 2015

<sup>1</sup> Although EMTs are regulated by the Council for Allied Health Professions Act, a board was not appointed until 16<sup>th</sup> October 2015. Their data will be captured in the 2016 report.

<sup>2</sup> Due to an administrative error, the Pharmacy Council did not receive the application until 22<sup>nd</sup> October 2015.