



EXTERNAL AUDIT: Final Report

CRNM COMPLIANCE WITH PRINCIPLES FOR QUALITY
ASSURANCE AND CONTINUING COMPETENCE

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External Audit Report

Introduction

In the summer of 2019, the CRNM contracted this external audit of its QA/ Continuing Competence Processes as a means of fulfilling the staff's monitoring obligations to College Council. This summary is to assist the Council in determining whether the Expectations of the Quality Assurance and Continuing Competency Program, as set out under the Executive Expectations Report to Council (EE-12) have been met.

The EE-12 sets out the expectations that the CEO/Registrar shall ensure regulatory operations are consistent with the College global regulatory principles outlined within its framework.

Methodology

This review commenced in mid-September 2019 and this report is largely based on findings obtained through a comprehensive review of materials and documents provided by College staff through a dedicated Share-point site, as well as through personal meetings and interviews conducted with the College staff in September and October.

Executive Summary and Overview

The findings in this report are presented through headings aligned with those included as evaluation criteria within the Executive Expectations Report to Council, or the EE-12. Overall, I find a high level of compliance with respect to the principles for regulatory policies as they pertain to Quality Assurance and Continuing Competence.

The purpose of this review was to determine whether the CRNM complies, partially complies or does not comply with expectations set out within the principles included under each heading, and it's important to note that although some opportunities for improvement have been suggested, these in no way reflect non-compliance.

It is my conclusion, at the end of this review, that the College of Registered Nurses of MB demonstrates compliance overall with the expectations set out within the EE-12 Framework for Quality Assurance and Continuing Competence, and that, with respect to the ongoing execution of these College's Regulatory Processes, the CEO/Registrar has demonstrated her effectiveness in ensuring regulatory operations as they pertain to QA and Continuing Competence are consistent with Council's expectations as set out under EE-12.

Findings

1. Global Principles for Regulatory Process Operations

- a) Transparency- The College has set a compliance target for 75% agreement within all groups that regulatory policies have clear purpose, processes, decision-making criteria and are easily accessible. I find that the CRNM has done, and continues to do an excellent job in its attempts to ensure that the intent and purpose of its regulatory policies and processes as they relate to QA and Continuing Competence are clearly defined, communicated and explained. Information is communicated widely, using various means and through various focus groups and the College website, and feedback is sought from all registrants who have participated in the process **COMPLIES**
- b) Objectivity- The College has set a compliance target for 90% agreement that processes should be free of inherent bias, which is a high target. Much effort has been made to help ensure that the processes used are objective and free from inherent bias, as demonstrated through the following: all members of the Continuing competency committee (CCC) must adhere to common Code of Conduct, Confidentiality and Conflict of Interest policies; the CCC conducts its work in accordance with approved Term of Reference; all registrants are subject to the same process and expected to meet the same requirements within the same timelines; remediation pathways and scoring rubrics, are approved by the CCC, and used to ensure consistent requirements and decision making; criteria for random selection is also approved by the CCC based on evidence of increased risk and Multi-Source Feedback (MSF) questions are reviewed by a third party to help ensure reliability and validity. However, having identified several gaps where opportunities for improvement exist, I find the College to partially rather than fully comply with this principle and offer the following rationale in support of this finding. First, there is currently no process in place to ensure that the MSF process is or can be free of inherent cultural bias. The demographics of client populations served by members of the CRNM and their corresponding language and culture is likely to impact MSF feedback and participation, but the extent of such impact is not easily predicted. Second, a potential for bias exists in the RN's ability to select those from whom they seek feedback as part of the MSF. A third concern is that 'random selection' is currently done by College staff, albeit through a defined process. Because staff must know the identity of the registrants to facilitate the selection process, this does create an inherent risk of bias which could be eliminated if selection were done through a process independent of the College. The College should consider having selection being done offsite by a third party using randomized algorithms, such as the Stat Package for Social Sciences (SPSS), to provide assurances that random selection is truly random and free from bias. **PARTIALLY COMPLIES**
- c) Fairness-The College has set a compliance target of 75% overall agreement based on results obtained through focus groups and completed surveys, seeking evidence that the regulatory policies follow a timely, consistent and balanced, just and civil approach

that addresses all issues and stakeholders with the same consistent principles. In the evidence provided, it is clear that the College strives to ensure that its QA/CC processes embrace the principle of fairness. As examples, RNs who cannot complete one or more components while not working can be deferred; the College offers technical and personal support to assist registrants in meeting review requirements and to facilitate a fair and balanced experience. Input from those who participate in the process is sought and considered during regular reviews of the CCP program. In the spirit of transparency, CCP review outcomes, MSF questionnaires, and CBI Interview questions are all posted on the CRNM website. The College should, as an identified opportunity for improvement, consider de-identification of CCP reports before they are considered by the CCC, to ensure a more objective process that demonstrates principles of objectivity and is free from bias. **COMPLIES**

d) Accountability- The College is making progress towards ensuring compliance with respect to this principle, and CRNM's operational goals for 2019-2023 articulate the College's plan to achieve this goal. However, it is noted that objective measurement of accountability in regulatory processes is not yet developed in Canada- and at this time, it is difficult to meaningfully make a determination about compliance in this area. With regard to whether the regulatory processes for QA and CC comply with expected legal and regulatory requirements, I find the College in full compliance. A number of initiatives currently in place to support the principle of accountability would be expected, down the road, to supply the data and evidence to demonstrate full compliance in this area. Data analysis will be available through results compiled from the CBI's conducted and associated post-interview surveys; registrant feedback surveys completed by both randomly selected and targeted participants; Jurisprudence (JP) engagement scores etc. The College currently holds all RNs accountable for maintaining a record of their continuous learning and could consider whether asking RNs to submit their portfolio to the College outside of the QA/CC process could be useful for added measurement going forward. This practice is aligned with best regulatory practices identified in Ontario and other jurisdictions where the data about continuous professional development activities (CPD) is used to establish linkages between the nature of CPD activities undertaken and their effects (or not) on identified levels of continuing competence. With respect to the Education program review, I find that the CRNM follows approved processes to ensure the education programs curricula are congruent with the program philosophy, curriculum framework, applicable standards of practice, competencies, and code of ethics. "**PARTIALLY COMPLIES..... (A WORK IN PROGRESS)**

e) Evidence-based- Within the materials provided through the Share-point site much information can be found to demonstrate that the College uses expert opinion, benchmarking, peer and third party review, published evidence and/or research as the bases for the regulatory policies. As programs and processes continue to evolve and more data is available, gathered and analyzed, the regulatory policies will be updated to include and specify the supporting evidence available. **COMPLIES**

- f) Collaboration-This principle addresses the College's commitment to collaboration through extensive consultation processes to seek input from a range of registrants, from other organizations, groups and regulators who can contribute to excellent regulatory practices and/or who may be impacted by the College regulatory processes. In regard to the CRNM's efforts to seek and use feedback, I find that the College is in compliance with this principle of collaboration which sets out clear expectations for obtaining input. I did, however, find it difficult to confirm that 'an open and transparent process is used for selection of Committee members', and consider that there is an opportunity to improve how the Council policy GP-4-(Council Committees) is applied with respect to the selection of CCC members to ensure that the selection process does assure transparency and is inherently free from bias. I find that the College complies with expectations set out under the Collaboration principle. **COMPLIES**
- g) Accountability of Registered Nurses- Through the College's regulatory policies, the CRNM holds all registered nurses accountable for their professional actions and answerable for their practice. Through the QA and CC program, the Colleges hold RNs accountable for demonstrating professional knowledge and judgement. Registered Nurses are held accountable to demonstrate compliance with continuing competency expectations as are referenced in four Council policies AA-5, AA-17, AA-18 and AA-19 and are required to declare completion of a self-development annually. In this way, all RNs meet the CCP requirements for ongoing registration. RNs may be randomly selected for the CCP, selected based on a targeting algorithm, or referred to the CCP by another program area or committee of the College. An Outcome report is generated from data gathered from participants of the CCP review and outcomes are reported in the College's Annual Report. Where an RN is deemed, through the QA and CCP process to require remediation, he/she must complete the required remediation as a condition of renewing registration. Through the processes that are in place to hold registered nurses in Manitoba accountable for their knowledge, judgement, practice and professional actions, the CRNM achieves its mandate of serving and protecting the public interest. **COMPLIES**
- h) Shared Accountability for Quality Professional Practice- The College and the profession share responsibility for and a commitment to the value of self-reflection by nurses to help them understand their professional obligations and accountability. The College expends much effort into encouraging and facilitating the ability and commitment of RNs to engage in self-reflection and reflective practice. Examples of such effort includes the reminder emails sent out to registrants, the establishment of an informational tool called the "tip of the month" and the establishment of CCP month to focus on registrant engagement. The College provides remediation support for RNs who have been identified as having learning gaps during the review process, and has worked hard to ensure that the CCP is appropriate for all nurses across the spectrum of different roles, and specialties. **COMPLIES**

i) Relevance and Continued Competence- There is considerable overlap between this principle and the previous ones respecting accountability and shared accountability for quality professional practice and some of the criteria for evaluation and the evidence required to demonstrate compliance are common to each. I find evidence to demonstrate that the College strives to ensure that its continuing competence assessment processes are fair, transparent, objective and evidence-based. As previously noted, the College has expended much effort in ensuring registrants are well informed about the expectations respecting accountability and continuing competence. In addition, the College uses expert opinion, benchmarking, peer and third party review, published evidence and/or research as the bases for the regulatory policies. While the College's expectations that all RNs must embrace lifelong learning and demonstrate a level of competence throughout their careers are clear, it was less clear how the College ensures that this is done. Data is available now to demonstrate that quality assurance and building continued competence is embossed throughout an RN's career to support continuous improvement for safe, high quality professional practice across a continuum through registrant surveys. RNs are required to participate in the online Jurisprudence module, which assures that, at a minimum, all registered members participate in commonly required learning and assessment. Development and use of evaluation tools that provide more quantitative measurable results will add to the richness of the data as time goes on and the CCP evolves. **PARTIALLY COMPLIES**

j) Expectations of the College Quality Assurance and Continuing Competence Program- Through this principle, the College has committed to the use of an enabling approach through provision of support to RN professionals through the QA and CCP processes with the aim that they may effectively meet expectations set out under the Code of Ethics and Standards of Practice. The evidence that supports compliance with this principle encompasses self-assessment and self-reflection processes based on practice expectations but also on the Code of ethics and standards of practice. Reflective practice leading to registrants identifying their own learning needs is an important factor. As previously noted, the program is intended to be educational in nature and supportive, and the College supports registrants through remediation processes if needed. The public is protected through the requirement that members who are unable to meet remedial requirements are also not able to renew their registrations. This is another area where extremely high targets have been set. Since all RN's must comply with CCP policies in order to maintain registration, as evidenced through the various policies (AA-5, AA-17, AA-18, AA-19) noted above, the College has made and continues to make good progress in demonstrating compliance with this principle. **COMPLIES**

k) Quality Assurance and Professional Practice Program Effectiveness- There is a futuristic element to this principle which focuses on [eventual] direct, demonstrated and measurable continuous improvement of the competence and quality of RN practices- and the College is not yet able to demonstrate full compliance in this regard. It has already been noted that objective measurement of accountability in regulatory processes is not yet developed in Canada, and while CRNM's operational goals for 2019-

2023 do articulate a comprehensive plan to achieve this goal, the plan is not yet operationalized. The overarching goal to ensure that the 'bar' for a desired level of continuing competence is collectively raised throughout the nursing profession as a direct result of the College's QA and CCP program is a worthy one- but reliable evaluation and measurement of continuous improvement in actual quality of professional practice can be very challenging. The College is to be commended for including this objective within this principle. It has already been established that the program will be evidence based, transparent, fair and objective and that there is already some evidence gleaned through feedback from surveys and focus groups that the program and its associated expectations are understood and respected.

PARTIALLY COMPLIES

Conclusion

I find that, overall, the College demonstrates a high level of compliance in meeting the Executive Expectations as set out in EE-12. Out of the 11 key principles set out under each policy statement, I found that the College fully complies with 7 of the 11 principles (# a, c, e, f, g, h and j); partially complies with 3 (# b, i and k) and that further find that the College can feasibly only partially comply with 1 at this time, (# d) due to initiatives that are currently in progress but not yet complete.

Recommendations:

1. The College should explore having selection of registrants for the CCP done offsite by a third party using randomized algorithms, such as the Stat Package for Social Sciences (SPSS), to provide assurances that random selection is truly random and free from bias.
2. The College should, as an identified opportunity for improvement, consider re-introducing the de-identification of CCP reports, before they are considered by the CCC, to ensure a more objective process that is both fair and free from bias.
3. With respect to data collection and analysis, the College currently requires all RNs to maintain a record of their continuous learning. Going forward the College could consider requesting RNs to provide evidence of their continuous learning records, beyond the QA/CC process to help inform linkages between competence and effective practice.

Respectfully submitted,

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