Health Care Assistant Oversight

Policy Intentions Paper for Consultation

November, 2016

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1.0 INTRODUCTION

The Ministry of Health (the Ministry) intends to support the creation of a single nursing regulator in British Columbia for all nursing disciplines and move ahead with a renewed approach to Health Care Assistant (HCA) oversight by assigning regulatory oversight for HCAs to the new single nursing regulator.

To achieve this, the Ministry intends to amend the *Health Professions Act* (HPA) to provide the legal authority to create a new oversight mechanism for health care occupations that do not warrant self-regulation, but would benefit from regulatory oversight. HCAs would be the first health occupation to be regulated within this new category.

Nursing has been a regulated profession under BC legislation since 1918. Today, the nursing disciplines include four types of nurses - Nurse Practitioners (NPs), Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs), and Licensed Practical Nurses (LPNs) - who are self-regulated by three nursing regulatory colleges under the HPA. The three regulatory colleges have informed the Ministry they have begun work toward forming a single nursing regulator to replace the three existing nursing colleges.

HCAs are front-line care providers delivering basic nursing care whose work is usually directed and supervised by nurses and other health professionals. In January 2010, BC became the first province in Canada to implement a registry for care aides and community health workers – also known as HCAs - with a mandate to protect the public. Since then, several reports have identified the need for enhanced oversight.

The purpose of this paper is to describe the Ministry's proposed plan for HCA regulatory oversight for discussion and consultation, and to seek responses and comments from stakeholders and the public on implementation considerations and transition elements it will be important for the Ministry to take into account.

This Intentions Paper and instructions for providing comments to the Ministry, as well as further information and links to related legislation, are posted on the Ministry's website, at this link: http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation

2.0 BACKGROUND

There are 26 regulated health professions in British Columbia, of which 25 are self-regulating professions governed by 22 regulatory colleges under the *Health Professions Act* (HPA). One profession (emergency medical assisting) is regulated by a government-appointed licensing board under a separate statute.

Regulatory colleges are established under the HPA and have a clear legal mandate to act in the public interest. This is achieved through setting standards, title protection, registration of individuals with qualifications achieved through a standardized education program and qualifying examinations, ongoing monitoring of practitioner competence to practice, practice supports, and well-developed complaint review and investigation processes.

The HPA clearly places the public interest in the forefront of the legislative scheme. Section 16 (1) provides that it is the duty of a college at all times:

(a) to serve and protect the public, and

(b) to exercise its powers and discharge its responsibilities under all enactments in the public interest.

In addition, colleges established under the HPA are specifically required under a provision in Section 19 (i.1) to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair.

At this time, self-regulation is the sole regulatory option under the HPA. The HPA currently lacks regulatory options for health occupations that warrant some form of regulation but which may not suit full self-regulation.

2.1 Nursing Colleges

The four types of nurses practicing in BC are regulated by three provincial self-regulating nursing colleges (the Colleges): RNs and NPs[1] under the College of Registered Nurses of BC (CRNBC), RPNs under the College of Registered Psychiatric Nurses of BC (CRPNBC), and LPNs under the College of Licensed Practical Nurses of BC (CLPNBC).

The Colleges operate under the same governing legislation – the HPA, with the fundamental purpose of regulation in order to serve and protect the public. In fulfilling this common purpose, the Colleges perform the same core functions:

- **Education Recognition** - Recognition of education programs
- **Registration** - Establishment of the requirements for registration and register nurses
- **Professional Standards** - Establishment of professional standards
- **Conduct** - Investigation and resolution of complaints regarding individual nurses
- **Quality Assurance** - Establishment and maintenance of a continuing competency program to promote high practice standards amongst registrants.

With the introduction of updated regulations in December 2015, the Colleges now also operate under a more comparable regulatory framework than previously. In addition, in recent years these three Colleges have worked collaboratively on regulatory practices, and have become increasingly aligned in their efforts.

In late 2015, the Colleges' Boards jointly commissioned an exploratory business case for the creation of a single nursing regulator. Subsequent to receiving the commissioned report, the three Colleges informed the Ministry they intended to further enhance their collaboration and move toward creating a new single nursing regulator in BC for all nursing disciplines.

Given the complexity of the current regulatory framework for nursing disciplines, the Ministry and other stakeholders, such as nursing educators and professional associations, support the move by the existing nursing regulatory colleges to form one single nursing regulator in BC.

2.2 HCA Oversight

In BC, the term HCA describes a variety of workers including, but not limited to, the following job titles: community health workers, resident care attendants, care aides, home support workers, nurse aides, mental health workers, and personal support workers. HCAs are front-line health care providers delivering basic nursing care, such as personal hygiene, dressing, feeding and medication assistance, whose work is usually directed and supervised by nurses and other health care professionals.

[1] NPs are RNs with masters preparation and an expanded scope of practice that includes diagnosis, prescribing and managing care.

The BC Care Aide and Community Health Worker Registry (the Registry) has been operational since January 2010, when BC was the first province to implement a registry for care aides and community health workers. It was implemented following a series of public complaints of alleged abuse in residential care homes, as a means of providing oversight for HCAs. Its purpose is to ensure that those who engage in serious misconduct are not able to continue working with vulnerable individuals in BC.

The Registry's model was developed in partnership with the Health Employers Association of BC (HEABC), and in consultation with health employers, educators, and unions. It is administered under the HEABC through an agreement with Health Match BC, described in a "Letter of Understanding" signed by the representatives of three groups: HEABC, the Facilities Bargaining Association and the Community Bargaining Association. It does not have a legislative foundation. The Registry's role is to track and respond to cases of alleged abuse, as well as to ensure minimum levels of training, and promote professional development for HCAs. The Registry was formally established to register all HCAs providing services to patients in health care facilities receiving public funding.

Registration with the Registry is a requirement for employment with all publicly-funded employers, though some private employers have opted to participate voluntarily.

Since the Registry began operations in early 2010 to March 1, 2016, 435 cases of alleged abuse (218 suspensions, 217 terminations[2,3]) have been reported by employers. As of July 7, 2016, 32,607 HCAs were registered with the Registry[4].

During its six years of operations, concerns regarding the Registry model and its ability to fulfill the patient protection mandate have surfaced from several sources, including the BC Ombudsperson, the BC Seniors Advocate, and an external review initiated by the Ministry in 2012. Through these reviews, stakeholders identified a number of areas where greater clarity or change may be required, related primarily to the Registry's administrative efficiency, communications, and investigative processes. Additionally, the final report of the private sector assessment conducted over winter of 2013/14 and received in the Ministry in spring 2014, contained a range of legislative and policy options that have been under review within the Ministry since that time.

Stakeholder consultation

In the fall of 2014, the Minister of Health requested that Ministry staff engage with stakeholders to identify a recommended option for moving forward with a strengthened model of HCA regulatory oversight.

Accordingly, Ministry staff consulted with stakeholders in early 2015 to solicit stakeholder views on a preferred option for a strengthened model for HCA regulatory oversight. While all stakeholders noted the Registry has achieved much since it was established in 2010, there was a widespread sense that the Registry's shortcomings would be challenging to address.

Comments from stakeholders confirmed that the Registry's shortcomings are well understood and pertain to:

- the investigation processes,
- the Registry's lack of a legislative or regulatory basis,

[2] BC Care Aide & Community Health Worker Registry Report for Registry Advisory Committee Meeting, March 1, 2016

[3] Of the 217 employer-reported terminations for alleged abuse, 116 cases went to the Registry investigation process, with 23 individuals permanently removed from the Registry, 53 reinstated upon meeting remedial conditions, 34 reinstated with no remedial conditions, and six ongoing investigations. Of the 111 terminations that did not go to the investigation process, 82 individuals were removed from the Registry uncontested (no dispute by union or individual), and 19 were reinstated through the employer/union grievance process.

[4] Bruce Bell, BC Care Aide and Community Health Worker Registry, personal communication July 7, 2016

- its lack of requirement of private employer participation,
- its inability to compel reporting of abuse or participation in the investigatory process,
- poor mechanisms to inform employers when an HCA has been removed from the Registry,
- its transparency – for employers and public, and
- its funding base and sustainability over the longer term.

It was acknowledged that considerable work would be needed to bring about the changes required to address the identified concerns within the existing registry model.

The Ministry agrees with this assessment and considers the commitment of such duplicative resources to improving the existing Registry to be unnecessary when another realistic and viable option is available.

A new approach is needed

Currently, self-regulation of designated health professions is the only option available under the HPA for regulation of health care workers. However, the Ministry has identified there is a public interest in having an additional regulatory mechanism available to regulate health care workers in occupations which may also pose a risk of harm to the public, but where the nature of the work or the types of risks posed do not suit full self-regulation.

HCAs are front-line health care workers whose work falls along the nursing continuum as they provide basic nursing care, such as personal hygiene, dressing, feeding and medication assistance, to seniors and other adults in a variety of settings. Their work is usually directed and supervised by nurses, but HCAs may also be directed and supervised by other health care professionals such as physical therapists, occupational therapists and registered dietitians.

The nature of the work performed by HCAs is not in itself considered high risk, and therefore does not warrant self-regulation. However, HCAs regularly provide intimate personal care or other care such as lifting, positioning, assistance with feeding, toileting, medications or minor dressings for example. They are frequently alone with vulnerable individuals, whether in a residential care facility, assisted living residence, or the person's own home, and may have access to the individual's personal effects (e.g. jewelry, cash, artwork), and/or potentially have occasion to gain knowledge of individuals' banking information, investments, and/or other personal information such as Personal Identification Numbers. The Ministry believes the locations and circumstances in which HCAs provide care may pose a risk of harm to vulnerable seniors and other client groups, including risk of financial abuse, emotional abuse, physical abuse, sexual abuse, and neglect, and as a result a form of regulation is required. An amendment to the HPA will introduce a provision allowing the Minister of Health to create a regulatory mechanism that is proportionate to the risks involved in health occupations for which self-regulation is not an appropriate regulatory response. HCAs will be the first health occupation to be regulated within this new category.

Given that much of HCA work falls along the nursing continuum, the Ministry believes it makes sense to use the new regulatory mechanism under the HPA to bring HCAs under the oversight of the single nursing regulator, and for the new single nursing regulator to work closely with HCAs to develop and oversee the practice of HCAs.

Establishing a statutory base through the HPA for HCA regulatory oversight will enable a form of regulation proportionate to the risk to the public, and most particularly for vulnerable individuals.

This new approach is consistent with the principles of right-touch regulation, which holds that the instruments applied to protect the public should be commensurate with the risks. Seeking to be at once effective, appropriate, and proportionate, right-touch regulation is the minimum regulatory force required to achieve a desired result (Council for Healthcare Regulatory Excellence, U.K.; Right-touch Regulation; August 2010).

3.0 MINISTRY AND GOVERNMENT GOALS

Overall

The Ministry has overall responsibility for ensuring that quality, competent, appropriate, cost effective and timely health services are available for all British Columbians.

The Ministry provides leadership, direction and support to health service delivery partners, and sets province-wide priorities, goals, standards and expectations for health service delivery by health authorities. This leadership role is accomplished through the development of policy, legislation and professional regulation, funding decisions, negotiations and bargaining, and through its accountability framework for health authorities.

Focus on protection of the public interest

Nursing is regulated because it is one of the health professions that poses a risk of harm to the public if practiced by someone who does not have appropriate education, training and experience. The Ministry believes that having the single nursing regulator take on responsibility for HCA regulatory oversight will strengthen government's ability to serve and protect the public at all times.

Focus on seniors care and other vulnerable populations

BC's population is growing and aging, with the fastest growing population of seniors in Canada. The population over 65 is expected to increase from about 15 percent to 24 percent of the total provincial population between 2006 and 2026. This has significant implications for our health system, as the likelihood that a person will have at least one chronic condition or life-limiting illness increases significantly with age, and as a result, so does their need for health services.

As identified in the Ministry's strategic plan *Setting Priorities for the B.C. Health System*, improving the quality of geriatric care across the entire health care system continuum is critical to ensuring that seniors receive the most appropriate care to promote the best outcomes and quality of life, including the need for palliative care as they approach end of life. The strategic plan also highlights the need for service improvements for other patient populations, especially those with mental health and substance use conditions.

HCAs currently provide a large portion of seniors care in BC and will have an important role in providing quality care to seniors and other patient populations into the future. It is critical to ensure that HCAs can continue to deliver competent and safe quality care.

Focus on a competent workforce and quality, patient-centred care

HCAs constitute a significant group within BC's health workforce. They provide the majority of front-line seniors care in a variety of settings in BC, including residential care and assisted living facilities and supported housing, family care homes, and in a client's own home. HCAs have traditionally had a supportive role in seniors' care involving assistance with activities of daily living (ADLs), such as bathing, dressing, meal preparation and other 'light' household tasks. In the current health care environment,

many clients/residents require increasingly complex care. As a result, the role of HCAs is frequently expanding to include, for example, delegated tasks such as gastrostomy feed or medication administration. This need for role expansion necessitates standardized approaches to preparation and training, and workplace supports to help HCAs maintain or improve their competency level for this type of care.

HCAs also provide care to other client populations such as persons with physical disabilities, adults with developmental disabilities, and persons with mental health and substance use problems, in the person's own home, mental health care facility or in group home settings. Increasingly, a role is also emerging for HCAs in acute care hospitals and hospices. As care delivery models continue to evolve, care roles in primary care or other community-based clinics may also emerge.

In all settings – both traditional and emerging – it is expected that HCAs can provide competent, safe, quality care and the proposed model is intended to ensure this continues to happen.

Focus on team-based care and collaborative practice

It is equally important to focus on how nurses and other health professionals work with HCAs and how they will be involved in the appropriate direction and supervision of care. A team-based model of care is one that strives to meet patient needs and preferences by actively engaging patients as full participants in their care while encouraging all health care providers to make optimal use of their education, certification, and experience.

3.1 Objectives for the Proposed Revisions to HCA Oversight

The Ministry intends to establish a statutory base for HCA regulatory oversight, by bringing HCAs under the oversight of the new single nursing regulator.

Specifically, the Ministry intends to shift from the administrative registry model managed through the contracted arrangement with the HEABC and unions, to a registration model under the proposed new single nursing regulator with a form of regulation that is similar to what exists for early childhood educators in BC.

The Ministry's intended new approach would be similar to the approach under BC's Child Care Licensing Regulation that provides for the creation and management of an early childhood educator registry. Under the new model for HCAs, the Ministry will look to establish a registry for HCAs under the single nursing regulator, to be managed by the registrar of the nursing college as the director of the registry. This director will have authority to require registration and/or grant a license to HCAs who have completed an approved education program and have met specific registration requirements. The duties of the director will include registering individuals but not facilities.

The primary objectives for moving HCA regulatory oversight under a single nursing regulator are to:

- Require mandatory registration for all HCAs, regardless of setting or employer, with legal authority for inspection, discipline, and a continuing competency program;
- Establish an easy and transparent mechanism for registration and/or granting of a certificate, and for employers to annually confirm and regularly check the registration/certificate status of HCAs;
- Record the successful completion by HCAs of a certified/approved education program;
- Have a public access point for complaints and concerns about quality of care provided; and
- Provide a public record of decisions on HCA registration/certificate, in order that any conditions imposed on an HCA's registration or certificate, and any suspensions and/or removals from the register, will be available as a public record.

Advantages to bringing HCAs under oversight of a single nursing regulator include:

- Recognizes HCAs as valuable members of the health care workforce;
- Provides the opportunity to define and align scopes of practice, as well as set boundaries for employers with respect to delegation of restricted activities and delegation to HCAs;
- Formally brings mental health workers into the new HCA regulatory model;
- Leverages existing technical infrastructure and experience of the current Colleges, and accomplishes economies of scale;
- Extends these Colleges' well-established educational program recognition processes to include recognition of HCA education programs;
- Establishes transparent processes for inquiry and discipline in situations of misconduct, inappropriate behaviour or abuse;
- Reduces overall costs as compared to a registry model; and
- Provides statutory authority.

Based on current registration figures, the new single nursing regulator will bring together 55,760 nurses across all nursing disciplines (378 NPs[5], 39,909 RNs[6], 2,903 RPNs[7], and 12,570 LPNs[8]), and at a minimum 32,607 HCAs[9]. Bringing together a total of 90,000 or more nurses and HCAs under a single nursing regulator increases opportunities to achieve greater operating efficiencies through elimination of duplicate functions and realizing economies of scale. This would thereby enhance the ability to keep registration fees low.

4.0 PROPOSED HCA REGULATORY OVERSIGHT MODEL – A PHASED APPROACH

To establish regulatory oversight for HCAs using a right-touch regulatory mechanism under the HPA will require a phased approach.

Phase 1 – Replacement of existing nursing regulatory colleges with a Single Nursing Regulator

In this phase, the Ministry will support the initiative begun by the three existing self-regulating nursing colleges to form one self-regulating nursing regulatory body.

The Ministry intends to monitor the progress of the Transition Steering Committee being established by the Boards of the existing nursing colleges to steer their integration work, and will make any required amendments to the nursing regulations and/or HPA when needed, such as amending the nursing regulations to reflect the title of the new college.

[5] Includes NPs (practising, provisional and non-practising) registered with CRNBC as of July 7, 2016. Source: Jennifer Simpson, CRNBC, personal communication July 7, 2016.

[6] Includes 39,862 RNs (practising, provisional, non-practising, practising with conditions, and non-practising with conditions, as well as RN-certified practice registrants with valid RN practising status), and 57 licensed graduate nurses (practising, provisional and non-practising) registered with CRNBC as of July 7, 2016. Source: Jennifer Simpson, CRNBC, personal communication July 7, 2016.

[7] Includes RPNs (practising, non-practising and interim) registered with CRPNBC as of July 7, 2016. Source: Kyong-ae Kim, CRPNBC, personal communication July 7, 2016.

[8] Includes LPNs (practising, non-practising and interim) registered with CLPNBC as of July 6, 2016. Source: Wendy Winslow, CLPBNC, personal communication July 6, 2016.

[9] Includes HCAs registered, in good standing and verified with the BC Care Aide & Community Health Worker Registry as of July 7, 2016. Source: Bruce Bell, BC Care Aide and Community Health Worker Registry, personal communication July 7, 2016.

In parallel, the Ministry will seek an amendment to the HPA that will allow the Minister of Health to designate the Registrar of a college as the 'director of a registry'.

With this amendment in place, the Minister will be able to designate the Registrar of the new single nursing regulator as the director of the HCA registry. The powers of this director of the HCA registry would include:

- Requiring registration information;
- Making decisions regarding eligibility for licensing/certification;
- Investigation and discipline; and
- Specifying standards, limits and conditions.

The director would be able to delegate their function with direction. Details about the licensing or certification requirements, such as criminal record checks or educational requirements for example, would be laid out in regulation.

Phase 2 – Integration of HCA regulatory oversight under the new single nursing regulator

The focus in this phase will be the integration of regulatory oversight for HCAs under the new single nursing regulator.

With this new model, the Ministry intends to regulate all HCAs in BC, regardless of where they work, to improve patient safety and accountability. When integration is complete, any HCA in BC will be required to register with the single nursing regulator before they can provide the services of an HCA.

In effect, this phase will involve closing down operations of the existing Registry and initiating operations of an HCA registry under the oversight of the newly established single nursing college.

At this time, the Ministry's intentions are to exclude from the requirement to register with the new single nursing regulator, self-employed individuals who operate exclusively on a private-pay basis and/or who are employed under the auspices of the federal live-in caregiver program. The Ministry also intends to exclude individuals who provide personal care attendant support for a client exercising their option to manage their own home support services under the Choice in Supports for Independent Living (CSIL) program and hires their own personal care attendant.

HCAS who will be required to register include care workers who work in any of the settings of assisted living, residential care, group home, mental health care home, addictions recovery homes, hospital, and hospice, whether these are publicly funded or purely private pay providers who employ HCAs and receive no public funds for the delivery of care services. Also to be included are care workers who are employed by privately owned contract service providers who employ and deploy HCAs into the facilities with which they are contracted or who deploy HCAs to provide subsidized home care and home support in a person's own home, whether this is the person's personal residence or their residence within an independent living situation (also known as a retirement living community, congregate housing, or supportive housing).

The Ministry believes this new model will strengthen government's ability to protect the public from harm. This will be accomplished by introducing legal authority under the HPA for a form of regulation that addresses the risks of harms relevant to the practice of HCAs.

The Ministry's intended move to assign HCA regulatory oversight to the newly established single nursing regulator will build on successes achieved by the Registry, which has been managed through a

negotiated agreement with the HEABC and unions (Facilities Bargaining Association and Community Bargaining Association), for the past six years.

Moving to a model similar in approach to the early childhood educator registry, with legal authority assigned to the single nursing regulator, enables a "right-touch" approach to oversight of HCAs in BC.

Additionally, it:

- addresses the concerns identified with the existing Registry model,
- introduces a robust model with elements more conducive to meeting the expressed mandate to protect the public,
- leverages the capabilities of a single nursing regulator, and
- leverages the potential to merge the knowledge and experience of existing Registry staff with the regulatory experience and expertise of the nursing regulatory staff to continue building on successes achieved with the Registry.

During the 2015 consultation, it was highlighted that bringing HCAs under a nursing regulatory body would be beneficial in improving clinical governance, promoting a high standard of care, creating transparent responsibility and accountability related to the standards of care, and for fostering quality assurance.

4.1 Legislative and Regulatory Implications

Legislative amendment to the HPA will be necessary to provide legal authority for this approach. The amendment will:

- Allow the Minister to designate the Registrar of a College as the 'director' of the HCA registry; and
- Grant the director the authority to issue, vary, suspend or cancel the registration or certificate granted to an HCA.

In addition, a new regulation under the HPA would be required, to

- Define who is an HCA, e.g. 'a person granted registration' or 'a person holding a certificate';
- Detail the licensing/registration requirements to be applied by the director, including entry-to-practice education, work experience and continuing education and/or continuing competency requirements;
- Define what is a 'certificate', e.g. an HCA certificate issued by the director of the HCA Registry;
- Enable the director to create standards to guide HCA practice;
- Detail timelines for expiry and renewal of certificates; and
- Identify /create inspection and discipline powers.

5.0 GOVERNANCE OF HCAs WITHIN THE SINGLE NURSING REGULATOR

Under the intended model, the new single nursing regulator will have the authority to make bylaws with respect to how it carries out its responsibilities. The single nursing regulator will develop the necessary bylaws in these areas.

5.1 Bylaw development

Committee representation

It is proposed that HCAs would be represented on the membership of four committees – the Education Program Review Committee, the Registration Committee, the Inquiry Committee and the Discipline Committee or where appropriate create new committees.

Fees

Under the requirements of the HPA, colleges establish fees in accordance with their Board's policies. The obligation is on the regulator to collect just enough through the registration fee to deliver their regulatory functions effectively. The Ministry expects that the new nursing regulator would focus on ensuring that the cost of HCA registration and renewal is not an impediment for HCAs or stakeholders.

Standards of practice and quality assurance

The development of standards will be done in consultation with stakeholders, including other health profession regulators, professional associations and unions, and will take into account the fact that HCAs work with, and under the supervision of, a number of health care professionals and teams.

It is expected the new single nursing regulator will establish basic principles for quality assurance requirements for HCAs. The requirements will not be onerous, and will consider that it is valuable and important for HCAs to remain current and aware of issues impacting practice. Consultation with stakeholders will be paramount in the development of appropriate, fair and reasonable quality assurance requirements.

5.2 HCAs subject to *Health Professions Act* Inquiry and Discipline processes

The Ministry proposes that the inquiry and discipline approach for HCAs would be aligned with the *Health Professions Act*; that is, Part 3 of the HPA would apply. The public, including employers, would be able to file a complaint. In particular, the various statutory duties to report under sections 32.2, 32.3 and 32.4 would apply.

The outcome of investigations into complaints would be the same for HCAs as for registrants of any regulatory college, in that the single nursing regulator could take action up to and including the cancellation or suspension of an individual's registration and/or certificate. The outcome of investigations into serious matters would be noted on the registry, and published on the single nursing regulator's website, in accordance with the HPA.

6.0 EMPLOYER ROLE IN ASSURING QUALITY CARE BY HCAs

The Ministry believes that having access to up-to-date information on a worker's qualifications, certified competencies, continuing education, and substantiated complaints regarding quality of service will provide significant benefits to employers in British Columbia, and by extension, patients.

Under the new HCA regulatory model, any employer of HCAs will be able to verify the registration status of HCAs annually.

Until the new HCA regulatory approach and registry is fully operational within the single nursing regulator, the Ministry proposes that the criminal record check process will remain the responsibility of the employer as determined by existing legislation.

When integration of HCA regulatory oversight to the new single nursing regulator is complete, employers will be able to use the new HCA registry for purposes of reference checks before hiring.

During the HCAs' employment, it is expected that best practice for any employer who has concerns about the competencies or conduct of individual HCAs would be to contact the nursing regulator.

7.0 TRANSITION CONSIDERATIONS

With the release of this intentions paper, the Ministry is signalling its intention to support the creation of a single nursing regulator in BC, and for this new single nursing regulator, once formed, to be responsible for HCA regulatory oversight. The Ministry acknowledges that a due diligence process is needed to further define the transition stages needed for moving forward. This intentions paper is part of the careful consideration of the steps and essential decisions needed for moving forward.

The Ministry recognizes there will be important legal issues to resolve in order to formally close off the existing Registry and initiate a registry under legal authority of the Registrar of the new single nursing regulator.

The Ministry expects that all appropriate partners will be involved at appropriate stages in developing the plan for a smooth and effective transition.

8.0 TIMELINE

The Ministry intends to communicate with stakeholders as transition planning moves forward through the required stages. Until the new model is in place, the Ministry expects that the existing Registry will continue with business as usual.

9.0 PROVIDING COMMENT ON THE INTENDED DIRECTION

Comments regarding the Ministry's intended direction are being solicited and will be considered in planning how the Ministry moves forward with a new legal mechanism for HCA oversight under the HPA. Those interested are invited to submit comments on implementation considerations and transition elements the Ministry can take into account in planning the way forward. The Ministry also encourages organizations to distribute the intentions paper among their members. All submissions will be reviewed, and considered by Ministry staff.

Instructions for providing comments are posted on the Ministry's Professional Regulation consultation website, at http://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/professional-regulation. All comments must be received by **February 7, 2017**.

Personal information provided by respondents through this consultation process is collected under the authority of section 26 (e) of the *Freedom of Information and Protection of Privacy Act.*

For any questions specifically about the collection of respondents' personal information, please contact:

Senior Policy Analyst
Email: PROREGADMIN@gov.bc.ca, using the subject line 'HCA Oversight'

Mail: Professional Regulation and Oversight Branch, Ministry of Health
3rd Floor, 1515 Blanshard Street
Victoria BC V8W 3C8
Tel: 250 952 1741

Respondents are advised to not include any personal information about third parties in their responses.

For any other questions regarding this consultation process, please check the consultation website at the link above, or email the Ministry's Professional Regulation and Oversight Branch at PROREGADMIN@gov.bc.ca, using the subject line 'HCA Oversight.'

Thank you for your time and comments!