Review of the
BC Care Aide &
Community Health
Worker Registry:
An Action Plan
Introduction

In January of 2010, British Columbia became the first province in Canada to implement a registry for care aides and community health workers – also known as Health Care Assistants (HCAs) – with a mandate to protect the public. The BC Care Aide and Community Health Worker Registry (the Registry) was developed as a safeguard for vulnerable British Columbians under the care of HCAs. Currently, registration with the Registry is a requirement for employment with all publicly-funded employers, though some private employers have opted to participate voluntarily.

The Registry’s role is to track and respond to cases of alleged abuse, as well as to ensure minimum levels of training and provide professional development resources for HCAs. The Registry’s model was developed in partnership with the Health Employers Association of BC, and in consultation with health employers, educators, and unions. Since its onset, implementation of the Registry has been through a phased approach.

In order to fulfill the Registry’s patient protection mandate, employers are required to report instances in which an HCA is suspended or terminated for allegations of abuse. Upon receiving this report, the HCA is removed from the Registry until either the incident is investigated by the Registry or resolved through the union grievance process. If the matter is resolved and the HCA is found not to have committed abuse that merits removal from the Registry, they are reinstated. If a lesser infraction is found, the HCA may be required to complete further education or training before being reinstated on the Registry. However, if abuse that merits removal occurred – or goes unchallenged by the HCA or the union – the HCA will not be reinstated and is no longer eligible to work with publicly-funded or participating private employers.

Public Protection to Date

As of February, 2013, the Registry is responsible for removing a total of 44 HCAs from the Registry. In these cases, removals fall into two categories: 1) investigations determined that abuse was committed, or 2) no investigation was requested by the employee or the union following termination. As they are no longer able to register, these individuals are permanently prevented from seeking further positions with publicly-funded employers.

Intent to Review

In June of 2012, the Honourable Minister de Jong – former Minister of Health – announced the Ministry of Health’s (the Ministry) intent to conduct an external review of the Registry’s current operations to ensure that the public protection mandate was being met. This decision was in part due to the BC
Ombudsperson report on seniors’ care that was released in February 2012 that questioned the degree to which the Registry was meeting its abuse prevention mandate. Also, as a new model for patient safety, the review was an opportunity to ensure that ongoing implementation efforts were leading development in the best possible direction.

**British Columbia Care Aide & Community Health Worker Registry: A Review**

The report *British Columbia Care Aide & Community Health Worker Registry: A Review*, provides clarity on the strengths and weaknesses of the Registry as it exists today. Building upon interviews with key stake holder groups (including Registry staff, health authority staff, the Registry Advisory Committee, BC Care Providers Association, public and private care facilities, registry investigators, representatives of investigated sites, as well as Ministry of Health Staff in the program areas of Health Human Resources, Home Community and Integrated Care; Seniors’ Directorate, and Professional Regulation), the report provides four recommendations for improvement to the Ministry of Health regarding the Registry’s operating mandate, protection mandate, governance structure and sustainability:

**Recommendation 1:** The Ministry of Health should review the suitability of the enabling framework under which the Registry exists/operates (i.e., the Letter of Understanding and ‘Appendix A’) with particular attention to mandate clarity/focus, the implications for the Registry’s scope (e.g., inclusion of private sector employers/employees) and ability to ensure the participation of employers and HCAs.

**Recommendation 2:** The Ministry of Health should ensure an appropriate governance structure exists for the Registry and that, within the context of the Registry’s enabling framework, it is vested with the necessary authority to pursue the Registry’s objectives and to establish a management structure charged with implementing strategic direction, developing operating policy/procedure, etc.

**Recommendation 3:** The Ministry of Health should take steps to redress current gaps in the Registry’s protection mandate. Minimally, this would include: addressing the exclusion of private sector HCAs; establishing an oversight role related to abuse accusations handled outside the Registry’s investigation process; eliminating loopholes (e.g., resignation of an accused HCA) that frustrate the Registry’s ability to investigate; broadcasting Registry suspensions to employers; and compelling HCA registration as a condition of employment and employer participation in Registry investigations, etc.
Recommendation 4: The Ministry of Health should review the Registry’s funding model with a view to ensuring a sustainable funding base as well as an equitable allocation of expenses. Given that the Registry’s intent parallels, in some dimensions, the function of a regulatory college, and given that the Registry’s creation is in part a response to failed human resource processes, charges to registrants and employers cannot be precluded. Existing inequities related to investigation costs (e.g., higher costs for facilities geographically distant from investigators and no costs for non-union facilities) should also be addressed.

Approach to Acting on the Recommendations

The Ministry continues to be committed to ensuring that the Registry’s mandate to protect vulnerable adults from abuse by caregivers while receiving care in a variety of settings in BC, as well as ensuring high quality service and standards of care among the care aide and community health worker occupations is met.

Since its onset, the Ministry’s approach to the Registry’s development has been one of partnership with key stakeholders including, among others: health authorities, employers, unions, educators and Registry managers at HEABC. Broad and on-going consultations with stakeholders are essential. While some actions will be quick wins; other actions will need a longer term approach spanning multiple years.

Actions to Address the Registry’s Enabling Framework (Recommendation 1)

The Registry’s enabling framework is the Letter of Understanding (LOU) that was signed by HEABC, the Facilities Bargaining Association (FBA) and the Community Bargaining Association (CBA) in 2010. Appendix A of the LOU outlines the Registry’s investigative and removal process. Additionally, the consent form for HCAs was negotiated with the unions and comprises an important piece of the Registry’s capacity to collect and share HCA information. The current enabling structure does not extend to private sector employers. Changes to the Registry framework (LOU and Appendix) require the agreement of the union’s through a negotiation process. The Ministry of Health plans to work with the FBA and the CBA to address the limitations of the enabling framework identified in the report to move forward with the following actions:

Short-Term Actions (Target Completion Fall/Winter 2013)

• Conduct an assessment of the private sector in order to understand the scope and implications of expanding the Registry to include privately funded;
• Assess potential mechanisms for mandating private employer participation;
• Review Registry framework documents and identify language issues, Registry procedures and employer requirements that allow for loopholes in the Registry protection mandate;
• Engage unions to discuss changes to the Registry consent form for the purpose of collecting necessary information from applicants; and
• Assess options for disentangling employment status from Registry status.

Mid-Term Actions (Target Completion Spring 2014)
• Review findings from the private sector assessment and draft a recommended approach to implementation of a private sector mandate;
• Develop a process to make necessary changes to the Registry framework documents, procedures, and employer requirements to ensure that no loopholes impede the Registry’s abuse prevention mandate; and
• Implement changes to the Registry consent form that will allow the Registry to collect adequate registrant information.

Long-Term (commencing April 2014)
• Implement strategy that will mandate private sector participation in all aspects of the Registry;
• Implement changes to the Registry’s enabling framework and clarify the roles and responsibilities of all parties to ensure alignment so that the protection mandate is being met;
• Where feasible, disentangle employment status from Registry status, except where individuals are permanently removed from the Registry.

Actions to Address Governance
(Recommendation 2)
Currently, the Registry is housed at Health Match BC (HMBC), under the purview of HEABC. The Ministry acts in a stewardship role while operational details are handled by the Registry manager at HMBC. Additionally, the Registry Advisory Committee – representing health employers, unions, educators, and HCAs – is responsible for selecting Registry investigators. The review identified a need for further role definition, clarity of policies and procedures, and a review of decision-making structures. In response the Ministry will pursue the following actions:

Short-Term Actions (Target Completion Fall/Winter 2013)
• Add a Ministry representative to the Registry Advisory Committee, and revisit the Committee’s Terms of Reference to ensure a mechanism to bring forward the issues it raises;
• Work with Registry investigators to develop procedural standards for Registry investigations of alleged abuse.

Mid-Term Actions (Target Completion Spring 2014)
• Implement procedural standards for the Registry’s investigative process;
• Develop a public campaign to inform HCAs, employers, educators, and members of the public regarding the purpose and role of the Registry.

Long-Term (Commencing April 2014)
• Launch a public campaign to inform HCAs, employers, educators, and members of the public regarding the purpose and role of the Registry.

Actions to Address Gaps in the Registry’s Protection Mandate (Recommendation 3)
While ratifying the Registry’s enabling framework and expanding its mandate to include private sector employers will address the majority of the issues identified in the review, further gaps in the Registry’s protection mandate will require consideration. Additional actions will include:

Short-Term Actions (Target Completion: Fall/Winter 2013)
• Assess privacy concerns associated with sharing of information between employers in cases of abuse;
• Assess feasibility of adding criminal records checks to the Registry application process.

Mid-Term Actions (Target Completion: Spring 2014)
• If deemed feasible, implement criminal records checks as a part of the Registry application process;
• Review privacy assessment and engage unions to discuss options for sharing HCA’s Registry status with employers in cases of abuse.

Long-Term (Commencing April 2014)
• Develop an appropriate mechanism to inform employers when an HCA has been removed from the Registry for abuse.

Actions to Address the Registry’s Funding Model (Recommendation 4)
The Ministry is committed to supporting the Registry’s operational and development costs for the 2013/14 fiscal year. While there are no current plans to change the basic funding model at this time, inequities in the cost of investigations warrant review in the short term. Longer term, the cost of operating
the registry with a broader mandate to include the private sector will need to be reviewed. The Ministry plans on undertaking the following actions:

**Short-Term Actions (Target Completion: Fall/Winter 2013)**
- Determine short-term solutions for resolving investigation costing inequities for geographically isolated employers.

**Mid-Term Actions (Target Completion: Spring 2014)**
- Assess the financial implications of expanding the Registry’s mandate to include the private sector.

**Long-Term (Commencing April 2014)**
- Review funding model options and implement the most equitable approach to covering operational and investigative costs.

**Actions for Ongoing Registry Implementation**
Since the Registry was developed with a phased approach to implementation, activities to implement the full public sector mandate are ongoing. These activities will include:

**Short-Term Actions (Target Completion: Fall/Winter 2013)**
- Launch the new Registry website and database to meet the needs of the current volume of Registrants;
- Continue development activities for the Registry's education recognition processes.

**Mid-Term Actions (Target Completion: Spring 2014)**
- Work with the Ministry of Advanced Education, Innovation and Technology and the Ministry of Jobs, Tourism and Skills Training to implement a pilot of the Prior Learning Assessment Recognition process for applicants without a recognized BC HCA certificate;
- Conduct a feasibility study to move forward with the Registry’s mandate of professional development and career opportunities for HCAs.

**Long-Term (Commencing April 2014)**
- Implement all education recognition processes to ensure the minimal training requirement mandate is fully met;
- Implement professional development and career opportunity resources for registrants on the Registry website.
Moving Forward with the Registry

The Ministry recognizes the value of the collaborative efforts to date that have lead to the Registry as a new model for patient protection. As the Registry continues to develop through the phased approach, the recommendations in the report, *British Columbia Care Aide & Community Health Worker Registry: A Review*, provide a framework to build on these efforts and ensure greater success in the future. The Registry’s mandate of patient protection supports the Ministry’s commitment to seniors care and elder abuse prevention, as well as the common goal of achieving the best possible health and safety for all British Columbians.