



# 2018

## STATUTORY BOARD

## SELF-ASSESSMENT REPORT

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# 2018

## STATUTORY BOARDS

## SELF-ASSESSMENT REPORT

For the period 1<sup>st</sup> September 2017 to 31<sup>st</sup> August 2018



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# Statutory Boards Report 2018

## AUTHORITY

*Per Section 5 (d) of the Bermuda Health Council Act 2004, the Health Council assesses the extent to which Statutory Boards<sup>1</sup> for health professionals enforce registration requirements and monitor complaints, disciplinary processes and outcomes.*

## SUMMARY

- ❖ *The Council for Allied Health Professions has expanded to include five additional professions: acupuncturists, chiropractors, counsellors, massage therapists, & social workers.*
- ❖ *Midwives and Nurses have joined to form the Bermuda Nursing and Midwifery Council.*
- ❖ *A number of updates have been made to the Psychologist Practitioners Act. These changes bring the Act more closely in line with other Statutory Bodies, and are based on international best practices.*
- ❖ *The legislative oversight of a select group of Statutory Bodies is being migrated from the Office of the Chief Medical Officer (OCMO) to the Bermuda Health Council. The transition is expected to commence in mid-2019.*
- ❖ *The OCMO is utilizing a new bespoke record-keeping software when conducting their registration processes. The registration software is a significant investment in modernizing Bermuda's regulatory regime.*
- ❖ *Work is being done to both standardize and centralize the complaint and disciplinary functions of the Statutory Bodies. Legislative changes are expected to be forthcoming in mid-2019.*

## BACKGROUND

To assure public safety and enhance the delivery of health services, the Health Council asks that all Statutory Boards, for regulated health professionals<sup>2</sup>, 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.

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

<sup>2</sup> 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* (Appendix 3). The *Self-Assessment Report Form* was updated in 2017 to reflect changes discussed between Statutory Boards and the Health Council.

For this report, the Statutory Boards were asked to complete the form, provide reflections on the requested period, **1<sup>st</sup> September 2017 to 31<sup>st</sup> August 2018**, and then return these comments to the Health Council by **24<sup>th</sup> October 2018**. Appendix 1 gives the date the completed forms were received by the 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-three eligible professions (Appendix 1). Up-to-date professional registers were requested for submission to the Health Council by the beginning of 2019. The Health Council and Ministry of Health publish registers and other professional documentation (e.g. application guides, board composition, and Standards of Practice) on their websites [www.bhec.bm](http://www.bhec.bm) and [www.gov.bm](http://www.gov.bm), respectively. These sites are updated periodically as a public service to assure patients access to information, so they can make informed decisions about their care. As of this publication, twelve professional registers have been updated and published online. The remaining ten registers are scheduled for submission, gazetting, and online publication early in 2019.

### 2. BOARD ADMINISTRATION

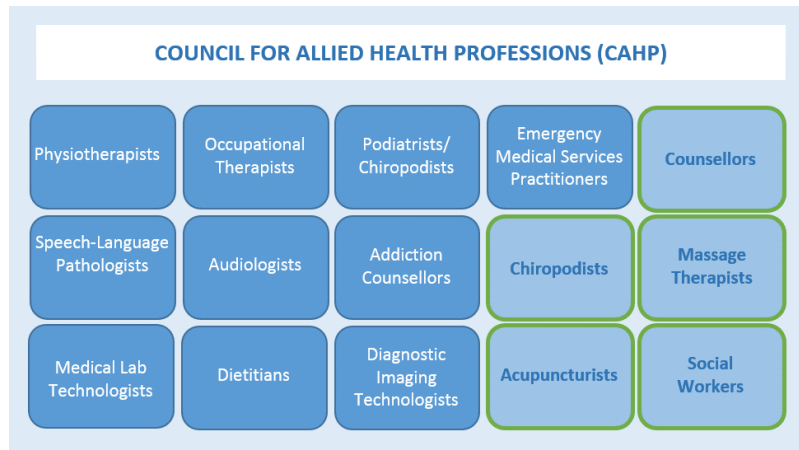
Statutory Boards have between seven and eleven members (nine members on average) that oversee the operation of each profession. This legislative oversight includes, but is not limited to, the following functions: 1) promote the interests of the profession, 2) establish a code of conduct and professional standards of practice, 3) direct the registration process, 4) handle complaints and exercise disciplinary control, 5) prescribe the qualifications and practical experience required for registration, and 6) outline the continuing education requirements for registration.

Statutory Board membership eligibility is outlined by each profession's Act. However, the Statutory Board membership is typically comprised of very experienced and respected members of a profession. The longest serving Statutory Board member was appointed to the Board of Medical Laboratory Technologists<sup>3</sup> before the 1990s. However, membership is not stagnant, as there have been nine Councils and Boards with new members appointed in 2017 and 2018.

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<sup>3</sup> Previously the Board of Medical Laboratory Technicians, changed in the Allied Health Professions Act 2018.

The Council for Allied Health Professions is different from a typical Statutory Board. It is comprised of one member from each of the nine sub-boards<sup>4</sup> representing each profession included under the umbrella of allied health professions. Each of these sub-boards is legislated to have four members, with chairpersons appointed by the Minister.



A complete listing of each Statutory Board's membership is published annually by the Ministry of Health. This information is also available on the Ministry and Health Council's website. Further information regarding Statutory Board composition can be found in Appendix 2.

The Office of the Chief Medical Officer (OCMO) provides administrative support to all Statutory Boards except for the Bermuda Nursing and Midwifery Council<sup>5</sup> and the Bermuda Psychologists Council<sup>6</sup>. The Bermuda Nursing and Midwifery Council has one part-time staff member who handles its administration and reporting functions to the Ministry of Health. The Bermuda Psychologists Council's administrative functions are conducted by members of the Council on a voluntary basis. Of note, the Bermuda Psychologists Council has an appointed member with human resource expertise who is vital to managing requests from the Department of Immigration. Information collected by the Bermuda Psychologists Council is submitted to the Registrar General who has the legislated duty to maintain their register.

It has been noted in a number of previous Statutory Boards Assessment Reports that, the volume and complexity of administration required by these bodies has increased significantly. Membership is voluntary, and most participants donate their time when performing Statutory Body administrative work. Individuals, however, do receive a stipend, per the Governance Fees Act, which amounts to \$50 for board members, and \$100 for board chairs per meeting.

<sup>4</sup> Five additional professions have been added, acupuncturist, chiropractor, counsellor, massage therapist, & social worker in 2018.

<sup>5</sup> Previously the Bermuda Nursing Council, the Nursing and Midwifery Act 1997 was amended in December 2018.

<sup>6</sup> Previously the Bermuda Psychologist Registration Council, was changed in the Psychologist Practitioners Act 2018.

### 3. PROFESSIONAL REGISTRATION

#### 3.1. Registration Requirements

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

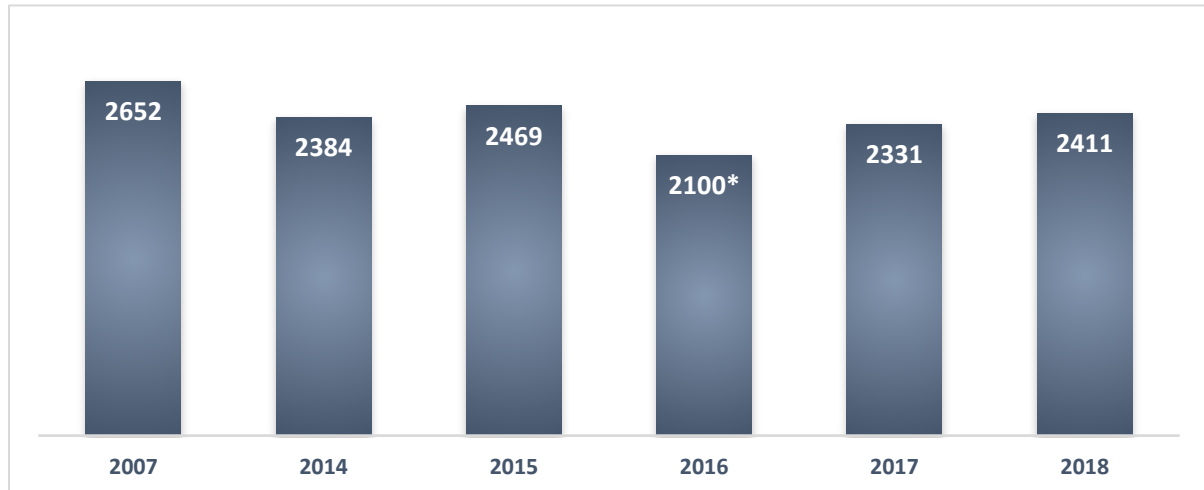
- Application Form
- Professional Qualifications
- Character and/or Professional References
- Application Fee<sup>7</sup>

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 or Bermuda Status
- 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 five years. 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***



*\*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; however in the case of the nursing and midwifery registers<sup>8</sup>, their published register contains only the

<sup>7</sup> Application fees are legislated under the Government Fees Regulations 1970, and range from \$135 - \$645.

<sup>8</sup> The professional number is not included in an effort to protect personal data, prevent identity theft, and curtail claims fraud.



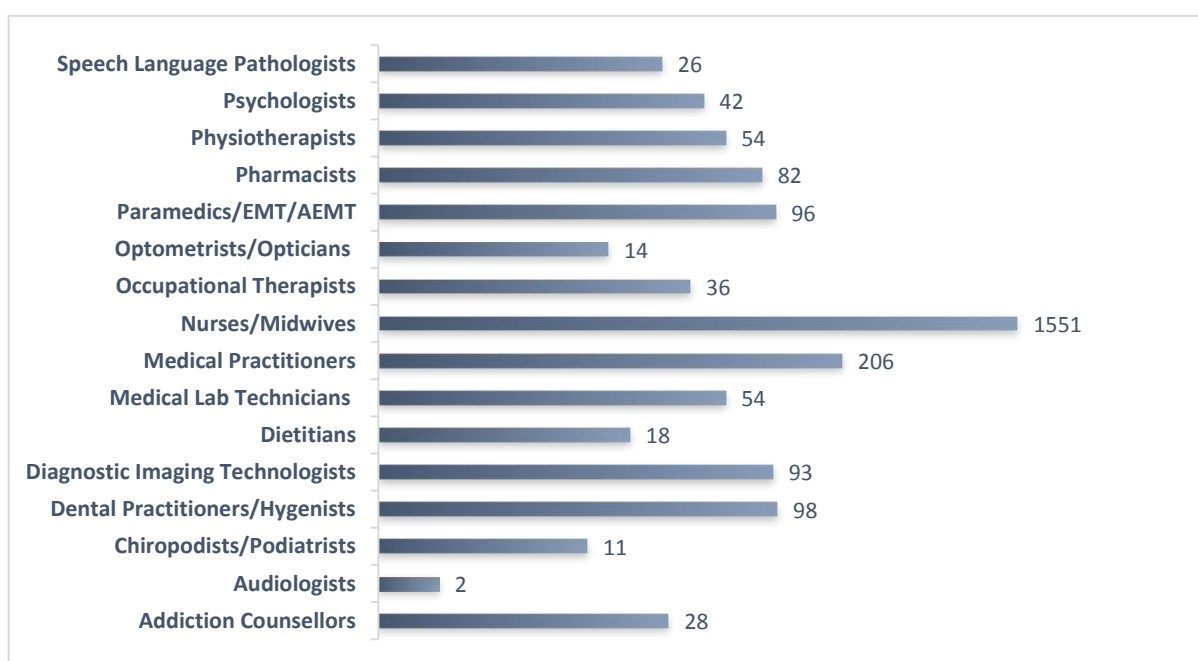
registrant's name. Each register is gazetted annually<sup>9</sup> and is available publicly via the Bermuda Health Council website, [www.bhec.bm](http://www.bhec.bm), and Bermuda Government portal, [www.gov.bm](http://www.gov.bm).

All Statutory Boards collect information regarding criminal convictions, and note the initial entry of a professional on to a register. The Bermuda Dental Board, Bermuda Nursing and Midwifery Council, Bermuda Medical Council, and Council for Allied Health Professions collect information on a registrant's employment status, clinical specialty, and any sub-specialties. This information may not be included on the gazetted register for some Statutory Boards, but is available to the public if requested.

Recent legislative amendments have been made to ensure that all Statutory Boards are able to remove an individual from a register due to death, failure to register, relocation from Bermuda, or as part of a disciplinary action. These changes help to ensure that all persons listed on a register are fit to practice.

Barring a punitive action, professionals whose registration have lapsed may be given a five to ten year grace period for registration renewal; meaning the professionals would not have to resubmit original documents to the Statutory Board.

**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 Statutory Boards with the exception of physicians, who are paid and have four members on their exam committee. Pharmacists have four to five members on their committee, with only the exam committee's chairperson appointed by their

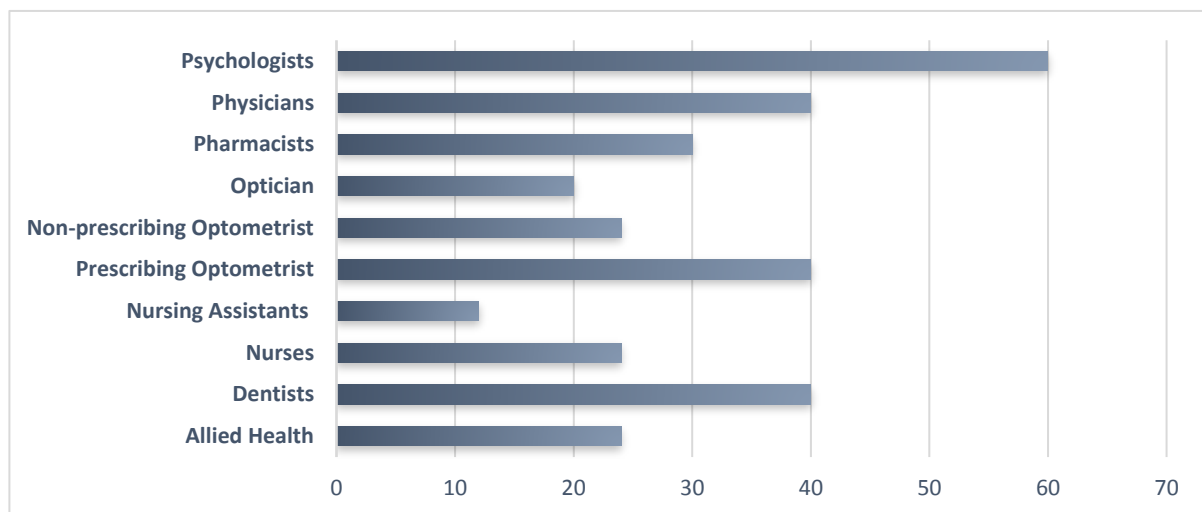
<sup>9</sup> BNMC publish notice of the places where copies of the register are available for public inspection

Statutory Council. Pharmacists and Dental professionals do not have written policies directing the conduct, nature, or scope of their registration exam.

### 3.4. Continuing Education

To be eligible for re-registration, all professions must accrue Continuing Education Units (CEUs). This is a legal requirement that: 1) helps to ensure professionals keep skills and training current, 2) enhances public confidence in health services, and 3) promotes best practice. Chart 3 illustrates the number of CEUs required by the various professions during a typical two year re-registration cycle.

**Chart 3 – Required CEUs for Registered Health Professionals<sup>10</sup>**



\*Advance practice and specialist nurses must have: six CEUs in their speciality & six CEUs in pharmacology

\*\* The psychologist requirement is split over a three year registration cycle

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

There are three Statutory Boards that do not assess every CEU submission: the Bermuda Dental Board, the Bermuda Medical Council, and the Bermuda Pharmacy Council.

- The Bermuda 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 ten audits were conducted on dental practitioners.
- The Bermuda Medical Council audits 33% of re-registration files to verify CME<sup>11</sup> credits. They are selected in advance, randomly by computer, and the selected physicians are notified at re-registration. As of this publication, sixty audits are currently underway.
- The Bermuda Pharmacy Council registration period began in January 2019, so there were no CEU audits conducted during this monitoring period.

<sup>10</sup> One CEU unit = 1 contact hour. This does not include meals or breaks.

<sup>11</sup> Continuing Medical Education; is a specific form of continuing education related to physician practice.

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 required learning to have a direct impact on a practitioner's competence, performance, and a patient's clinical outcomes. The Bermuda Hospitals Board has been identified as a possible partner in the conceptualization and implementation of such a system. It has had experience evaluating specialized CEUs for hospitalists and practice area specialists that work in the hospital setting.

#### 4. COMPLAINTS AND LEGAL ACTIONS

Statutory Boards were asked to report on the number of complaints and legal actions involving professionals during the reporting period. There were sixteen reported complaints made against professionals registered with three Statutory Boards (*Table 1*). A total of two legal actions were reported for two professions (*Table 2*). The Health Council referred one complaint to the Statutory Boards during the reporting period.

***Table 1 – Number of complaints between 2009 and 2018***

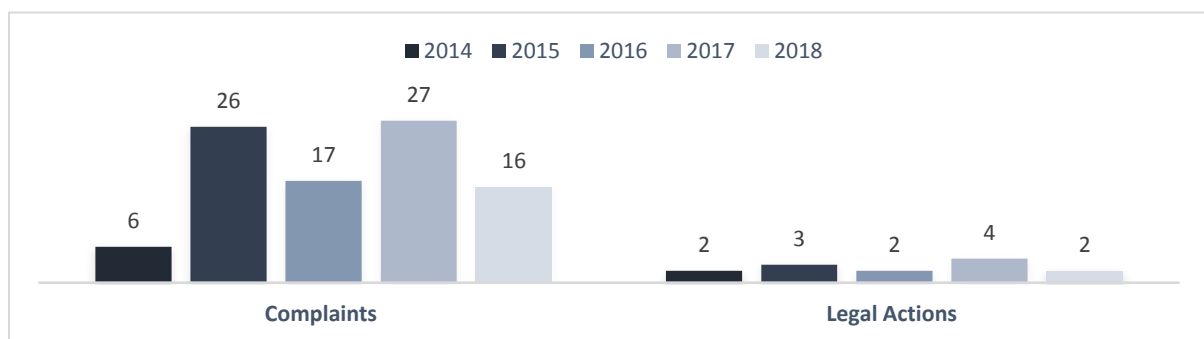
Statutory Board	Profession	Registered	Number of Complaints						
			2018	2017	2016	2015	2014	2013	2012 - 2009
Bermuda Medical Council	Physicians	206	5	14	9	10	3	19	10
Bermuda Medical Council	Midwives	7	0	1	0	0	0	0	0
Bermuda Nursing Council	Nurses	1,551	6	4	3	1	0	0	19
Bermuda Dental Board	Dental Practitioners	98	5	4	3	5	2	0	6
Council for Allied Health Professions	Addiction Counsellors	28	0	1	1	0	0	0	0
Council for Allied Health Professions	Speech-Language Pathologists	26	0	1	0	0	0	0	1
Council for Allied Health Professions	Emergency Medical Services Practitioners	96	0	2	0	0	0	0	0
Council for Allied Health Professions	Physiotherapists	54	0	0	0	0	0	0	2
Psychologists Registration Council	Psychologists	42	0	0	0	6	1	14	13
Pharmacy Council	Pharmacists	82	0	0	0	0	0	0	2
Total Complaints			16	27	16	22	6	33	51

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

Profession	Statutory Board	Legal actions	Type of conduct	Outcome
Psychologist	Bermuda Psychologists Registration Council	1	Council ordered to reimburse psychologist for pursuing a hearing without jurisdiction	Bermuda Government agreed to pay compensation to the defendant for legal bills
Dentist	Bermuda Dental Board	1	Dental board is being sued for placing restrictions on a provider	Currently under judicial review

Chart 4 summarizes the year-over-year changes in complaints and legal actions reported by the Statutory Boards between 2014 and 2018. Generally, there are relatively few legal actions. However, in the five years collected data, a cyclical progression has been observed with increases and decreases in complaints occurring every other year; particularly with the Physician complaints. It is unclear what this occurrence represents.

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



## 5. COMPLAINTS HANDLING AND DISCIPLINARY PROCESSES

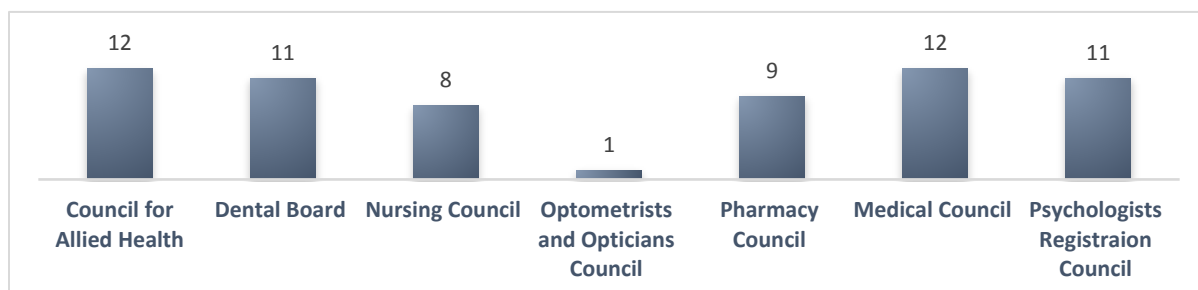
Fourteen Statutory Boards have a Professional Conduct Committee (PCC), and three have established written guidelines for handling complaints. Four Statutory Boards, the Bermuda Nursing and Midwifery Council, the Bermuda Pharmacy Council, the Council for Allied Health Professions and the Bermuda Psychologists Council, have no written internal policy for handling community complaints and disciplinary actions. These entities typically defer to the direction outlined in their respective Acts.

During the reporting period, one Statutory Board requested to have a professional removed from the register, the Board of Emergency Medical Services. The professional was removed from the register for six months (Jun 2018 - Dec 2018) due to a breach of the profession's ethical code.

## 6. BOARD ADMINISTRATION

Chart 5 and 6 detail the number of meetings held during the reporting period, as indicated by the Statutory Boards. PCC meetings are not commented on, or recorded in this report. Future reports may explore PCC conduct in more depth.

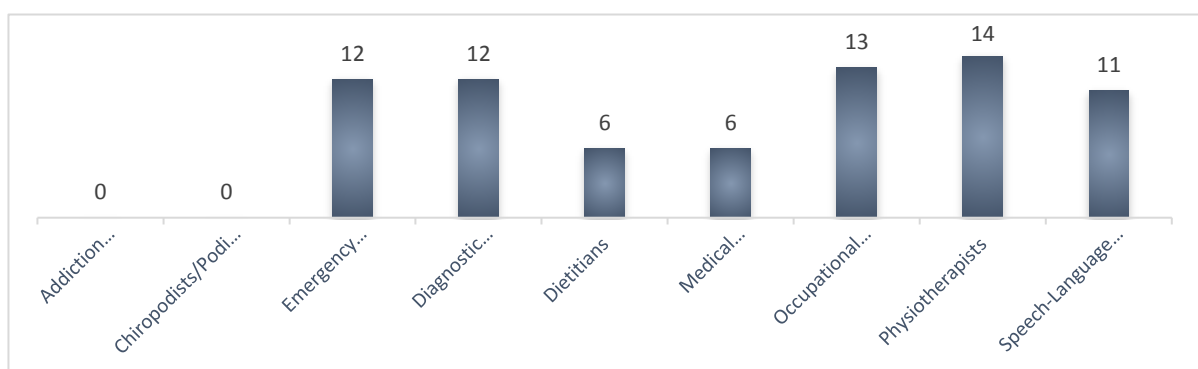
***Chart 5 – Number of Statutory Board meetings held between September 2017 and August 2018***



Statutory Boards typically held monthly meetings, with some climbing slightly above or falling slightly below the average. The number of meetings loosely correlate with the number of practicing professionals and the number of complaints received. However, all Statutory Boards are tasked with meeting as often as is necessary to carry out its functions under the Act.

As shown in Chart 5, the Board of Occupational Therapists and the Board of Physiotherapists held the most meetings during this reporting period, while the Optometrists and Opticians Council held the fewest. The Board of Addiction Councillors, and the Board of Chiropodists/Podiatrists did not provide information related to the number of meetings held during the reporting period. Further investigation is required to comment on inactivity or compliance concerns.

***Chart 6 – Number of CAHP sub-board meetings held between September 2017 and August 2018***



All boards reported that meeting minutes were taken during each meeting. These minutes are submitted to the Office of the Chief Medical Officer annually; with the exception of the Bermuda Psychologists Council and the Nursing and Midwifery Council who hold their minute's internally. The Council for Allied Health Professions, and the Bermuda Dental Council are the only boards that make their meeting minutes publicly available.

## 7. MISCELLANEOUS

It has been recognized that the Statutory Boards need additional administrative and technical support to function effectively and fulfil their intended legislated functions. The Statutory Boards have had difficulties adjusting to the increasing complexities of the health system, and the rapid progress of their individual professions. This reality is not a reflection on the board members' expertise or willingness, but rather a resourcing issue that can only be addressed through legislated changes, and organizational realignment.

The Ministry of Health is in the process of addressing these concerns. They have consulted extensively with the various Statutory Boards on obstacles, and possible solutions. The most substantial being, the migration of legislated function for selected Statutory Boards, from the Ministry of Health and the Office of the Chief Medical Officer to the Bermuda Health Council. Final execution of this transition is expected in June 2019.

The Ministry of Health has also made strides in addressing the longstanding issue of unregulated professions. The Allied Health Professions Act 2018 granted five new professions statutory status. Acupuncturists, chiropractors, counsellors, massage therapists, and social workers now have both the benefits and obligations inherent to governance by a Statutory Board. Work is ongoing to ensure that the legislative changes are actioned promptly.

## HEALTH COUNCIL OBSERVATIONS AND COMMENTS

### 8. COMPLAINTS

All complaints received by the Health Council, involving a regulated professional, are referred to the relevant Statutory Board as they are normally the first point of contact for complainants. The complaints referred are specifically related to clinical or professional practice, as the Council does not refer billing issues or claims matters. These complaints, queries, and the subsequent referrals are recorded in the Health Council's database and used to monitor the status of the health system.

However, during this reporting period there was only one complaint received by the Health Council related to the Statutory Boards. The complaint involved an employment dispute that could have placed patients at risk, due to decreased access and continuity of care.

### 9. PARTNERSHIPS AND COLLABORATION OPPORTUNITIES

The Health Council has asked the Statutory Boards, annually, to provide details of initiatives or concerns they wish assistance with.

1. The most frequent request received by the Health Council, was for assistance related to the drafting or updating of policy documents. Particularly, support was requested for: 1) Standards of Practice, 2) complaint policies, 3) clinical guidance papers, and 4) professional disciplinary procedures. These requests have been made in an effort to address patient safety concerns, and ensure compliance with legal statutes. In addition, there was also a request to aid in the development of a Professional Compliance Committee. However, due to changes in the Council's legislative functions, resources have been unavailable to support the boards in such activities.
2. The Statutory Boards requested research into the centralization of the complaint handling process. This could streamline and simplify the Boards' interactions with the public, and allow them to be more efficient

with their resources. Questions concerning legislative changes, ownership of functions, and the Health Council's role would have to be defined to ensure successful implementation.

3. There was a continued desire for representation on the Health Council's Board. It is the hope of some Statutory Boards that with official representation on the Council, the interest of non-physician health professionals will be expressed more frequently, thus encouraging a multi-disciplinary approach to health system problem solving. The Health Council Board currently includes representation from the following professions and specialties; medicine and specialty medicine, nursing, allied health, aging and community, insurers, health informatics, mental health, hospital executives, public health, and health policy professionals.
4. An appeal was made to encourage the restoration of a number of defunct or inactive professional associations. It is intended that professional associations work in tandem with Statutory Boards. The associations promote and lobby for the profession, while the Statutory Board protects and regulates the profession.
5. There was a call for the implementation and expansion of the Health Council's voluntary assessment program. This initiative was presented to all Statutory Boards in February of 2018. The initial response to the program was varied. Two Statutory Boards requested to be a part of the project's development. The program is expected to be piloted in April 2019.
6. A number of professions have expressed interest in the development of profession specific fee guidance. There is also a wish to make changes to the fee schedules currently utilized by insurers. The Health Council is currently working on a number of projects directly related to these concerns. Specifically, the Council's work on 1) Standard Health Benefit redesign, 2) changes to the Medical and Dental Charges Orders legislation, 3) the enforcement of the Claims Regulations, 4) the implementation of Health Financing Reform deliverables, and 5) the impending commencement of the Fee Guidance Project will address many of the payment gaps currently experienced by some professionals.
7. A number of Statutory Boards now require practitioners to have active malpractice insurance to be registered. While they are able to confirm compliance during the registration process, they would like the Health Council's assistance when conducting random audits of their cohorts during non-registration years.
8. Legislative support was requested for a number of issues relating to: 1) compliance and disciplinary process gaps, 2) registration of sub-professions and related providers, 3) quality of life updates to various Acts and Regulations, and 4) monitoring of unregulated professions.
9. The voluntary nature of Statutory Board membership was discussed. A request was made for exam committee, and professional complaint committee members' to be paid. Anecdotally, one complaint required three half day meetings of the PCC to be addressed.
10. Finally, there was continued support for increasing the usefulness of the published professional registers. Information related to criminal conduct, education, qualifications, and employment status would be useful to the general public and provide a valuable tool for health system stakeholders.

## CONCLUSION

Overall, the self-assessment reports indicate that the Statutory Boards are mostly compliant with their existing legislated obligations. They all have the required documentation and policies necessary to conduct an efficient registration process. There are some policies in place addressing CEUs, and most Statutory Boards with registration exams have written processes outlining the scope, conduct, and nature of the exams.

Statutory Boards that received complaints actively addressed them. However, there is now reluctance to pursue legal action, as a number of judgements have gone against various Statutory Boards. This has occurred because of 1) gaps in the legislation, 2) a lack of internal disciplinary policies, 3) unclear professional conduct requirements, and 4) limited administrative resources.

There are a number of programs aimed at addressing the concerns listed above. The Health Council has implemented the voluntary assessment pilot. It has been designed to ensure compliance with principles based on a profession's Standard of Practice. The transition of selected Statutory Boards to the Health Council will also aid in addressing administrative concerns. Migrating Boards can expect to receive additional administrative, policy, and technical support in fulfilling their legislated functions. The Office of the Chief Medical Officer has also begun the process of registering health professionals using digital software specially designed to improve efficiency, reduce errors, and modernize Bermuda's regulatory regime.

Finally, the Statutory Boards have expressed their continued commitment to providing high quality care to Bermuda's patient population. Through this monitoring activity, the Council endeavours to support their aim.

For additional information about the Bermuda Health Council's role, and its activities in the health system, please access our website: [www.BHeC.bm](http://www.BHeC.bm), or contact us via our social media: [Twitter](#), [Facebook](#), & [Instagram](#). The following reading materials are suggested by the Health Council. They outline the Council's latest efforts to improve the quality of Bermuda's health services:

1. [2017 Statutory Boards Self-Assessment Report](#)
2. [2017/2018 Annual Report](#)
3. [Innovation in Hospital Financing](#)
4. [Order Rates \(2018 Report\)](#)



## 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	20 <sup>th</sup> October 2018
2.	Audiologists	Council for Allied Health Professions	20 <sup>th</sup> October 2018
3.	Chiropodists/Podiatrists	Council for Allied Health Professions	20 <sup>th</sup> October 2018
4.	Diagnostic Imaging Technicians	Council for Allied Health Professions	20 <sup>th</sup> October 2018
5.	Dietitians	Council for Allied Health Professions	20 <sup>th</sup> October 2018
6.	Emergency Medical Services Practitioners	Council for Allied Health Professions	20 <sup>th</sup> October 2018
7.	Medical Lab Technologists	Council for Allied Health Professions	20 <sup>th</sup> October 2018
8.	Occupational Therapists	Council for Allied Health Professions	20 <sup>th</sup> October 2018
9.	Physiotherapists	Council for Allied Health Professions	20 <sup>th</sup> October 2018
10.	Speech-Language Pathologists	Council for Allied Health Professions	20 <sup>th</sup> October 2018
11.	Dentists	Dental Board	28 <sup>th</sup> October 2018
12.	Dental Assistants	Dental Board	28 <sup>th</sup> October 2018
13.	Dental Hygienists	Dental Board	28 <sup>th</sup> October 2018
14.	Dental Technicians	Dental Board	28 <sup>th</sup> October 2018
15.	Physicians	Medical Council	24 <sup>th</sup> October 2018
16.	Midwives <sup>12</sup>	Medical Council	24 <sup>th</sup> October 2018
17.	Registered Nurses	Nursing Council	4 <sup>th</sup> October 2018
18.	Nurse Associates	Nursing Council	4 <sup>th</sup> October 2018
19.	Nurse Specialists	Nursing Council	4 <sup>th</sup> October 2018
20.	Advanced Practice Nurses	Nursing Council	4 <sup>th</sup> October 2018
21.	Optometrists	Optometrists & Opticians Council	5 <sup>th</sup> November 2018
22.	Pharmacists	Pharmacy Council	27 <sup>th</sup> October 2018
23.	Psychologists	Psychologists Council	25 <sup>th</sup> October 2018

<sup>12</sup> Reporting obligations will be moved to the Nursing Council in the next reporting period

## Appendix 2 – Statutory Board Composition & Appointment

	STATUTORY BOARDS	# OF MEMBERS		LONGEST TENURE	SHORTEST TENURE	TERM	LIMITS	APPOINTMENT DETAILS
		Law	Actual					
1.	<b>Council for Allied Health Professions</b>	11 <sup>13</sup>	11	9 yrs	2 yrs	1 yr	None	<i>The Minister appoints the Council's chairperson, Bermuda Medical Council representative, and legal aid. Each sub-board elects a member to represent their board.</i>
2.	<b>Addiction Counsellors</b>	4	4	7 yrs	7 yrs	1 yr	None	<i>The Minister appoints the Board's chairperson, and the professions hold elections for three additional board members.</i>
3.	<b>Chiropodists Podiatrists</b>	4	4	21 yrs	4 yrs	1 yr	None	<i>The Minister appoints the Board's chairperson, and the professions hold elections for three additional board members.</i>
4.	<b>Emergency Medical Servies</b>	4	4	4 yrs	3 yrs	1 yr	None	<i>The Minister appoints the Board's chairperson, and the professions hold elections for three additional board members.</i>
5.	<b>Diagnostic Imaging Technicians</b>	4	4	21 yrs	6 yrs	1 yr	None	<i>The Minister appoints the Board's chairperson, and the professions hold elections for three additional board members.</i>
6.	<b>Dietitians</b>	4	4	15 yrs	5 yrs	1 yr	None	<i>The Minister appoints the Board's chairperson, and the professions hold elections for three additional board members.</i>
7.	<b>Medical Laboratory Technologist*</b>	4	4	29 yrs	1 yrs	1 yr	None	<i>The Minister appoints the Board's chairperson, and the professions hold elections for three additional board members.</i>
8.	<b>Occupational Therapists</b>	4	6	11 yrs	2 yrs	1 yr	None	<i>The Minister appoints the Board's chairperson, and the professions hold elections for three additional board members.</i>
9.	<b>Physiotherapists</b>	4	4	9 yrs	2 yrs	1 yr	None	<i>The Minister appoints the Board's chairperson, and the professions hold elections for three additional board members.</i>
10.	<b>Speech-Language Pathologists</b>	4	4	7 yrs	2 yrs	1 yr	None	<i>The Minister appoints the Board's chairperson, and the professions hold elections for three additional board members.</i>
11.	<b>Dental Board</b>	7	7	7 yrs	1 yr	3 yrs	None	<i>The Minister appoints the Board's Chairperson, legal aid, three registered dentist, and one representative each from both the Bermuda Dental and Bermuda Hygienist associations. The Senior Dental Officer is an ex officio member of the Board.</i>

<sup>13</sup> The number of Council members correlates to the number of Professional Boards the Council oversees.

12.	<b>Nursing and Midwifery Council*</b>	10	9	24 yrs	2 yrs	3 yrs	3 Max	<i>The Minister appoints a representative for advance practice nurses, midwives, and legal aid. Two members are elected by the general nursing professionals, one member is elected by nurse specialist, one member is elected by the nursing associates, one member is a medical practitioner appointed by the Bermuda Medical Doctors Association, and one member is appointed by the nursing association. The Chief Nursing Officer is an ex officio member.</i>
13.	<b>Optometrists &amp; Opticians Council</b>	5	5	-	-	3 yrs	None	<i>The Minister appoints the Council chairperson, three optometrist, and an optician.</i>
14.	<b>Pharmacy Council</b>	7	9	10 yrs	1 yr	1 yr	None	<i>The Minister appoints the Council chairperson, an association representative, and a medical practitioner. The remaining four Council members are elected by registered pharmacist.</i>
15.	<b>Medical Council</b>	7	7	7 yrs	1 yr	3 yrs	3 Max	<i>The Minister appoints two registered medical practitioners, two persons for legal aid, and two representatives from the BMDA. The Chief Medical Officer will be ex officio on the Council.</i>
16.	<b>Psychologists Council</b>	5	8	6 yrs	1 yr	3 yrs	3 Max	<i>The Minister appoints two representatives from the BPA, two nominated by the Council, and one legal aid. From this number the Minister may select a Chairperson.</i>

## Appendix 3 – Blank Health Council Self-Assessment Report Form<sup>14</sup>

### Self-Assessment Report Form<sup>15</sup>

This self-assessment reports on the elements of regulation as identified by the legislation governing the profession and should be completed by the Statutory Board 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 Board 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>.

<sup>14</sup> The Statutory Assessment form was updated in November 2018

<sup>15</sup> 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](http://www.oecd.org/dataoecd/43/58/38772442.doc).

#### 4. THE STATUTORY BOARD

##### 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 Sometimes
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 refers 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 1<sup>st</sup> September 2017 and 31<sup>st</sup> August 2018? \_\_\_\_\_ (Please tick ☐ to confirm that the number provided has been verified with your Conduct Committee).

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

Date	Explanation of legal action	Disposition/Outcome

Please list the number of **<professionals>** that have been removed from the Register between 1<sup>st</sup> September 2017 to 31<sup>st</sup> August 2018 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 **31<sup>st</sup> October 2018**.? Responses can be emailed to **dhrogers@bhec.bm**

Submitted on behalf of the **<board name>** by: \_\_\_\_\_

Date: **<date>**