

APPENDIX KK

MEMORANDUM OF AGREEMENT

PROFESSIONAL RESPONSIBILITY PROCESS

The purpose of this Memorandum of Agreement is to clarify and streamline the process through which professional practice problems are addressed.

Background

In the 2022-2025 NBA Collective Agreement, the parties restructured the professional responsibility (“PR”) process under Article 59 (Professional Responsibility Clause) and improved collaboration through the creation of PR guidelines and joint education.

Since a large majority of PR concerns were related to staffing, the parties also agreed that it was necessary to address these concerns through an alternative process.

Professional Responsibility Process

The parties now agree to a revised PR process to address only professional practice problems, which includes any practice problem related to the Nursing Standards of Practice of the provincial regulatory body including those which may put patients, residents and/or clients at risk.

The parties agree to implement the following collaborative, problem-solving process for Health Authorities/PHC:

1. If a professional practice problem arises, the nurse will have a discussion with their excluded manager or excluded designate to try to address the practice problem at the local level.

At their discretion, the nurse may choose to bring a colleague to the discussion.

The nurse or the manager may seek advice from the Health Authority/PHC Professional Practice Office (“PPO”) and/or the Provincial Union Professional Practice Department or designate as advised by the Union (the “Union PPD”).

The nurse and the manager should discuss the practice problem and agree on a reasonable timeframe to implement changes and/or complete further follow-up. The nurse and manager may include other participants as needed, such as a nurse educator, to assist with addressing the practice problem.

The parties’ mutual intention is to collaborate on solutions that address the practice problem. It is recognized that achieving solutions may involve further work by the manager and/or the nurse prior to resolving the practice problem.

2. Prior to any escalation of the practice problem, if the Health Authority/PHC PPO was not involved in the discussions, the PPO will review the practice problem and may assist the nurse and the manager to resolve it.
3. If the nurse believes that the PPO is not available within a reasonable timeframe, the practice problem has not been fully addressed or that the implementation timeframe is not reasonable after involving the Health Authority/PHC PPO, the nurse may submit a Professional Responsibility Form (PRF) to the excluded manager. A copy of the PRF will be sent to the Health Authority/PHC PPO and the Union PPD.
4. The Union PPD will review the PRF and may have further discussions with the nurse and/or the Health Authority/PHC PPO.
5. If the practice problem is not resolved, the Union PPD will create a report outlining the practice problem, a summary of any solutions identified by the parties, any further recommendations, and any outstanding concerns.
6. This report will be sent to the respective Health Authority/PHC Chief Nursing officer (“CNO”) with a copy sent to the Health Authority/PHC PPO, the nurse and the manager. The CNO will acknowledge receipt of the report in writing to the parties and will provide a response including any further actions suggested, or agreed to, by the CNO.

The parties agree to implement the following collaborative, problem-solving process for Affiliates:

1. Where the nurse identifies a professional practice problem, they will initiate a discussion with the excluded manager or excluded designate. At their discretion, the nurse may choose to bring a colleague to the discussion.

The nurse and the excluded manager or excluded designate:

- a) will collaborate on solutions;
 - b) will agree on a reasonable timeframe to implement changes and/or complete further follow-up;
 - c) may include other participants in the discussion as needed (e.g. educator); and
 - d) may seek advice from the provincial regulatory body and/or Union PPD.
2. If the practice problem is not resolved, the nurse will fill out a PRF and copy the Union PPD, the excluded manager and the Affiliate Executive Director.
 3. The Union PPD will review the PRF and may have further discussions with the nurse, excluded manager, excluded designate and/or the Affiliate Executive Director.
 4. If the practice problem remains unresolved:
 - a) the Union PPD will create a report as described in paragraph 5 above and send it to the Affiliate Executive Director with a copy to the nurse and the excluded manager;
 - b) the Affiliate Executive Director will acknowledge receipt of the report in writing to the parties and will provide a response including any further actions suggested, or agreed to, by the Affiliate Executive Director.

The parties further agree that:

- (A) Staffing and workload issues will be addressed through a separate process.
- (B) Nurse safety issues are addressed through Article 32 – Occupational Health and Safety Program and the *Workers Compensation Act*.
- (C) Ongoing, timely communication is an important element in the PR process.
- (D) The PR process is a joint problem-solving and learning process and is not expected to result in any discipline.
- (E) The PR process is not a labour relations process. If the nurse brings a colleague to the discussions who is also a Union steward they will attend in a support role only.
- (F) Funding for additional professional practice resources per Health Authority/PHC and Affiliates will be provided through this Agreement, to be determined and mutually agreed by the parties. Such resources may include additional work to support point of care nurses through mentorship, leadership and/or other means agreed by the parties.
- (G) Within sixty (60) days of ratification:
 - i. The parties will create a PR working group comprised of up to three (3) representatives each from the Employer and the Union.
 - ii. The PR working group will communicate to the Health Authorities/PHC that all outstanding PRFs at the Health Authority/PHC Senior Review Committee (“SRC”), or in referral stage, will stay at the SRC level through until their closure.
 - iii. The union PPD will review all PRFs filed December 1, 2017 up to and including date of ratification and identify those related to practice problems. The PRFs related to practice problems will be brought to the PR working group.

The remaining PRFs will be themed. The Union PPD will prepare a report for the Health Authority/PHC Vice President of Human Resources. The Health Authority/PHC will review the report and provide a summary of the outcome(s) to the Strategic Nurse Staffing Committee.
 - iv. Effective the date of ratification, nurses will continue to raise and discuss practice problems with their excluded manager or excluded designate to try to address the practice problem at the local level. The nurse or the manager may seek advice from the Health Authority/PHC PPO and/or the Union PPD or designate as advised by the Union PPD.

(H) Within a further ninety (90) days, the PR working group will:

- i. Review the outstanding PRFs identified by the Union PPD in (G)(iii) above and apply for the new PR process.
- ii. Develop and deliver a joint communication that will outline the process that is underway, advise authors and the Employer that the PR file is closed, and provide the authors' options under the new process.
- iii. Create a new mutually agreeable Professional Responsibility form (PRF), joint guidelines and education, a communication plan on the new process and the new PRF, and other matters as mutually agreed by the parties.

(I) The PR working group will determine a provincial evaluation plan and metrics to assess the new PR process and PRF.

This Memorandum of Agreement replaces Article 59 (Professional Responsibility Clause) effective the date of ratification for the term of this Agreement and will expire on March 31, 2022. Upon expiration of this Memorandum of Agreement, the parties will return to the process under Article 59, unless the parties expressly agree otherwise.