

Mandatory Report Guide

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Submitting a mandatory report to BCCNM

This guide is for employers, organizational leaders, and licensees submitting a mandatory report to the BC College of Nurses and Midwives (BCCNM) regarding a nurse or midwife.

Our goal is to support timely and well-documented reporting and to assist BCCNM in determining the appropriate regulatory response.

Please review this guide before completing [Form 180 Mandatory Report](#).

BCCNM's regulatory role

BCCNM is the regulatory body for the following professions in British Columbia:

- Licensed practical nurses (LPNs)
- Nurse practitioners (NPs)
- Registered nurses (RNs)
- Registered psychiatric nurses (RPNs)
- Midwives

BCCNM's mandate is to protect the public. We do this by evaluating risk of harm arising from a licensee's conduct, skills, or health.¹

Mandatory reporting obligations for employers and organizational leaders

Under the *Health Professions and Occupations Act*, employers and organizational leaders have mandatory reporting requirements in specific circumstances.² An obligation to report is triggered when evidence exists indicating that a licensee:

- Lacks the competence (knowledge, skills, or judgement) necessary for continued practice, resulting in a significant risk to patients/clients/residents, and the licensee's employment has been terminated, suspended, or restricted on that basis, or a partnership dissolved.
- Is experiencing a health issue that unduly impairs the competence (knowledge, skills, or judgement) necessary for continued practice, resulting in a significant risk to patients/clients/residents, and the licensee's employment has been terminated, suspended, or restricted on that basis, or a partnership dissolved.

¹ BCCNM cannot investigate a licensee without notifying them. Information submitted through this package will be shared with the licensee and, where necessary, others involved in the matter.

² See Division 6 of the Health Professions and Occupations Act.

- Has committed sexual misconduct or abuse, and the licensee's employment has been terminated, suspended, or restricted on that basis, or a partnership dissolved.
- Has engaged in discrimination,³ and the licensee's employment has been terminated, suspended, or restricted on that basis, or a partnership dissolved.

Employers and organizational leaders must also report when a licensee resigns or dissolves a partnership under circumstances when termination, suspension, or restriction of employment was intended.

Mandatory reporting obligations for licensees

Under the *Health Professions and Occupations Act*, licensees also have mandatory reporting requirements unless they have good reason to believe that another person (such as an employer) has already reported the same incident or concern. An obligation to report is triggered when evidence exists indicating that a licensee:

- Lacks the competence (knowledge, skills, or judgement) necessary for continued practice, resulting in a significant risk to patients/clients/residents.
- Is experiencing a health issue unduly impairing the competence (knowledge, skills, judgement) necessary for continued practice, resulting in a significant risk to patients/clients/residents.
- Has committed sexual misconduct or abuse.
- Has engaged in discrimination.

Note for peer reporters: peers may complete this form to the best of their knowledge. Sections relating to employment actions, human resources processes, or internal investigations may be left blank if the reporting individual does not have access to that information.

When to report

BCCNM endorses the use of the Adverse Event Decision Pathway (AEDP) to help determine whether an obligation to report has been triggered. It guides users through key considerations to evaluate whether evidence indicates that the clinical or behavioural decisions demonstrated by a licensee fall into one of four categories:

1. Human error – inadvertent unintentional and unpredictable mistakes

³ Discrimination refers to behaviour and decisions that have a negative or adverse impact on an individual or group and is connected to a personal characteristic such as race, sex, disability, age, religion, or gender identity or expression that is protected under the Human Rights Code.

2. At-risk behaviour – engaging in unsafe actions, often based on the mistaken belief that the risk is minimal, acceptable, or justified
3. Reckless behaviour – disregard of a substantial risk often leading to the termination or suspension of employment
4. Intent to harm patient/client/residents – consciously engagement in an activity for the purpose of causing harm

Categories three and four trigger mandatory reporting requirements.

Refer to [Appendix A – Adverse Event Decision Pathway](#) to support decision-making around reporting.

Common reports include:

- Negligent clinical care, such as failure to escalate care when indicators of a patient/client/resident health crisis were apparent, especially where a pattern exists despite remedial efforts.
- Negligent clinical care, such as failure to follow established care protocols and orders in circumstances resulting in foreseeable patient/client/resident harm, especially where a pattern exists despite remedial efforts.
- Falsification of records, including omissions to obscure care deficits or errors.
- Patient/client/resident abuse, including verbal, physical and financial mistreatment.
- Discriminatory treatment based on certain personal characteristics such as sex, race, religion, family status, disability, place of origin, and sexual orientation.
- Diversion/mishandling of controlled medicine/narcotics.
- Impairment at work.
- Privacy breaches of patient/client/resident records, especially where improper access was intentional and/or where a pattern exists.

What information to include

To support timely, fair, and effective regulatory review, mandatory reports must be complete, detailed, and supported by available documentation at the time of submission. Disclosure of relevant documentation to the College is lawful pursuant to section 33(2)(q) of the *Freedom of Information and Protection of Privacy Act*, which expressly permits the disclosure of personal information for the purpose of investigating a regulated individual. Incomplete reports may delay assessment or require follow-up.

Reports should clearly address the following applicable information and contain all available supporting documentation.

- The submitter's name, organizational role, and contact information
- The licensee's name(s), organizational role, and contact information (if known)
- When and how the incident(s) was identified or discovered, including who it was reported to internally that led the submitter to make the mandatory report
- What happened, where and when including:
 - A description of each event separately in chronological order
 - Who participated in or observed each event, and follow-up actions
 - The names of relevant policies, organizational or otherwise, expected to guide appropriate care and decision-making
 - Actual or potential harm to patients/clients/residents or others resulting from the event(s)
 - Licensee response or explanation (if obtained)
- What documentation exists related to events, such as relevant medical records, charting, emails and text messages, videos, and incident reports
- If the submitter is not a human resources representative, whether a human resources representative has been assigned to this matter by the employer
- Whether internal investigation is underway, and its status
- Employer actions taken to date regarding employment, if any, including administrative leave of absence or oral/written warning and/or letters of expectation and/or suspension or termination of employment
- Anticipated employer actions if the employment relationship will continue, including employer-led measures to assess and manage ongoing risk and competence such as audits, supernumerary oversight, education, or a repositioning to lower acuity or otherwise more fitting care setting
- Whether a grievance has been filed in relation to any employer action
- Whether the impacted patient/client/resident(s) has been made aware of the care deficits or inappropriate nurse or midwife behaviour, and the mandatory report
- Whether a Patient Care Quality Office (PCQO) complaint was made by the patient/client/resident(s)
- Whether any other agencies (such as police or WorkSafe BC) have been notified of the incident, and if so, when and by who
- Other comments

Failure to disclose all relevant information may be considered an offence under the *Health Professions and Occupations Act*.⁴

Designated contact person

EMPLOYER REPORTS

Employer reports must identify a contact person who is authorized to speak on behalf of the organization and has direct knowledge of the reported concerns and the licensee's practice, most often the licensee's supervisor/manager. All college communication will be directed to this individual.

MANDATORY REPORTS SUBMITTED BY LICENSEES

When a licensee submits a mandatory report, BCCNM may ask a manager or supervisor to take over the report to enable the exchange of information that a peer licensee may not have the ability or right to access.

BCCNM will typically contact the listed contact person after receiving a report to:

- Confirm details
- Request additional information or documentation
- Clarify timelines or employer actions

The individual completing the mandatory report may differ from the contact person.

Confidentiality and information sharing

BCCNM cannot investigate a licensee without notifying them. Information submitted through this package will be shared with the licensee and, where necessary, with others involved in the matter, such as colleague witnesses and patients/clients/residents where appropriate during information gathering and assessment.

Information submitted to BCCNM is managed in accordance with law. Relevant details may be shared with the licensee and others involved. Most matters are resolved without a formal hearing, but if a hearing is required, information will become public.

⁴ Delays equating to interference or obstruction of investigation may be considered an offence. See Division 4 of the Health Professions and Occupations Act.

Indigenous-specific concerns

BCCNM is committed to addressing Indigenous-specific racism in health care. We aim to ensure that First Nations, Inuit, and Métis Peoples feel safe, heard, and respected during the investigation process.

If the matter involves the care of an Indigenous individual or if you or someone else involved identifies as Indigenous, you may choose to share that with us. Self-identification is voluntary and can be updated at any time.

By self-identifying:

- BCCNM can support you or the person(s) affected in a culturally safe, trauma-informed, and person-led way.
- We gain insight into systemic issues that inform broader regulatory and educational actions.

What to expect after submitting a report

Once your form is submitted:

1. You will receive a confirmation email with a file number. (Please reference this file number in all future correspondence.)
2. A member of our team will contact you to:
 - Confirm receipt.
 - Request additional information, if needed.
 - Explain next steps in the regulatory process.

Appendix A – Adverse Event Decision Pathway

The Adverse Event Decision Pathway (AEDP) is included for reference with permission from the National Council of State Boards of Nursing (NCSBN).

The AEDP is intended to assist employers, nurse leaders, and administrators in evaluating adverse events, practice errors, or unprofessional conduct involving nurses, using a systems-based and just-culture approach.

The AEDP:

- Supports structured analysis of adverse events
- Distinguishes between human error, at-risk behaviour, and reckless behaviour
- Considers system factors and mitigating circumstances
- Promotes consistent decision-making regarding regulatory reporting

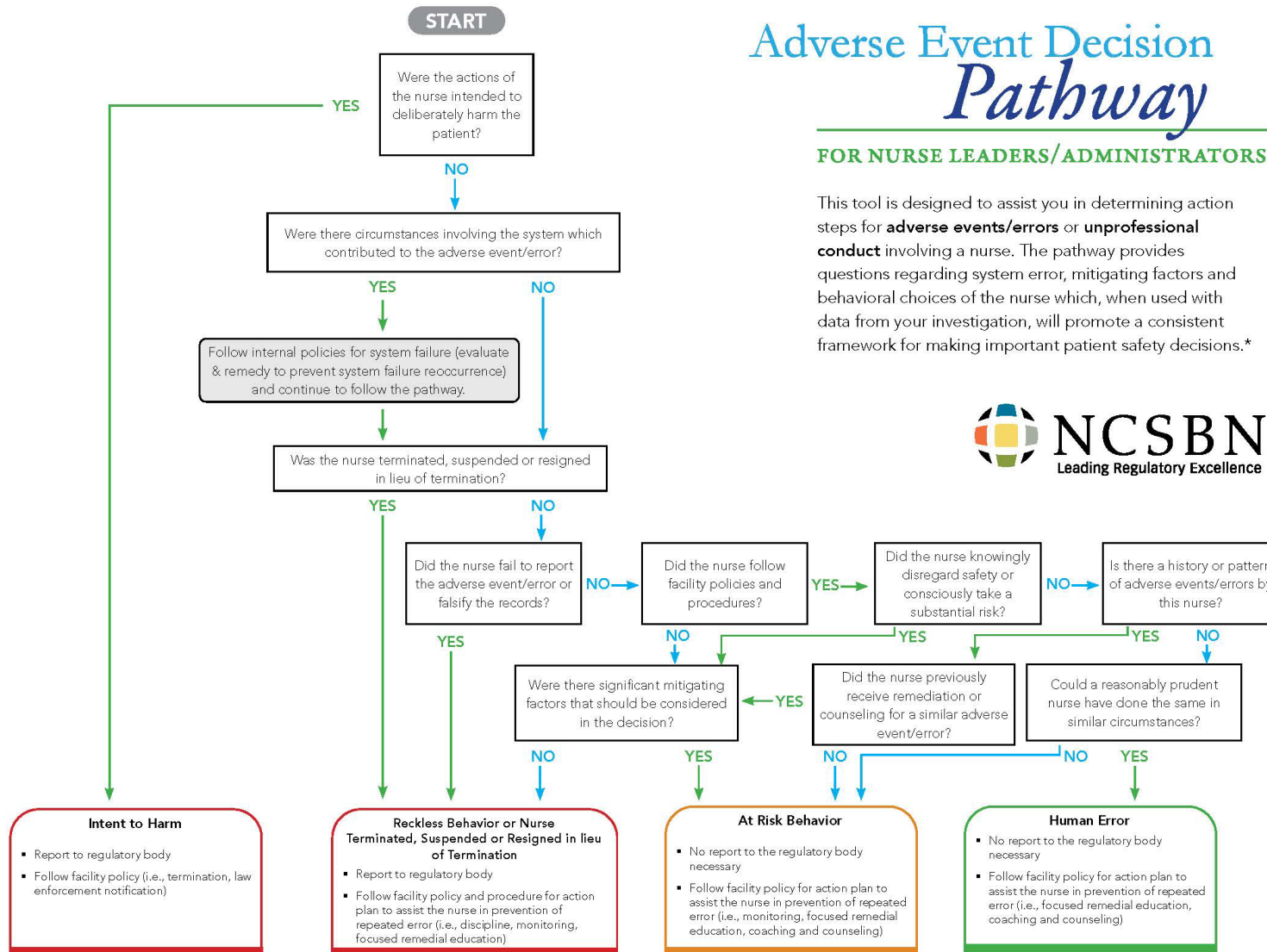
Important:

Use of the AEDP does not override or limit mandatory reporting obligations under the *Health Professions Act* or *Health Professions and Occupations Act*. Employers and physicians remain responsible for meeting all legal reporting requirements.

Adverse Event Decision Pathway

FOR NURSE LEADERS/ADMINISTRATORS

This tool is designed to assist you in determining action steps for **adverse events/errors** or **unprofessional conduct** involving a nurse. The pathway provides questions regarding system error, mitigating factors and behavioral choices of the nurse which, when used with data from your investigation, will promote a consistent framework for making important patient safety decisions.*



*In addition to the considerations in the pathway, nurse leaders should be aware of (1) Laws and regulations requirements for special or mandatory reporting to the regulatory body and (2) provisions in the jurisdiction's law/regulations for reporting death or serious injury resulting from adverse event/error.

DIRECTIONS

1. In partnership with the facility quality team, conduct an internal investigation on the adverse event occurrence.
2. With your data from the investigation, use the pathway starting with the question at the top, and progress to other questions based on affirmative or negative answers.

DEFINITIONS**Regulatory Body**

Jurisdiction's governmental agency responsible for the regulation of nursing practice. Includes any other terminology to refer to the regulatory authority (i.e. board, commission, examiner, department or college)

Mitigating Factor

Extenuating, explanatory or justifying fact, situation or circumstance

Reasonably Prudent Nurse

A nurse who uses good judgment in providing care according to accepted standards

Remedial Education

Education or training to correct a knowledge or skill deficit

Substantial Risk

A significant possibility that an adverse outcome may occur

System

An organization's operational methods, processes or infrastructure/environment

Adapted with permission from the National Council of State Boards of Nursing: https://www.ncsbn.org/public-files/21_AEDP_Updated.pdf

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