

Board and Committee Composition Matrices

PREAMBLE

More and more corporate and not-for-profit organizations are choosing to use competency-based tools to support the selection of board members. They are recognizing the value in being more intentional about having boards that are better equipped to address the specific, complex issues faced by their organizations and communities. The most common tool used is a matrix, typically represented as a grid or list that illustrates requisite board member skills or competencies.

Professional regulators are also beginning to pay greater attention to the composition of their boards. Just as registrants are expected to meet the high standards of competence and ethics necessary to perform well in their roles, regulators are being held to account by government, the public and registrants in a similar way. A competency matrix can assist those boards and committees adapt from a traditional model of professional representation to one that is more inclusive and relevant in today's dynamic healthcare and regulatory landscape.

OUR VISION AND APPROACH

BCCNM knows that if it is to ensure the public is kept safe from harm, the nature of its discussions and decision making as a health regulator must evolve. This means taking time during meetings to understand: how matters being brought forward for consideration by the board and its committees relate to the college's mandate; where harm, inequities, and biases might exist; and what our response must be to meet our promise to foster unshakeable confidence in nursing and midwifery care. How the board and committees are composed is critical to achieving this. Transforming the provincial health system into a safer and more equitable environment cannot be accomplished without ample diverse perspectives at board and committee tables.

Moreover, our board and committees must function in a way that builds, honours, and maintains public trust. We need individuals who understand and are committed to the public protection mandate; have the time and focus to engage deeply in this important work; balance public and professional perspectives; uphold and model values such as accountability, respect, and inclusiveness; are humble and self-aware; and reflect the culturally rich communities we serve.

OUR MATRICES

As BCCNM's governing body, the Board is responsible for the direction, leadership, and strategy of the college. Its work is supported by various committees: "*regulatory committees*" that oversee the core regulatory functions of the college; and "*board support committees*" that assist the Board with specific aspects of its oversight responsibilities. Our bylaws give authority to the college's Governance Committee to develop a list of needs and competencies against which those wishing to serve as board and committee members are assessed. These lists - the board and committee composition matrices - are reviewed annually and set out the expectations and requirements not only for the Board and each of its committees as a whole, but also for individual board and committee members.

The composition matrices itemize the academic and professional skills being sought and also look at other elements such as personal values, lived experience, varied backgrounds, perspectives and knowledge. The committee composition matrices detail even more nuanced perspectives and backgrounds relevant to specific decisions that committees are required to make, for example, from those who have received their credentials overseas, have experience in administrative law, understand the subtleties and impact of trauma, or have knowledge of professional education systems.

USING THE COMPOSITION MATRICES

Every year, the Governance Committee uses the composition matrices developed and approved for the Board and each committee to reflect on where additional experience, skills, and background might be needed to navigate emerging opportunities or challenges from within the nursing, midwifery, healthcare, and regulatory environments, updating them as necessary.

It is important to note the matrices depict the *ideal* composition of a fully functioning board or committee. Board and committee members are not expected to possess every skill or trait listed in the composition matrices nor will some of the perspectives and experiences being sought be easily obtainable. However, board and committee members are expected to demonstrate an earnest, legitimate and ongoing commitment to acquire the experience and knowledge necessary to make them as effective as possible in their roles.

KNOWING WHERE THE GAPS ARE

The composition matrices are living documents, continually adapting as our collective understanding and knowledge deepens and our needs change. The Governance Committee regularly reviews the matrices to identify gaps in the composition of the Board and committees. As these composition matrices are an *'ideal state'*, we accept that gaps will exist. It is, however, important to articulate the gaps to provide a clear line of sight to where broader perspectives, skills or knowledge are missing, ensure decision-makers are conscious of this, understand how the gaps might impact decisions and, at times, have specific expertise or external resources available to fill them.

The gap assessment also allows us to connect board and committee members with specific education programs.

THE OVERALL PICTURE

The matrices are a single piece in the overall requirements and expectations of our board and committee members. Before taking office, for example, board members must swear or solemnly affirm an Oath of Office: this is a legislated and binding commitment. In harmony with this is the Coast Salish blanketing ceremony, performed by an Elder of one of our host nations, which symbolically affirms board members' commitment to their work and signifies a unity of spirit, heart, and mind. All board and committee members also sign a Code of Conduct at the outset of each year, declaring they will comply with the established requirements of their office. Each of these elements provide a framework by which board and committee members can measure their contributions, ensuring what they do is meaningful and aligned with the public interest mandate.

Finally, ongoing mentorship, professional development, and access to support groups, such as the Community of Practice for Indigenous People who hold positions on BC health regulatory boards and committees, are all examples of resources made available to board and committee members throughout their tenure.

Inquiry Committee Composition Matrix

Committee Member

To support strong decision-making in service of the College's promise to foster unshakeable confidence in nursing and midwifery care,

every committee member will bring the following **VALUES** and **ATTRIBUTES** to the table:

- Act with integrity and speak the truth; be able and willing to take full responsibility for decisions made; and follow through on commitments. *[Accountability, Honesty, and Integrity]*
- Appreciate that, at times, plans will adjust to meet changing circumstances and needs. *[Adaptability]*
- Recognize that, in a complex system, what can emerge from collaborative and meaningful engagement and discourse will be stronger than what is created in isolation. *[Collaboration]*
- Be open to new or broader perspectives; employ a learning mindset by listening and becoming better informed; and take time to self-reflect and acknowledge the impact of personal power and privilege when contemplating decisions. *[Humility]*
- Actively commit to creating safe gathering spaces that welcome and support all who wish to connect, learn, share, belong, and grow. *[Inclusivity]*
- Make decisions based on evidence and good information, that will best fulfil the public protection mandate. *[Objectivity]*
- Have passion for the College's purpose and vision; compassion for the public and their right to safe, ethical care; an understanding and appreciation of, and commitment to, the board's role in protecting the public and the time required to diligently execute that role; and recognize that public interest will always be prioritized over personal or professional interests. *[Public Service]*
- Work with others effectively to support a culture of trust; be present and participate fully in discussions, fostering and promoting, not impeding or stifling, robust dialogue; and remain aware and sensitive to the impact of language used. *[Respect]*
- Have a clear understanding of personal strengths and privileges, the consequences of bias and potential conflicts of interest; recognize the value of continuous development and improvement; and be open to reflection, feedback, and opportunities to learn, relearn and unlearn. *[Self-Awareness]*

every committee member will bring, or be willing to learn, the following **SKILLS**, **PRACTICES** and **KNOWLEDGE**:

- Understanding of what it means to be anti-racist and an ally and knowledge of how to actively model this behaviour; ability to speak up and acknowledge instances or systems of oppression; and ability to hold self and others accountable for creating safe and inclusive spaces in which honest conversations about racism and privilege can occur. *[Anti-Racism and Allyship]*
- Understanding of the social, legislative and political history of the BC First Nations and Indigenous people; the impact of colonialism in Canada and its enduring traumatic legacy; the effects of widespread Indigenous-specific racism within the healthcare system; and knowledge of how Indigenous self-government and self-determination works in this province. *[BC First Nations and Indigenous Context]*
- Understanding of the need for and obligations of confidentiality and safeguarding the privacy of all parties. *[Confidentiality]*
- Ongoing learning, appreciation and respect for the distinct and important BC First Nations and Indigenous-specific rights, approaches, protocols and perspectives that inform discussion and decision-making; ability to contribute to and support the College as it works to develop a culturally safe organization and health system (through the continuous practice of cultural humility); and an ability to support and respect those who communicate they are feeling unsafe. *[Cultural Safety and Humility]*
- Knowledge and understanding of the common terminology, acronyms and phrases used in health care. *[Health Care Terminology]*
- Understanding of the role and philosophy of health profession regulators, the public protection mandate of the College, the applicable legislation, regulations, bylaws and policies, and the core work of the College. *[Health Professions Regulation]*
- Ability to carefully review voluminous material within set timelines, assess implications, identify patterns, make connections, and narrow the issues to support good decision-making. *[Information Analysis and Judgement]*
- Ability to understand the basic principles of administrative law, restorative justice, and quasi-judicial processes; bring a commitment to the unbiased balancing of issues, meticulously weighing evidence and thinking critically about issues at hand; ability to consider options within the scope of the College's mandate and power; and bring consistency and sound judgment to decision-making in accordance with procedural fairness principles set out in common law. *[Procedural Fairness]*
- Understanding of and ability to assess the risk that a decision might have on the public and make decisions proportional to the risk of harm to the public. *[Risk Assessment]*
- Understanding of the standards and scopes of practice that guide nursing and midwifery practice in British Columbia, and ability to determine where a breach or potential breach might occur. *[Standards/Scope of Practice]*
- Awareness of the complex system in which the College works, including the partners within that system, and the impact that College decisions have on this greater community. *[System Thinking]*
- Ability to efficiently navigate and use the College's computer and conferencing systems, adhering to applicable security and privacy policies. *[Technological Competence]*

Committee

To support strong decision-making in service of the College's promise to foster unshakeable confidence in nursing and midwifery care,

the committee will bring the following **DIVERSE EXPERIENCE, BACKGROUNDS, and PERSPECTIVES**:

- Representation across all adult age groups to reflect the diverse experiences and perspectives of registrants and the public served by the College. *[Age]*
- A variety of cultural and historical backgrounds and experiences that reflect the communities the College serves and the cultural context within BC's health care system. *[Culture]*
- Local, national, and international academic backgrounds and experiences that reflect the diverse education and knowledge of registrants and the public served by the College. *[Education]*
- Diverse BC First Nations and Indigenous perspectives embedded within the College's governance structure to ensure that: deliberations include and are informed by firsthand knowledge and experiences of BC First Nations and Indigenous communities; decisions include and respect key rights, protocols and perspectives; collective biases are identified, questioned and mitigated; and the College's cultural safety and humility journey continues to be supported in order to contribute to positive systemic change. *[BC First Nations and Indigenous Voices]*
- A range of gender identities and gender expressions, and individuals who self-identify as LGBTQIA2S+, to promote knowledge and understanding of societal attitudes around gender and sexual orientation and the impact this has on access to and experiences within the health care system. *[Gender and Sexual Orientation]*
- Regional diversity, including rural, remote, and BC First Nations communities (which also encompass on-reserve and treaty settlement lands), to reflect the reality that practice, access to healthcare, and the public's expectations of the health care system varies throughout the province. *[Region]*
- Diverse practice experiences, backgrounds and specialities that inform dialogue and decision-making, ensuring decisions meet intended objectives, are practical and, ultimately, protect the public. *[Registrant Practice]*
- Diverse leadership experience in the public, private, healthcare, and not-for-profit sectors, to promote knowledge and the sharing of best practices. *[Sector]*
- Varied perspectives arising from the complex, multifaceted, and intersectional measures of social and economic standing, the lived experience of which will promote recognition of inequities and privilege, and ensure that solutions can be universally applied without causing unintended barriers or consequences. *[Socio-Economic Background]*

one or more committee members will have the following specific **PROFESSIONAL EXPERIENCE, KNOWLEDGE, and SKILLS**:

- Lived experience accommodating or navigating a spectrum of physical, mental health, or cognitive abilities, the knowledge of which can enhance relevant, thoughtful decisions that protect the public. *[Ableness]*
- Knowledge and experience of participating in and/or chairing hearings within a legislative framework, including an understanding of the principles of administrative law, restorative justice, procedural fairness, and, where applicable, Indigenous legal mechanisms and traditions. *[Adjudication and Hearing]*
- Experience in facilitating committee or panel meetings, developing a positive culture, conflict resolution, and fostering effective decision making. *[Committee/Panel Leadership]*
- Understand how governance works, how committees should function, and be able to think critically about committee structures and practices. *[Governance Expertise]*
- Experience in, understanding of, and sensitivity to the effects of stress or potential stress on individuals involved in a complaint process, and experience in creating safe spaces and trust-building processes. *[Trauma-Sensitive Decision Making]*
- Experience in, understanding of, and sensitivity to the effects of complex, race-based, and intergenerational trauma unique to BC First Nations and Indigenous peoples, and knowledge of trauma-informed care and traditional Indigenous healing practices. *[Trauma-Sensitive Decision Making for BC First Nations and Indigenous Peoples]*